ECLS-K HEAD START CENTER QUESTIONNAIRE

Is this a Head Start center that is part of the federally sponsored preschool program primarily for children from low-income families?  ☐ YES ☐ NO

RESPONDENT’S NAME: ________________________

PLEASE ANSWER THESE QUESTIONS FOR THE CHILD LISTED ABOVE.

1. Did the child named above attend your program in the 1997-1998 program year? (Please check program records to make this determination whenever possible.)
   
   YES ..................................................................................1
   NO, CHILD ATTENDED BUT NOT 1997-1998 .....................2
   NO, CHILD NEVER ATTENDED ..........................................3

2. How did you determine whether this child attended your program? Did you reply based on:
   CIRCLE ONE NUMBER ON EACH LINE.
   YES NO
   a. INFORMATION FROM PROGRAM RECORDS .........................1 2
   b. PERSONAL KNOWLEDGE ..........................................................1 2
   c. INFORMATION PROVIDED BY TEACHERS OR OTHER
      PROGRAM STAFF (FOR EXAMPLE, A CLASSROOM
      AIDE OR OTHER OFFICE STAFF)? ........................................1 2
   d. ANOTHER SOURCE? .......................................................................1 2
      SPECIFY ______________________________________

3. When did this child enter your Head Start program? WRITE MONTH AND YEAR BELOW.
   ______________ / ___________
   MONTH YEAR

4. When did this child exit your Head Start program? WRITE MONTH AND YEAR BELOW.
   ______________ / ___________
   MONTH YEAR

5. Was this child enrolled in a center-based or home-based program in the 1997-1998 program year? CIRCLE ONE NUMBER.
   CENTER-BASED ................................................................1
   HOME-BASED ...................................................................2

6. Did she/he attend a full-day, a part-day, or some other type of program? CIRCLE ONE NUMBER.
   FULL-DAY ........................................................................1
   PART-DAY ........................................................................2
   OTHER ..............................................................................3
   SPECIFY ____________________________________