

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

Child ID:
DOB: sex:
HSID:

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.

	<u>YES</u>	<u>NO</u>
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 _____