

Family and Provider/Teacher Relationship Quality



Parent Measure



ADMINISTRATION FOR
CHILDREN & FAMILIES

OPRE



Parent Measure

This measure asks about your child's care and early education. It asks questions about your child's main child care provider or teacher. Please only think about this person when answering the following questions.

It takes approximately 10 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.

1. Since September, how often have you met with or talked to your childcare provider or teacher about the following?

[MARK 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 general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your vision for your child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Since September, how often have you met with or talked to your childcare provider or teacher about the following?

[MARK 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 and education your child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How comfortable would or do you feel sharing the following information with your childcare provider or teacher?

[MARK 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 adult 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 personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 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"/>
l. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Health issues your child has such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often does your childcare provider or teacher:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Share information with you about your child's day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offer you books or materials on parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Suggest activities for you and your child to do together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ask you about the cultural values and beliefs you want him/her to communicate to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often does your childcare provider or teacher:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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"/>
f. Provide you with opportunities to give feedback on his or her performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Contradict you in front of your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How much are the following statements like your childcare provider or teacher?

My childcare provider or teacher...

[MARK 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. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Treats me like an expert on my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tells me how my child is progressing towards goals or developmental milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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"/>
f. Encourages me to be involved in all aspects of my child's care and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Asks me questions to show he/she cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reflects the cultural diversity of students in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shows respect for different ethnic heritages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Is respectful of religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Encourages parents to provide feedback on the way he/she cares for and teaches children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Communicates the cultural values and beliefs I want my child to have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please indicate how much the following words are like your childcare provider or teacher.

My childcare provider or teacher is...

[MARK 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. Dependable	<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. Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How much do you agree or disagree with the following statements?

I trust that my childcare provider or teacher...

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Can maintain a safe environment for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has my child's best interest at heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My childcare provider or teacher judges my family because of our faith and religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My childcare provider or teacher judges my family because of our culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My childcare provider or teacher judges my family because of our race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My childcare provider or teacher judges my family because of our financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. On a scale of 1–5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your childcare provider or teacher?

[MARK THE BOX NEXT TO THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP.]

Worst					Best
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

The next set of questions ask about the age of your child, your experience with childcare providers, and your background.

11. How old is your child?

[MARK ONLY ONE BOX.]

- Less than 1 year old
- 1-2 years old
- 3-4 years old
- 5 years or older

12. Is your child a boy or a girl?

- Boy
- Girl

13. For how long has your current childcare provider or teacher been teaching or caring for this child?

[MARK ONLY ONE BOX.]

- Less than 6 months
- 6 months-less than 1 year
- 1 year-less than 2 years
- 2 years or more

14. Thinking about all of your children, how many childcare providers have you ever worked with?

[MARK ONLY ONE BOX.]

- 1
- 2-3
- 4-5
- More than 5

15. What language do you most speak at home?

[MARK ONLY ONE BOX.]

- English
- Spanish
- English and Spanish equally
- English and another language equally
- Other language

16. Are you of Hispanic or Latino origin?

- Yes
- No

17. 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

18. 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

19. What would you say was your household's income last year, before taxes?

[MARK ONLY ONE BOX.]

- Less than \$25,000
- \$25,000-\$34,999
- \$35,000-\$44,999
- \$45,000-\$54,999
- \$55,000-\$74,999
- \$75,000 or more

Thank you!