

Family and Provider/Teacher Relationship Quality



Family Services Staff Parent Measure: Short Form



ADMINISTRATION FOR
CHILDREN & FAMILIES

OPRE



Family Services Staff Parent Measure: Short Form

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.

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

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. Goals you have for yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How you are progressing towards goals you have set for yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 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. 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. Your parenting style | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your family life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your family’s culture and values | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How you discipline your child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. 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. Asks me questions to show he/she cares about my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

5. How often does your Family Service Worker:

[MARK ONE BOX IN EACH ROW.]

| | Never | Rarely | Sometimes | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. 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"/> |
| b. 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"/> |
| c. Remember personal details about your family when speaking with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. 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. Understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Rude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dependable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Trustworthy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Unfriendly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Judgmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Please indicate how much you agree or disagree with the following statements. My Family Service Worker is open to learning different ways to help parents and children

[MARK ONLY ONE BOX.]

- Strongly disagree
- Disagree
- Agree
- Strongly agree

The next set of questions asks about the age of your child, your experience with Family Service Workers, and your background.

8. 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

9. Is your child a boy or a girl?

[MARK ONLY ONE BOX.]

Boy

Girl

10. 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

11. 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

12. 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

13. 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

14. 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

15. Are you of Hispanic or Latino origin?

- Yes
- No

16. 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!