

Family and Provider/Teacher Relationship Quality



Provider/Teacher Measure: Short Form



ADMINISTRATION FOR
CHILDREN & FAMILIES

OPRE



Provider/Teacher Measure: Short Form

This measure asks about you and your early education and child care program. It also asks about the parents and families of children whose learning and development you support. Some of these questions will be about how you and the families of children in your care communicate and work together.

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 5 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 parents about the following regarding *their child*?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Goals you have for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your expectations for children in your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How their child is progressing towards parents' goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Listed below are some things families may or may not share with you. Thinking about the children and families you serve, for how many children and their families do you know the following? I know...

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. The parenting styles of children's parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The role that faith and religion play in children's households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their cultures and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What their families do outside of the education and care setting to encourage their children's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How parents discipline their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We would like to learn about how you and the families of children in your program work together. How often are you able to do the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Set goals with parents for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offer parents ideas or suggestions about parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Provide parents the opportunity to give feedback about your performance	<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. I encourage parents to provide feedback on my care and teaching practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>

5. When planning activities for children in your program, how often are you able to take into account information parents share about their children?

[MARK ONLY ONE BOX.]

- Never
- Rarely
- Sometimes
- Very often

6. 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. 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 work with parents who do not share my beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. People work in care and education settings 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 teach and care for children 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 teach and care for children because I like being around children	<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 normal care hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Are you of Hispanic or Latino origin?

[MARK ONLY ONE BOX.]

- Yes
- No

10. 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

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

[MARK ONLY ONE BOX.]

Yes

No

12. 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

Thank you!