



Child-Development- Supplement

PRESCHOOL/DAYCARE TEACHER QUESTIONNAIRE

for

THE CHILD DEVELOPMENT SUPPLEMENT
TO
THE FAMILY ECONOMICS STUDY

Name Label

Day Label

Please read each question carefully and follow any statements that appear in bold or parentheses. Circle the best answer or fill in the requested information. If you come to any question you do not want to answer, go on to the next question. Thank you for your participation in this project!

A1. On what date was this questionnaire completed?

____ / ____ / ____
(Month) (Day) (Year)

A2. In what capacity do you know the target child?**(Please circle one number)**

1. Regular teacher
2. Assistant teacher
3. Special education teacher
4. Teacher's aide
5. Other **(Specify):** _____

A3. How many **days per week** does the target child attend your center/program?

____ **(Number of days)**

A4. How many **hours per week** does the target child attend your center/program?

____ **(Number of hours)**

A5. How long has the target child been in your class?

____ **(Number of months)** OR ____ **(Number of years)**

A6. How long has the target child been in this center/program?

____ **(Number of months)** OR ____ **(Number of years)**

A7. How many days in the last month has the target child been absent?

____ **(Number of days)**

A8. How many children are in the target child's class?

____ **(Number of children)**

A9. During the school year, how often have the target child's parents (or any other adult in the household) come to the center/program for any of the following activities?

| | Never ▼ | 1 or 2 Times ▼ | 3 or More Times ▼ | Don't Know ▼ |
|--|------------|----------------------|-------------------------|--------------------|
| a. Conference with teacher..... | 1 | 2 | 3 | 8 |
| b. Conference with center/program director.. | 1 | 2 | 3 | 8 |
| c. Informal talk with teacher or director..... | 1 | 2 | 3 | 8 |
| d. Classroom "open house" or programs..... | 1 | 2 | 3 | 8 |
| e. Observe classroom activities..... | 1 | 2 | 3 | 8 |
| f. Volunteer in the classroom or for program projects or trips | 1 | 2 | 3 | 8 |
| g. Attend a program event such as a picnic or fair..... | 1 | 2 | 3 | 8 |

A10. Is the target child under 3 years of age?

1. Yes —————→ **Go to A19**
5. No

A11. Compared to other children (his/her) age, how **academically** competent do you feel the target child is?

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A12. Compared to other children (his/her) age, how **socially** competent is the target child with (his/her) peers (popular, likable, etc.)?

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A13. Compared to other children (his/her) age, how **physically** competent is the target child, for example, in sports and outdoor games?

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A14. Does the target child receive any of the following services from the center/program?

| | Yes ▼ | No ▼ | Don't Know ▼ |
|--|-----------------|----------------|------------------------|
| a. English as a second language (ESL)..... | 1 | 5 | 8 |
| b. Special transportation..... | 1 | 5 | 8 |
| c. Speech therapy..... | 1 | 5 | 8 |
| d. Physical therapy..... | 1 | 5 | 8 |
| e. Physical examinations..... | 1 | 5 | 8 |
| f. Dental examinations..... | 1 | 5 | 8 |
| g. Speech or vision testing..... | 1 | 5 | 8 |
| h. Psychological testing..... | 1 | 5 | 8 |
| i. Care for sick children..... | 1 | 5 | 8 |
| j. Testing for social development..... | 1 | 5 | 8 |
| k. Testing for cognitive development..... | 1 | 5 | 8 |
| l. Other (Specify): _____ | 1 | 5 | 8 |

- A15. We are interested in the target child's behavior. As you read each sentence, decide whether the phrase is often true, sometimes true, or not true of the target child's behavior **over the last three months.**

| | Often True ▼ | Sometimes True ▼ | Not True ▼ |
|---|-----------------------------|---------------------------------|---------------------------|
| a. Has sudden changes in mood..... | 1 | 2 | 3 |
| b. Feels or complains that no one loves (him/her | 1 | 2 | 3 |
| c. Is rather high strung, tense and nervous..... | 1 | 2 | 3 |
| d. Cheats or tells lies..... | 1 | 2 | 3 |
| e. Is too fearful or anxious..... | 1 | 2 | 3 |
| f. Argues too much..... | 1 | 2 | 3 |
| g. Has difficulty concentrating, cannot pay attention for long..... | 1 | 2 | 3 |
| h. Is easily confused, seems to be in a fog..... | 1 | 2 | 3 |
| i. Bullies or is cruel or mean to others..... | 1 | 2 | 3 |
| j. Is disobedient at school..... | 1 | 2 | 3 |
| k. Does not seem to feel sorry after (he/she) misbehaves..... | 1 | 2 | 3 |
| l. Has trouble getting along with other children | 1 | 2 | 3 |
| m. Is impulsive, or acts without thinking..... | 1 | 2 | 3 |
| n. Feels worthless or inferior..... | 1 | 2 | 3 |
| o. Is not liked by other children..... | 1 | 2 | 3 |
| p. Has a lot of difficulty getting (his/her) mind off certain thoughts (has obsessions)..... | 1 | 2 | 3 |
| q. Is restless or overly active, cannot sit still..... | 1 | 2 | 3 |
| r. Is stubborn, sullen, or irritable..... | 1 | 2 | 3 |
| s. Has a very strong temper and loses it easily.. | 1 | 2 | 3 |

| | Often True ▼ | Sometimes True ▼ | Not True ▼ |
|--|-----------------------------|---------------------------------|---------------------------|
| t. Is unhappy, sad or depressed..... | 1 | 2 | 3 |
| u. Is withdrawn, does not get involved with others | 1 | 2 | 3 |
| v. Breaks things on purpose or deliberately destroys (his/her) own or other's things..... | 1 | 2 | 3 |
| w. Clings to adults..... | 1 | 2 | 3 |
| x. Cries too much..... | 1 | 2 | 3 |
| y. Demands a lot of attention..... | 1 | 2 | 3 |
| z. Is too dependent on others..... | 1 | 2 | 3 |
| aa. Feels others are out to get (him/her)..... | 1 | 2 | 3 |
| bb. Hangs around with kids who get in trouble... | 1 | 2 | 3 |
| cc. Is secretive, keeps things to (himself/herself) | 1 | 2 | 3 |
| dd. Worries too much..... | 1 | 2 | 3 |
| ee. Makes excessive demands for teacher's attention | 1 | 2 | 3 |

A16. How many computers do you have in your classroom?

_____ (**Number of computers**)

A17. Do you use computers in your lesson plans for the class?

1. Yes
5. No

A18. How often do the students in your class use computers at the center/program(**Please circle one number**)

1. Every day
2. A few times a week
3. A few times a month
4. A few times a year
5. Never

A19. Approximately what number ~~or~~ percentage of the children in the target child's class are categorized in the following way? If you do not know, place an "X" in the "Don't Know" column.

| | Number of Children ▼ | or Percent of Children ▼ | Don't Know ▼ |
|---|----------------------------|-----------------------------------|--------------------|
| a. White (not of Hispanic origin)..... | _____ | _____ | _____ |
| b. Black (not of Hispanic origin)..... | _____ | _____ | _____ |
| c. Hispanic..... | _____ | _____ | _____ |
| d. Asian or Pacific Islander..... | _____ | _____ | _____ |
| e. American Indian or Alaskan Native..... | _____ | _____ | _____ |
| f. Other (Specify): _____ | _____ | _____ | _____ |

A20. How often are you required by the center/program to contact the parents of the children in your class for any reason, either in person or by phone (**Please circle one number**)

1. No requirement
2. Once a week or more
3. 1-3 times a month
4. 4 times a year
5. 2 times a year
6. 1 time a year
7. Other (Specify): _____

A21. Do you give the parents written evaluations of the target child's progress?

1. Yes
5. No

A22. Since September 1996, did the target child have any behavior discipline problems at this program which resulted in the target student's parents being sent a note or being asked to come in and talk with the teacher or director?

1. Yes
5. No —————→ **Go to A23**

A22a. Did this happen just once or more than once?

1. Once
2. More than once

A23. Does your center/program encourage parental participation?

1. Yes
5. No

A24. How many or what percentage of the children enrolled in the target child's class can be categorized in the following ways? If you don't know, place an **X** in the "Don't Know" column.

| | Number of Children ▼ | or | Percent of Children ▼ | Don't Know ▼ |
|--|------------------------------------|-----------|-------------------------------------|----------------------------|
| a. Younger than 1 year old?..... | _____ | | _____ | _____ |
| b. 1 year old?..... | _____ | | _____ | _____ |
| c. 2 years old?..... | _____ | | _____ | _____ |
| d. 3 years old?..... | _____ | | _____ | _____ |
| e. 4 years old, but not yet in kindergarten? | _____ | | _____ | _____ |
| f. 5 years old, but not yet in kindergarten? | _____ | | _____ | _____ |
| g. Kindergarten or school age..... | _____ | | _____ | _____ |

A25. How many of each of the following types of teachers are in the target child's class or room?
(Indicate the number of teachers in each category)

**Number of
Teachers**



- a. Full-time teacher(s)..... _____
- b. Part-time teacher(s)..... _____
- c. Full-time Instructional Aide(s)..... _____
- d. Part-time Instructional Aide(s)..... _____
- e. Student Teacher(s)..... _____

A26. In the **past 4 weeks** did you spend any of your own money for classroom supplies, such as chalk, pencils, paper, or books?

- 1. Yes
- 5. No —————→ **Go to A27**

A26a. How much of your own money did you spend in the **past 4 weeks**?

- 1. Less than \$10.00
- 2. \$10.00 - \$19.99
- 3. \$20.00 - \$29.99
- 4. \$30.00 - \$49.99
- 5. \$50.00 or more

A27. How many months or years have you taught at this particular center/program?

_____ (Months) **OR** _____ (Years)

A28. How would you characterize your approach to your classroom?

- 1. Academic
- 3. Developmental
- 7. Other (**Specify**): _____

A29. What is your highest level of education?

1. Less than high school diploma
2. High school diploma or GED
3. Some college
4. Associate degree
5. Child Development Associate Credential (CDA)
6. Bachelor's degree
7. Master's degree
8. Doctorate degree

A30. Do you have **state teaching** certification in any of the following areas?

| | Yes ▼ | No ▼ |
|--------------------------------------|----------|---------|
| a. Early childhood education..... | 1 | 5 |
| b. Elementary education..... | 1 | 5 |
| c. Middle or junior high school..... | 1 | 5 |
| d. Secondary education..... | 1 | 5 |
| e. Special education..... | 1 | 5 |
| f. Bilingual education..... | 1 | 5 |
| g. Other (Specify): _____ | 1 | 5 |

A31. Do you have a Child Development Associate credential?

1. Yes
5. No

A32. In the last year, have you received ten hours or more of additional child-related training from any of the following?

| | Yes ▼ | No ▼ |
|---|----------|---------|
| a. A local or junior college..... | 1 | 5 |
| b. A resource or referral network..... | 1 | 5 |
| c. A government agency or program..... | 1 | 5 |
| d. Programs sponsored by your center..... | 1 | 5 |
| e. Other (Specify): _____ | 1 | 5 |

A33. Are you...

1. Male
2. Female

A34. Are you...

1. White (not of Hispanic origin)
2. Black (not of Hispanic origin)
3. Hispanic
4. Asian or Pacific Islander
5. American Indian or Alaskan Native
7. Other (**Specify**): _____

A35. In what year were you born?

19_____ (Year)

A36. Are you proficient in any languages other than English?

1. Yes
5. No \longrightarrow **Go to A37**

A36a. If yes, which languages?

_____ (Specify languages)

A37. Do you live in the same neighborhood as the program/center?

1. Yes
5. No

A38. Do you live in the same city or town as the program/center?

1. Yes
5. No

A39. Do you live in the same county as the program/center?

1. Yes
5. No

A40. On average, how many hours per week do you work in this program?

_____ (**Number of hours**)

A41. What is your mother's highest level of education?

1. Less than high school diploma
2. High school diploma or GED
3. Some college
4. Bachelor's degree
5. Master's degree
6. Doctorate degree

A42. What is your father's highest level of education?

1. Less than high school diploma
2. High school diploma or GED
3. Some college
4. Bachelor's degree
5. Master's degree
6. Doctorate degree

A43. What is your yearly income at this program?

\$ _____

TIME DIARY

Now we would like to ask you about how you and the target child spend your time at (preschool/daycare). Please fill out this section for the day of the week listed on the front of this booklet.

- If the child is not in your class on that day, choose the day before or the day after.
- To help us get accurate information, either fill out the information as the day progresses, or as soon as possible after the target day.

We thank you for your help in this - time use information is extremely valuable for our research.

B1. Date diary completed for:

(MM) (DD) (YY)

B2. What day of the week was that?

1. Monday
2. Tuesday
3. Wednesday
4. Thursday
5. Friday

B3. How long did it take you to get to work on the target day?

_____:_____
(Hours) : (Minutes)

B4. What time did you arrive at the center/program?

_____:_____
AM OR _____
PM

B5. What time did the program officially begin or did the day care center open?

_____:_____
AM OR _____
PM

- B6. Please fill in the following chart to describe what you did between the time you arrived at the center or program and the time you began teaching or caregiving. We are interested in each activity that you did during that time. Please use the 10 items listed in the far left column to describe your morning activities. If you need to choose "10. Other" to describe your activity, please specify exactly what you did in the appropriate space. For each activity, write the time you began doing the activity and the time the activity ended.

| Chosen Activity | Morning Activity (in chronological order) | Time Began | Time Ended |
|---|--|------------|------------|
| 1. Set up room | #1 | ____:____ | ____:____ |
| 2. Clerical tasks | | | |
| 3. Prepared lesson/ reviewed lessons | | | |
| 4. Talked with parents | #2 | ____:____ | ____:____ |
| 5. Talked with colleagues | | | |
| 6. Graded papers/tests | | | |
| 7. Record keeping | | | |
| 8. Staff meeting | #3 | ____:____ | ____:____ |
| 9. Supervised before school activities (Specify where): _____ | | | |
| 10. Other (Specify): _____ | #4 | ____:____ | ____:____ |
| | | | |
| | #5 | ____:____ | ____:____ |
| | | | |

The next section concerns the target child and his/her activities during the day. Use the template included with this questionnaire which contains the codes for answering the questions. The template is designed to slide down the page so that the questions and codes are always available to use.

| Activity | Time Began | Time End | Where was he/she? (Insert appropriate # from list?) | Who was doing this activity with the child? (Insert appropriate # from list) | Were you with the child at the time? |
|----------|------------|-----------|---|--|--------------------------------------|
| #1 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #2 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #3 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #4 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #5 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #6 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #7 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #8 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #9 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #10 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #11 | | | | | 1. Yes _____ |

| | | | | | |
|--|-----|-----|--|--|-------|
| | —:— | —:— | | | 5. No |
|--|-----|-----|--|--|-------|

| What did you do during this time? (Insert appropriate # from list) | How was the class structured for this activity? (Insert appropriate # from list) | What instructional format was used for the child's activity? (Insert appropriate # from list) | What materials were used for the child's activity? (Insert appropriate # from list) | What was the child's behavior like during this activity? (Insert appropriate # from list) |
|---|---|--|--|--|
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |

| Activity | Time Began | Time End | Where was he/she? (Insert appropriate # from list?) | Who was doing this activity with the child? (Insert appropriate # from list) | Were you with the child at the time? |
|----------|------------|-----------|---|--|--------------------------------------|
| #12 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #13 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #14 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #15 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #16 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #17 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #18 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #19 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #20 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #21 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |
| #22 | ____:____ | ____:____ | | | 1. Yes _____ |
| | | | | | 5. No _____ |

| What did you do during this time? (Insert appropriate # from list) | How was the class structured for this activity? (Insert appropriate # from list) | What instructional format was used for the child's activity? (Insert appropriate # from list) | What materials were used for the child's activity? (Insert appropriate # from list) | What was the child's behavior like during this activity? (Insert appropriate # from list) |
|---|---|--|--|--|
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |
| | → | | | |
| → | Go to next activity. | | | |

B7. What time does the program officially end or the center close?

_____:_____
AM OR _____:_____
PM

B8. Did you remain at the center or program after the children left?

1. Yes

5. No → Go to B10

B9. Please fill in the following chart to describe what you did between the official end of your teaching or caregiving time, and the time you left the center or program. We are interested in each activity that you did during that time. Please use the 10 items listed in the far left column to describe your afternoon activities. If you need to choose "10. Other" to describe your activity, please specify exactly what you did in the appropriate space. For each activity, write the time you began doing the activity and the time the activity ended.

| Chosen Activity | Activity (in chronological order) | Time Began | Time Ended |
|--|--------------------------------------|------------|------------|
| 1. Set up room | #1 | ____:____ | ____:____ |
| 2. Clerical tasks | | | |
| 3. Prepared lesson/ reviewed lessons | | | |
| 4. Talked with parents | #2 | ____:____ | ____:____ |
| 5. Talked with colleagues | | | |
| 6. Graded papers/tests | | | |
| 7. Record keeping | #3 | ____:____ | ____:____ |
| 8. Staff meeting | | | |
| 9. Supervised after school activities (Specify where): | | | |
| 10. Other (Specify): | #4 | ____:____ | ____:____ |
| | #5 | ____:____ | ____:____ |

B10. What time did you leave the building?

_____:_____
AM

OR

_____:_____
PM

B11. Did you do any program-related work at home on the evening of the target day?

1. Yes
5. No

B12. Please fill in the following chart to describe what program-related work you did after you arrived at home on the target day. We are interested in each activity that you did during that time. Please use the 7 items listed in the far left column to describe your evening activities. If you need to choose "7. Other" to describe your activity, please specify exactly what you did in the appropriate space. For each activity, write the time you began doing the activity and the time the activity ended.

| Chosen Activity | | Evening Activity (in chronological order) | Time Began | Time Ended |
|-----------------|---------------------------|--|------------|------------|
| 1. | Planned future lessons | #1 | ____:____ | ____:____ |
| 2. | Graded papers/tests | #2 | ____:____ | ____:____ |
| 3. | Administrative tasks | | | |
| 4. | Talked with parents | | | |
| 5. | Professional reading | #3 | ____:____ | ____:____ |
| 6. | Continuing education | | | |
| 7. | Other (Specify): _____ | | | |
| | | #4 | ____:____ | ____:____ |
| | | #5 | ____:____ | ____:____ |

B13. Was the target day a fairly typical day?

1. Yes

5. No

B14. If no, please describe what was unusual about that day.

If there are any other comments you would like to make, please use the space below.

Thank you for completing this questionnaire. Your help is greatly appreciated.

Please place this questionnaire in the self-stamped addressed envelope provided for you and mail to the address on the envelope.

If you are interested in seeing the results of this study, please fill out the postcard that was enclosed with this questionnaire. Thank you again for your assistance in this important project!

We want to send a \$20.00 honorarium to you as a token of appreciation for your time. When we receive this questionnaire, we plan to send the check to the name and address listed at the bottom of the Child Permission Form we sent to you. If either the name or the address information on that form is incorrect, please give us the correct information, below:

What is your name? _____

Where should we send your check?

Street Address: _____

City and State: _____

Zip Code: _____

L

Sample Label

Please return in the self-addressed, stamped envelope to:

The University of Michigan
Institute for Social Research/Survey Research Center
P.167 (457563, 1997)
426 Thompson Street
Ann Arbor, MI 48106-1248
1-800-759-7947