CLASS LABEL

OMB #: 0970-0151
EXPIRATION DATE: 6/2000

Head Start Family and Child Experiences Survey
Lead Teacher Background Information

1. In total, how many years have you been teaching? Number of years: _____

2. How many of those years have you been teaching Head Start? Number of years: _____

3. What languages are you able to teach in? (CIRCLE ALL THAT APPLY)

English..... 1
Spanish..... 2

Other (*specify*)_____3

4. Which of the following best describes the highest level of education you have completed?

Eighth grade or less	1	(SKIP TO 6)
Beyond eight grade, but not high school graduation.....	2	(SKIP TO 6)
High School Equivalency (GED).....	3	(SKIP TO 6)
High School graduation	4	(SKIP TO 6)
Vocational/Technical Diploma (after high school)	5	
Associate degree.....	6	
Some college (but no degree)	7	
Bachelors degree.....	8	
Some graduate school (but no degree).....	9	
Graduate degree (M.A, Ph.D.).....	10	

5. What was your major field of study? (*If you attended or graduated from college or graduate school*)

	IN COLLEGE	IN GRAD SCHOOL
Early Childhood Education/Child Development.....	1	1
Psychology/Sociology/Education.....	2	2
Social Work/Social Services.....	3	3
Nursing/Health Care.....	4	4
Business/Management/Administrative.....	5	5
Other (*specify*) _____	6	6

6. Do you have a Child Development Associate (CDA) credential or a state-awarded preschool certificate?

Yes ..... 1 No .....2 Currently working on it 3

7. Are you currently a member of a professional association for early childhood education? (e.g., NAEYC, NHSA, NEA)

Yes ..... 1 No 2

8. What is your year of birth? 19_____

9. What is your sex?

Male ..... 1 Female 2

10. What is your racial/ethnic background? (CIRCLE ONLY ONE)

American Indian or Alaskan Native 1
Asian or Pacific Islander..... 2
Black, non-Hispanic 3
Hispanic..... 4
White, non-Hispanic..... 5
Other *(specify)*_____ 6