

Family and Provider/Teacher Relationship Quality



Family Services Staff Parent Measure



ADMINISTRATION FOR
CHILDREN & FAMILIES

OPRE



Family Services Staff Parent Measure

This measure asks about your relationship with the Head Start/Early Head Start Family Service Worker (FSW) who works with your family. Please only think about this person when answering the following questions.

All information obtained from this study will be kept private. The report summarizing the findings will not contain any names or identifying information.

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.

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 with enrollment, screening, and referrals. FSW are also known by many different names and titles; some examples include Family Services Staff, Family Advocates, Home Visitors, and Family Services Coordinator. They are often, but not, always someone different than your child’s teacher. The term Family Services Staff is used in all materials that relate to this measure.

1. Since September, how often have you met with or talked to your Family Service Worker about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. How your child is doing in the Head Start /Early Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child’s learning or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Goals you have for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How your child is progressing towards your goals you have set for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How you are progressing towards goals you have set for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Problems your child is having in the Head Start/Early Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Problems you may be having with work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your vision for your family’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. How you feel about the services that your Family Service Worker provides you and your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Since September, how often has your Family Service Worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Suggested activities for you and your child to do together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answered your questions when they came up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taken your values and culture into account when serving you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offered you books or materials on parenting?	<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 Family Service Worker?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. How many children you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many adult relatives live in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your work and school 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 parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the Head Start/Early Head Start setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Health issues you or other family members may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How much are the following statements like your Family Service Worker?

My Family Service Worker...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my Family Service Worker	A little like my Family Service Worker	A lot like my Family Service Worker	Exactly like my Family Service Worker
a. Encourages me to be involved in all aspects of my child's care and education in our Head Start/Early Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asks me questions to show he/she cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shows respect for different ethnic heritages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is respectful of religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Encourages parents to provide feedback on the services and support he/she provides them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 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 Family Service Worker judges my family because of our faith and religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My Family Service Worker judges my family because of our culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My Family Service Worker judges my family because of our race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My Family Service Worker judges my family because of our financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you had a problem with your Family Service Worker, how comfortable would you feel talking to him or her about it?

[MARK ONLY ONE BOX.]

- Very uncomfortable
- Uncomfortable
- Comfortable
- Very comfortable

7. How often does your Family Service Worker:

[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. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate how much the following words are like your Family Service Worker.

My Family Service Worker is...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my Family Service Worker	A little like my Family Service Worker	A lot like my Family Service Worker	Exactly like my Family Service Worker
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"/>

9. 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. My Family Service Worker is open to learning different ways to help parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My Family Service Worker and I work together to make sure my child has the best care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My Family Service Worker has increased my confidence to accomplish goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My Family Service Worker has my best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My Family Service Worker sees this job as <i>just a paycheck</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How easy or difficult is it for you to reach your Family Service Worker during the day if you have a question or if a problem comes up?

[MARK ONLY ONE BOX.]

- Very difficult
- Difficult
- Easy
- Very easy

11. 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 Family Service Worker?

[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 asks about the age of your child, your experience with Family Service Workers, and your background.

12. 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

13. Is your child a boy or a girl?

[MARK ONLY ONE BOX.]

- Boy
- Girl

14. For how long has your current Family Service Worker been working with your family?

[MARK ONLY ONE BOX.]

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

15. Thinking about all of your children, how many Family Service Workers have you ever worked with?

[MARK ONLY ONE BOX.]

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

16. 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

17. Are you Hispanic, Latino/a or of Spanish origin?

- Yes
- No

18. 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

19. 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

20. 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!