

Family and Provider/Teacher Relationship Quality



Family Services Staff Measure



ADMINISTRATION FOR
CHILDREN & FAMILIES

OPRE



Family Services Staff Measure

This measure asks about you and your Head Start/Early Head Start program. It also asks about the Head Start/Early Head Start families you support. Some of these questions will be about how you and the families you support communicate and work together.

It takes approximately 15 minutes to complete this measure.

Please use a black or blue pen to complete this form.

Mark to indicate your answer.

If you change your answer, mark on the wrong answer, and mark to indicate the right answer.

By Family Service Worker (FSW) we mean someone who helps families identify their goals for themselves and their child; connect families to resources and services that support the family and the child; and help families advocate for themselves. FSW are also known by many different names and titles; some examples include Family Services Staff, Family Advocates, Home Visitors, and Family Services Coordinator. The term Family Services Staff is used in all materials related to this measure.

We would like to learn about how you and the families in your program work together.

- 1. Since September, how many of the families you serve have you directly helped in any of the following ways:**

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. Encouraged families to seek or receive services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Followed up with families about whether services they have received met their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Made appointments or arrangements for families to receive services they need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helped families find services they need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Advocated on behalf of families to ensure that outside service providers are responsive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Since September, how often have you been able to do the following?**

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Followed up with parents about goals they set for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Followed up with parents about goals they set for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered parents ideas or suggestions about parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggested activities for parents and children to do together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worked with parents to develop strategies they can use at home to support their child's learning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Taken parents' values and culture into account when serving them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Offered parents books and materials on parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Thinking about the families you serve, how many parents have you met with or talked to about the following?

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. How many children they have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many adult relatives live in their households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their work and school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Their marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Their parenting styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Their family's financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The role that faith and religion play in their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Their family's cultures and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What they do outside of the Head Start setting to encourage their children's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How they discipline their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Problems their child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Health issues their children may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Health issues they or other family members may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how much you agree or disagree with each of these statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My goal is to help parents reach their full potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I help parents to reach their job and educational goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I work with parents to figure out the steps to reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I encourage parents to make decisions about their children's education and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parents' beliefs about childcare and education vary by culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I encourage parents to provide feedback on the services and support I provide them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am open to using information on different ways to help parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Even though my professional or moral viewpoints may differ, I accept that parents are the ultimate decision makers for the care and education of their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate how much you agree or disagree with these statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Sometimes it is hard for me to support the way parents raise their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sometimes it is hard for me to support the way parents discipline their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sometimes it is hard for me to accept the different cultural beliefs of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sometimes it is hard for me to support the goals parents have for their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes it is hard for me to work with parents who have different beliefs than me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sometimes it is hard for me to accept the choices that parents make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. When providing services to families in your program, how often do you take into account the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Information parents share about their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Whether activities are welcoming to all family members, including fathers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information parents share about their home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What you can do to make fathers or other family members feel comfortable at centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Families' values and cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Information parents share about their career or education goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Information parents share about their "life goals"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Since September, how often have you met with or talked to parents about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. How their child is doing in the Head Start/Early Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their child's learning or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Goals parents have for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Goals parents have for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How parents are progressing towards goals they have for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems their child is having in the Head Start/Early Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Problems parents may be having with their work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parents' vision for their family's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.

Part of my job is to...

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Help families get services available in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offer parents information about community events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Respond to issues or questions outside of my normal work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Learn the values and beliefs of the families I serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Change my work schedule in response to parents' work or school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Learn new ways to assist families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Change how services are offered to children and families in response to parent feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Talk to parents about parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help parents reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Tailor my approach when working with mothers, fathers, or other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Help parents learn skills needed to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Consider how culture shapes the way I should approach my work with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Make home visits to provide support and to work on goal setting with the families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Help families meet their basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If families have a question or a problem comes up during the day, how easy or difficult is it for them to reach you?

[MARK ONE BOX IN EACH ROW.]

- Very difficult
- Difficult
- Easy
- Very easy

10. Since September, how many of the families you serve have you given information on the following:

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. Employment or job training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food banks or pantries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child care subsidies or vouchers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adult education, GED classes, ESL classes, or continuing education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Energy or fuel assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Parenting skills group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health insurance ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Since September, have you provided referrals for the following services, within your agency or the community:

[MARK ONE BOX IN EACH ROW.]

	Yes, I made a referral	No, I did not make a referral	Not applicable
a. Health screening for children (medical, dental, vision, hearing, or speech)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developmental assessments for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counseling services for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling services for parents?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
f. Nutritional screening for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Legal services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Crisis assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. People work as Family Service Workers for many reasons. Please indicate how much you agree or disagree with the following statements:

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. I work as a Family Service Worker because I enjoy it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I see this job as just a paycheck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I work as a Family Service Worker because I like helping families reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I could find something else to do to make a living I would	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I work as a Family Service Worker because I like helping children and families get the services they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the last ten years, have you received training or coursework on how to recognize signs of:

[MARK ONE BOX IN EACH ROW.]

	Yes	No
a. Child abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>
b. Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
c. Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression or mental health issues in parents	<input type="checkbox"/>	<input type="checkbox"/>
e. Hunger	<input type="checkbox"/>	<input type="checkbox"/>
f. Developmental delays in children	<input type="checkbox"/>	<input type="checkbox"/>
g. Developmental delays in adults	<input type="checkbox"/>	<input type="checkbox"/>

14. How many families do you currently serve?

_____ families

15. How many centers do you currently serve?

_____ centers

16. How many years have you been working in this field?

_____ years

17. How long have you worked at your current center(s)?

_____ years

18. Do you have children living in your household who attend Head Start/Early Head Start now?

[MARK ONLY ONE BOX.]

Yes

No

19. Did you ever have a child in your household who attended Head Start/Early Head Start?

[MARK ONLY ONE BOX.]

Yes

No

The next set of questions asks about your background.

20. Do you have a Child Development Associate (CDA) credential?

[MARK ONLY ONE BOX.]

Yes

No

21. Do you have some type of family services credential that supports competency in working with families?

[MARK ONLY ONE BOX.]

Yes

No

Name of Credential: _____

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

[MARK ONLY ONE BOX.]

Less than a high school diploma

High school diploma or GED

Some college, no degree

Associate's degree

Bachelor's degree

Graduate school degree

23. Are you of Hispanic or Latino origin?

[MARK ONLY ONE BOX.]

Yes

No

24. What is your race?

[MARK ALL THAT APPLY.]

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Thank you!