

OMB No.: 0970-0354
Expiration Date: 10/31/2011

MATHEMATICA
Policy Research

Baby FACES

*Teacher/Home Visitor
Child Rating*

**Documentation – with
Variable Names**
April 2, 2010

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Items C1 and C3. *MacArthur Communicative Development Inventory*. MacArthur Communicative Development Inventories (CDI) are copyrighted by the MacArthur CDI Advisory Board.

ID Number: _____
Child Name: _____

SECTION A

A1. Are you currently the Early Head Start teacher/ home visitor for the child listed above?

- RnA01 1 Yes
 0 No → **GO TO A4**

A2. Does this child attend half-day or full-day classes?

- RnA02 1 Half-day
 2 Full-day

A3. Please tell me which best describes the type of service this child currently receives from your program. *(Not in 2009 version)*

MARK ONE ONLY

- RnA03 1 Center-based, meaning Early Head Start services are provided in a child care center and staff may visit the family in their home a few times per year
- 2 Home-based, meaning a home visitor from the program visits the family in their home on a regular basis and the program may also organize group socializations elsewhere
- 3 Child receives both center-based and home-based services such as going to a center several days per week and getting home visits at least monthly
- 4 Family Child Care, meaning Early Head Start services are provided in a family child care home (not in child's home)
- 5 Some other program option (Please specify)

- } → **GO TO B1**

A4. What is the main reason you are no longer this child's teacher/ home visitor?

MARK ONE ONLY

- RnA04 1 Child moved to another class in the same center *(Teacher Version only)*
- 1 Child has a different home visitor in this program *(Home Visitor only)*
- 2 Child moved from center to home-based (T)/ home-based to center (HV) care in this program
- 3 Child moved to another center in this program *(Teacher Version only)*
- 4 Child left this Early Head Start program → **GO TO A6**

A5. What is the name of this child's current Early Head Start *home visitor or teacher?* (*Italics in Home Visitor only*).

Name: _____

A6. Please record the last date you had this child in your class (*T*)/ visited this child at his/her home (*HV*).

RnA06

|_|_| / |_|_| / |_|_|_|_|

Month Day Year

A7. Thank you for completing this form. *Please indicate today's date.* (*Italics not in 2009 version*).

Rn_Date

|_|_| / |_|_| / |2|0|1|0| (*Not in 2009 version*)

Month Day Year

SECTION B. SOCIAL SKILLS

- B1. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

These items describe various feelings and behaviors and ask the teacher or home visitor how often the child has displayed that behavior in the past month.

- B2. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

These items describe feelings and behaviors that can be problems for young children and ask the teacher or home visitor how often the child has displayed that behavior in the past month.

SECTION C. WORDS AND LANGUAGES

- C1. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

This item lists various English words and asks the teacher or home visitor whether the child understands and/or says the word. One-year-old versions have 89 English words, while two-year-old versions (not in 2009 version) have 100 words. Word list differs between one- and two-year-old versions.

- C2a. Does this child understand Spanish?

RnC02a ¹ Yes
⁰ No

- C2b. Do you speak Spanish?

RnC02b ¹ Yes
⁰ No

**If you answered “Yes” to both C2a and C2b, please complete C3.
Otherwise, go to C4. RnC02box**

- C3. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

This item lists various Spanish words and asks the teacher or home visitor whether the child understands and/or says the word. 2009 versions have 89 Spanish words, while all other versions have 159 words for one-year-old versions and 100 words for two-year-old versions. Word list differs between one- and two-year-old versions.

C4. What other languages are spoken in your classroom? *(Teacher version only)*

MARK ALL THAT APPLY

- RnC04_01 ¹ Spanish
 RnC04_02 ² French
 RnC04_03 ³ Haitian Creole
 RnC04_04 ⁴ Arabic
 RnC04_05 ⁵ Chinese (Cantonese, Mandarin)
 RnC04_06 ⁶ Vietnamese
 RnC04_07 ⁷ Khmer (Cambodian)
 RnC04_08 ⁸ An American Indian language (Navajo, Lakota, Yupik) *(Not in 2009 instrument)*
 RnC04_09 ⁹ American Sign Language or other sign languages *(Not in 2009 instrument)*
 RnC04_10 ¹⁰ Other Language *(Please Specify)* _____
 RnC04_none

C5. What part of the day is this child exposed to each language? *(Teacher version only)*

		MARK ONLY ONE				
		NONE	1% TO 24%	25% TO 50%	51% TO 74%	75% TO 100%
1.	Spanish	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2.	French RnC05_02	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3.	Haitian Creole	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.	Arabic RnC05_04	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5.	Chinese (Cantonese, Mandarin)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6.	Vietnamese RnC05_06	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7.	Khmer (Cambodian)7	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8.	An American Indian language (Navajo, Lakota, Yupik) <i>(Not in 2009 instrument)</i> ..RnC05_08	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9.	American Sign Language or other sign languages <i>(Not in 2009 instrument)</i>9	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10.	Other Language	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION D. PARENT-CAREGIVER RELATIONSHIP

D1. The following statements are about your relationship with this child's parent. Mark the code that most closely reflects your level of agreement or disagreement with each statement, based on how you are feeling now. For each item, mark only one code.

		MARK ONLY ONE				
		STRONGLY DISAGREE	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE
a.	If there is a problem, this child's parent and I always talk about it soon	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b.	I feel that this child's parent genuinely cares for him/her..... RnD01b	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c.	This child's parent has the knowledge and skills needed to be a good parent.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d.	I like to work closely with this child's parent in order to gain a better understanding of his/her child..... RnD01d	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e.	This child's parent gives me valuable suggestions about working with her child.... 1e	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f.	I admire the way this parent works with his/her child..... RnD01f	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Note: Additional Parent-Caregiver Relationship items were included in the 2009 survey, but only the listed items are retained in the data files.

D2. Please check the item that best describes this family's level of engagement in your program over the past 6 months. (*Italics in Teacher Version only*)

- RnD02
- 4 Family was consistently highly involved in the program over the past 6 months—the family kept most appointments and actively engaged in home visits and group activities, *and child attended center regularly*
 - 3 Family's involvement in the program varied during the past 6 months— the family was sometimes highly involved in the program, and at other times the family's involvement was low
 - 2 Family's involvement in the program was consistently low throughout the past 6 months— the family kept some appointments but missed or canceled frequently, family did not actively engage in home visits and group activities, *and child was often absent from the center*
 - 1 Family was not involved in the program at all

Thank you for your participation in Baby FACES!

Please indicate today's date (*Not in 2009*): / / Rn_date
Month Day Year

Please return this questionnaire to the Mathematica staff person when he/she visits your center.