

# School Readiness in Alameda County 2010

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Fall 2010 Assessment

APPENDICES



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# Table of Contents

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<b>Appendix 1 - Kindergarten Observation Form .....</b>	<b>3</b>
<b>Appendix 2 — Kindergarten Observation Form II.....</b>	<b>5</b>
<b>Appendix 3 – Parent Information Form.....</b>	<b>6</b>
<b>Appendix 4 – Kindergarten Teacher Survey.....</b>	<b>32</b>
<b>Appendix 5 — KOF Scoring Guide.....</b>	<b>35</b>
<b>Appendix 6 — Consent Letters.....</b>	<b>43</b>
<b>Appendix 7 — Teacher &amp; Classroom Characteristics .....</b>	<b>49</b>
<b>Appendix 8 — Defining Preschool in this Report .....</b>	<b>55</b>
<b>Appendix 9 — NEGP Scores for Each <i>Readiness Portrait</i> .....</b>	<b>56</b>
<b>Appendix 10 – Adjusted Means Comparing F5AC Program Recipients and Non-Recipients.....</b>	<b>57</b>
<b>Appendix 11 – Summary of Responses for All Assessment Forms .....</b>	<b>59</b>
Kindergarten Observation Form .....	59
Kindergarten Observation Form II .....	69
Parent Information Form .....	70
Kindergarten Teacher Survey on Importance of Readiness Skills.....	85

# Appendix 1 - Kindergarten Observation Form



## Kindergarten Observation Form 2010

Class # \_\_\_\_\_ Child # \_\_\_\_\_  
ID# \_\_\_\_\_

### Child Demographic Information

1a. Teacher's name or initials: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ 1b. School name: \_\_\_\_\_

2. Child's initials: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (e.g., Lisa Marie Colvig Amir: First: L Middle: M Last: CA, Monica Patricia Morales Lopez: First: M Middle: P Last: ML)

3a. Child's Sex:  Male  Female 3b. Child's date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ 3c. First name of child's mother: \_\_\_\_\_

4a. Today's Date: Month \_\_\_\_\_ Day \_\_\_\_\_ 4b. Start date of instruction: Month \_\_\_\_\_ Day \_\_\_\_\_

5. In the year prior to kindergarten, was this child enrolled in a preschool program? -----  Yes  No  Information not available  
 a. If yes, what type of preschool program was it? -----  Licensed family child care home  Head Start  State funded preschool  Other licensed center

6. In the summer prior to kindergarten, did this child participate in a First 5 summer pre-k program? -----  Yes  No  Information not available

7. Since the start of school, how frequently did the following occur? Rarely or almost never On some days On most days Just about every day  
 a. Child indicated he/she was hungry -----      
 b. Child appeared tired in class -----      
 c. Child was sick or ill -----      
 d. Child was absent -----      
 e. Child was tardy -----

8. Did this child enter kindergarten with a designated Special Needs Status or an IEP? -----  Yes  No  Information not available  
 a. If no, do you believe they have special needs? -----  Yes  No  Information not available

9. What is this child's primary race/ethnicity? -----  Hispanic/Latino  Pacific Islander  Asian  Multi-racial  Other: \_\_\_\_\_  
 Alaskan Native or American Indian  Caucasian/White (including Arabic/Middle Eastern)  Black  Don't know

10. What is this child's primary language?  English  Spanish  Filipino or Tagalog  Farsi or Dari  Vietnamese  Chinese/Mandarin/Cantonese  Punjabi or Hindi  Other: \_\_\_\_\_

11. For a child of his/her age, how would you describe this child's progress in his/her primary language? ---  Delayed  On track  Advanced  Can not determine

12. Is this child an English Language Learner? -----  Yes  No  Information not available

**If the child's primary language is English please turn the sheet over to continue. If the child's primary language is NOT English please answer Q13-Q16.**

13. How would you rate this child's skills in understanding English? (receptive language skills) -----  Beginning  Early Intermediate  Intermediate  Early Advanced  Advanced

14. How would you rate this child's skills in speaking English? (expressive language skills) -----  Beginning  Early Intermediate  Intermediate  Early Advanced  Advanced

15. Do you have any difficulty communicating with the child due to language differences? -----  Yes  No  Don't know

16. Will this child be assessed in his or her primary language? -----  Yes  No  Don't know

**Note: If you feel you cannot provide an accurate assessment on the language dependent items (23, 28, 29, 31, 32, 36, 37, 38, 39, 40) or any other readiness items listed on the back, please indicate "don't know / not observed" for such items.**

➔ PLEASE TURN OVER

**How would you rate this child's competency in terms of the following skills, knowledge and behaviors:**

Class # \_\_\_\_\_ Child # \_\_\_\_\_  
ID# \_\_\_\_\_

		NOT YET	BEGINNING	IN PROGRESS	PROFICIENT	Don't know / Not Observed	Notes / Comments
<b>Self-care &amp; Motor Skills</b>	17. Uses small manipulatives (e.g., effectively uses pencil and scissors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	18. Has general coordination on playground (e.g., kicks or catches balls, runs smoothly, hops on one foot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	19. Performs basic self-help / self-care tasks (e.g., independently eats and uses toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Self-regulation</b>	20. Comforts self, using adult guidance when appropriate (e.g., initiates strategies to soothe themselves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	21. Stays focused / pays attention during activities (e.g., stays focused in large group, completes tasks in small group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	22. Controls impulses and self-regulates (e.g., follows class rules, is not disruptive of others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ 23. Follows one- to two-step directions (e.g., "Please hang-up your jacket, and go sit on the rug")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	24. Negotiates with peers to resolve social conflicts, using adult guidance when appropriate (e.g., engages in problem-solving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	25. Works and plays cooperatively with peers (e.g., takes turns and shares, helps others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	26. Participates successfully in circle time (e.g., listens, focuses, sits still, engages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Handles frustration well (e.g., does not act out, asks for help, does not withdraw / become unresponsive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Social Expression</b>	▶ 28. Relates appropriately to adults other than parent / primary caregiver (e.g., converses with, seeks help from)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ 29. Appropriately expresses needs and wants verbally in primary language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	30. Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ 31. Has expressive abilities (e.g., tells about a story or experience in response to a prompt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ 32. Expresses curiosity and eagerness for learning (e.g., tries new activities, asks questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Engages in symbolic / imaginative play with self or peers (e.g., plays house, fire station)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Kindergarten Academics</b>	34. Engages with books (e.g., knows how to hold a book, knows where a book starts, pretends to read, knows a book conveys information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	35. Writes own first name (e.g., spells and writes all letters correctly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▶ 36. Recognizes rhyming words (shoe/glove + blue + dog + zoo + car) and (cat/hat + bat + box + mat + red)	<input type="checkbox"/> 0-2 Words	<input type="checkbox"/> 3-4 Words	<input type="checkbox"/> 5-6 Words	<input type="checkbox"/> 7-8 Words	<input type="checkbox"/>	
	▶ 37. Counts 10 objects correctly ("Please give Maria 10 crayons" or "Please put 10 blocks in the basket")	<input type="checkbox"/> None	<input type="checkbox"/> 1-5 Objects	<input type="checkbox"/> 6-9 Objects	<input type="checkbox"/> All 10 Objects	<input type="checkbox"/>	
	▶ 38. Recognizes letters of the alphabet (note: out of sequence, may be CAPS, lowercase or combination)	<input type="checkbox"/> None	<input type="checkbox"/> 1-12 Letters	<input type="checkbox"/> 13-25 Letters	<input type="checkbox"/> All 26 Letters	<input type="checkbox"/>	
	▶ 39. Recognizes basic colors (Basic 8: red, orange, yellow, green, blue, purple, brown and black)	<input type="checkbox"/> None	<input type="checkbox"/> 1-4 Colors	<input type="checkbox"/> 5-7 Colors	<input type="checkbox"/> All 8 Colors	<input type="checkbox"/>	
	▶ 40. Recognizes primary shapes (circle, triangle, square)	<input type="checkbox"/> None	<input type="checkbox"/> 1 Shape	<input type="checkbox"/> 2 Shapes	<input type="checkbox"/> All 3 Shapes	<input type="checkbox"/>	

**Proficient** – Child demonstrates skill, knowledge, behavior consistently and competently; **performs independently**  
**In Progress** – Child demonstrates skill, knowledge, behavior occasionally and somewhat competently; has room for improvement, needs minor or **occasional assistance**  
**Beginning** – Child is just beginning to demonstrate skill, knowledge, behavior; needs significant or **frequent assistance**  
**Not Yet** – Child does not demonstrate skill, knowledge, or behavior yet; **cannot perform without assistance**

Please refer to the **Scoring Guide** for instructions on how to rate each of the 24 readiness skills.

# Appendix 2 — Kindergarten Observation Form II



## Kindergarten Observation Form II 2010

Class # \_\_\_\_\_

Please complete the questions below for each child in your classroom for whom you completed a Kindergarten Observation Form I. When we say "school," we mean the whole school environment (e.g., the classroom, the playground, the cafeteria).

Child ID	Child Initials (First, Middle, Last)	How <b>SMOOTH</b> was this child's transition into school?				How <b>NERVOUS</b> does this child seem at school?				How often does this child <b>PARTICIPATE</b> in class discussion?				How much does this child seem to <b>ENJOY</b> school?			
		Very smooth	Smooth	Somewhat smooth	Not smooth	Not nervous	Somewhat nervous	Nervous	Very Nervous	Very often	Often	Now and then	Hardly ever	Enjoys very much	Enjoys	Enjoys somewhat	Does not enjoy
01																	
02																	
03																	
04																	
05																	
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# Appendix 3 – Parent Information Form



Class # \_\_\_\_\_ Child # \_\_\_\_\_

## Parent Information Form 2010

The following survey asks you questions about your son or daughter who just started kindergarten. To thank you for your time, your child's teacher will give your child a new book to keep. When you are finished, please return this form to your child's teacher in the envelope provided. This survey is confidential – please do not write your child's name on it. This information will be used to understand how preschools and elementary schools can better support new students. Thank you very much!

1. What is your relationship to this child?  Mother  Father  Grandparent  Foster Parent  Other: \_\_\_\_\_
2. What is your child's birth date? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ What are his or her initials? First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
*(For example: Monica Patricia Morales Lopez: (First initial=M, middle initial=P and last initials= ML))*
3. Is this child a boy or a girl?  Boy  Girl
4. Thinking about the last year, who usually provided child care for your child in a typical work week? *Please check all that apply.*

<input type="checkbox"/> You or your spouse/partner?	→ If yes →	a. How many hours per week?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> A relative or neighbor?	→ If yes →	a. How many hours per week?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> A babysitter or nanny?	→ If yes →	a. How many hours per week?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Licensed child care in someone's home?	→ If yes →	a. How many hours per week?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Licensed child care in a center or preschool?	→ If yes →	a. How many hours per week?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
b. What was the name of the center or preschool? <i>(Please be as specific as possible)</i> _____						
5. In the past year, what language(s) were spoken in the places where your child received child care?
   
 English  Spanish  Chinese/Cantonese/Mandarin  Vietnamese  Filipino  Korean  Farsi or Dari  Other

Now we have a few questions about your child's preparation for kindergarten.

6. We would like to know whether you received the following kinds of information prior to your child going to kindergarten, and who provided the information.

	No	Yes		Preschool/ Child Care Provider	Elementary School	Another Source
General information about how to develop the skills children need for kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes: Who provided?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific information about how ready your child was for kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes: Who provided?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General information about child development and parenting (e.g. what to expect as your child grows and develops)	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes: Who provided?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about how and when to register your child for school	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes: Who provided?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7. Which of these things did you do before the first day of school? Please check all that apply.

- Attended a parent meeting or orientation
- Visited the school with your child
- Met your child's kindergarten teacher
- Worked with your child on school skills
- Had child attend summer pre-kindergarten program
- Read books or watched videos about kindergarten with your child
- Read books or articles about your child's transition to school
- Asked child's child care provider/preschool questions about kindergarten
- Asked child's child care provider/preschool whether child was ready for kindergarten
- Other
- None of the above

8. How strongly do you agree or disagree with the following statements?

	<i>Disagree very strongly</i>	<i>Disagree</i>	<i>Disagree just a little</i>	<i>Agree just a little</i>	<i>Agree</i>	<i>Agree very strongly</i>
I like to spend time at my child's school when I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of a child's success in school depends on the classroom teacher—I have limited influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's important that I let the teacher know about things that concern my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know how to help my child make good grades in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make a significant difference in my child's school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I try hard, I can help my child learn, even when he/she has difficulty understanding something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How would you rate your child's readiness for kindergarten in terms of...

	<i>Not ready yet</i>	<i>Beginning to be ready</i>	<i>Mostly ready</i>	<i>Very ready</i>
<b>Physical well-being and coordination skills</b> (child can eat on own and use toilet on own, can use pencil, can hop and play ball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Language skills</b> (child can talk to adults clearly, can say what they want clearly, can describe something when asked/ask questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic skills</b> (child knows colors, numbers, shapes, letters, can write own name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social and emotional skills</b> (child can follow directions, takes turns and shares, does not disrupt others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we have a few questions about your family's activities.

10. In a typical week, how often do you or any other family member do the following things with your child? Your child may do these things in school or elsewhere, but please tell us how often these activities happen in your family.

Read for more than five minutes	About _____ times per week
Tell stories or sing songs together	About _____ times per week
Involve your child in household chores like cooking, cleaning, setting the table, or caring for pets	About _____ times per week
Play games or do puzzles with your child	About _____ times per week
Do arts or crafts with your child	About _____ times per week
Play a sport or exercise together	About _____ times per week

11. How many days per week do you do the following:

Eat family meals together	About _____ days per week
Follow a routine when putting your child to bed at night	About _____ days per week

12. What time does your child usually go to bed on a week night? (Please select only one response):

- Before 8pm    8pm    8:30pm    9pm    9:30pm    10pm    10:30pm    11pm    After 11pm

13. How many days during a typical school week does your child eat breakfast?

- 0 days    1 day    2 days    3 days    4 days    5 days

14. On mornings that your child has breakfast, where does he/she typically eat breakfast?

- At home    On the way to school    At school    At another location (please specify): \_\_\_\_\_

15. About how many total hours a day does your child watch television, watch videos, or play video or computer games?

About \_\_\_\_ hours and \_\_\_\_ minutes per day

16. What kinds of parenting programs, services, or supports have you received? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Regular medical check-ups while pregnant                      | <input type="checkbox"/> Parent support groups   |
| <input type="checkbox"/> WIC (Women, Infants, and Children)                            | <input type="checkbox"/> Information or programs at your church/religious organization |
| <input type="checkbox"/> Home visits from a nurse, community worker, or other provider | <input type="checkbox"/> Help from extended family                                     |
| <input type="checkbox"/> Information from your child's child care provider             | <input type="checkbox"/> Help from neighbors and/or friends                            |
| <input type="checkbox"/> Parent education classes                                      | <input type="checkbox"/> None of the above   |

17. In the past year, what types of local family resources have you used? Please check all that apply.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Community clinic    | <input type="checkbox"/> Local museum(s) | <input type="checkbox"/> Libraries                                  | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Arts/music programs | <input type="checkbox"/> Local parks     | <input type="checkbox"/> Recreational activities, camps, and sports | <input type="checkbox"/> None of the above |

18. Please tell us the extent to which the following statements are true for you by making one mark for each item below.

	Definitely true for me	Somewhat true for me	Not very true for me	Not at all true for me
There is someone I can count on to watch my child when I need to run an errand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is someone I can count on to watch my child when I need a break.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find someone to talk to when I need advice about how to raise my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Thinking about the past month, how much of the time you have felt..

	None of the time	Some of the time	Most of the time	All of the time
That your child was much harder to care for than most children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That your child does things that really bother you a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were giving up too much of your life to meet your child's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



20. How much have the following things been a concern for you in the last year?

	<i>Not a concern</i>	<i>Somewhat of a concern</i>	<i>A big concern</i>
Money and paying the bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health or health care issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work-related problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below are a few health-related questions about your child.

21. When your child was born, did he/she weigh less than 5 pounds 8 ounces (2,500 grams)?  No  Yes  Don't know
22. Does your child have a regular doctor, pediatric provider or clinic?  Yes  No
23. Does your child have a regular dentist?  Yes  No
24. In the past year, has your child had a dental exam?  Yes  No
25. What type of health insurance does your child have?  No insurance  Medi-Cal  Healthy Families  Other private insurance
26. In the past year, has your child received any of the following screenings? *(Please check all that apply):*
- Hearing  Vision  Developmental (assessment of speech/communication, motor skills, problem solving and/or social behavioral skills)
27. Does your child have any special needs that might affect his or her participation in kindergarten, such as problems with vision, hearing, chronic illness, behavior or ADHD?
- No  Yes → *If yes, please complete items 27a-27c below.*

↓

27a. If yes, what special need does your child have? \_\_\_\_\_

27b. How did you learn that your child had this special need?

Diagnosis / assessment by your child's pediatrician or other doctor  Your own diagnosis / assessment

Diagnosis / assessment by another professional  Other: \_\_\_\_\_

27c. How old was your child when this need was first identified? \_\_\_\_\_ years and \_\_\_\_\_ months

27d. Has your child received professional help for this special need (e.g., help from a pediatrician, school professional, therapist, regional center services)?

No  Yes → If yes, what type of help did you seek? \_\_\_\_\_

Finally, we would like to know basic demographic information about your family and the child who is in kindergarten.

28. Do you consider yourself to be a single parent?  Yes  No
29. Have you or any other primary parent / guardian lost your job during the past year?  Yes  No
30. Please write in the number of family members that live in your house who are in each age group.
- Number of children ages 0-5 \_\_\_\_\_ Number of children ages 6-17 \_\_\_\_\_ Number of adults (ages 18+) \_\_\_\_\_

31. How many home addresses have you had since your kindergarten child was born? \_\_\_\_\_ Addresses

32. What is the language you use MOST often with your child at home?

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> English    | <input type="checkbox"/> Filipino (Pilipino or Tagalog)                 | <input type="checkbox"/> Hindi, Punjabi, or other South Asian language         |
| <input type="checkbox"/> Spanish    | <input type="checkbox"/> Korean   | <input type="checkbox"/> Farsi, Dari, Arabic, or other Middle Eastern language |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cantonese, Mandarin, or other Chinese language | <input type="checkbox"/> Other: _____  |

33. How well do YOU speak English?

- |  |  |
|--|--|
| <input type="checkbox"/> Very well; English is my primary language   | <input type="checkbox"/> Not very well; I know some words in English, but often not enough to communicate what I want to say |
| <input type="checkbox"/> Very well; but English is not my first language   | <input type="checkbox"/> Not at all; I know very few or no English words   |
| <input type="checkbox"/> Somewhat well; I usually – but not always – can communicate what I want to say in English |  |

34. What is the highest education level the child's mother has completed?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than 6 <sup>th</sup> grade          | <input type="checkbox"/> High school                   | <input type="checkbox"/> Bachelor's degree (BA or BS) |
| <input type="checkbox"/> 6 <sup>th</sup> grade                    | <input type="checkbox"/> Some college                  | <input type="checkbox"/> Advanced degree              |
| <input type="checkbox"/> 7 <sup>th</sup> or 8 <sup>th</sup> grade | <input type="checkbox"/> Associate's degree (AA or AS) | <input type="checkbox"/> Don't know                   |

35. What is the child's mother's date of birth? Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

36. What is your child's primary ethnicity?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mexican                  | <input type="checkbox"/> African  |  |
| <input type="checkbox"/> Cuban / Puerto Rican     | <input type="checkbox"/> Pacific Islander (Please mark: <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Fijian <input type="checkbox"/> Other)                                 |  |
| <input type="checkbox"/> Central American         | <input type="checkbox"/> East Asian (Please mark: <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other) |  |
| <input type="checkbox"/> Other Hispanic or Latino | <input type="checkbox"/> Filipino   |  |
| <input type="checkbox"/> Caucasian / White        | <input type="checkbox"/> Other Southeast Asian (Please mark: <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other)  |  |
| <input type="checkbox"/> African American         | <input type="checkbox"/> South Asian (Please mark: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other)                              |  |
| <input type="checkbox"/> Native American          | <input type="checkbox"/> Multi-ethnic   |  |
| <input type="checkbox"/> Middle Eastern           | <input type="checkbox"/> Other: _____   |  |

37. What is your approximate family income per year?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 – \$14,999      | <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$15,000 – \$34,999 | <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$100,000 or more   |

**Thank you!**

**Please fold your survey into the envelope provided, seal it, and return to your child's teacher.**

Clase N° \_\_\_\_\_ Hijo N° \_\_\_\_\_



## Formulario de Información de los Padres 2010

La encuesta siguiente le hace preguntas sobre su hijo o hija que acaba de empezar en kinder. Para agradecerle el tiempo empleado, el maestro de su hijo le entregará a éste un libro nuevo como regalo. Cuando termine, entregue este formulario al maestro de su hijo en el sobre facilitado. Esta encuesta es confidencial, no escriba el nombre de su hijo. Esta información se empleará para comprender cómo las escuelas de preescolar y primarias pueden ofrecer un mejor apoyo a los nuevos estudiantes. ¡Muchas gracias!

- ¿Cuál es su parentesco con este niño?  Madre  Padre  Abuelo(a)  Padre/madre adoptivo  Otro: \_\_\_\_\_
- ¿Cuál es la fecha de nacimiento del niño? Mes \_\_\_\_\_ Día \_\_\_\_\_ Año \_\_\_\_\_ ¿Cuáles son las iniciales del niño? primer nombre \_\_\_\_\_ segundo nombre \_\_\_\_\_ apellido \_\_\_\_\_ (Por ejemplo: Mónica Patricia Morales López: Inicial primer nombre = M, del segundo nombre = P y del apellido = ML)
- ¿Es niño o niña?  niño  niña
- Durante el último año, ¿quién cuidaba a su hijo/a mientras Ud. trabajaba? *Por favor marque todas las opciones que correspondan.*

<input type="checkbox"/> ¿Usted o su cónyuge/pareja?	→ Si la respuesta es sí →	a. ¿Cuántas horas a la semana? <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> ¿Un pariente o vecino?	→ Si la respuesta es sí →	a. ¿Cuántas horas a la semana? <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> ¿Una niñera?	→ Si la respuesta es sí →	a. ¿Cuántas horas a la semana? <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> ¿Un hogar con licencia?	→ Si la respuesta es sí →	a. ¿Cuántas horas a la semana? <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> ¿Cuidado infantil con licencia en un centro infantil o un preescolar?	→ Si la respuesta es sí →	a. ¿Cuántas horas a la semana? <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
b. ¿Cuál era el nombre del centro infantil o preescolar? <i>(Por favor sea lo más específico posible)</i>		

- Durante el último año, ¿que idioma(s) se hablaba(n) en los lugares donde su hijo/a recibió cuidado infantil?  
 Inglés  Español  Chino/cantonés/mandarín  Vietnamita  Filipino  Coreano  Farsi o dari  Otro

Las preguntas siguientes son sobre la preparación de su hijo para kinder.

- Nos gustaría saber si usted recibió el tipo de información siguiente antes de que su hijo fuera al kinder y quién le proporcionó la información.

	No	Sí		Escuela de preescolar/proveedor de cuidado infantil	Escuela primaria	Otra fuente
Información general sobre cómo desarrollar las habilidades que los niños necesitan para kinder	<input type="checkbox"/>	<input type="checkbox"/>	Si la respuesta es sí: ¿Quién la proporcionó?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Información concreta sobre qué tan listo estaba su hijo para el kinder	<input type="checkbox"/>	<input type="checkbox"/>	Si la respuesta es sí: ¿Quién la proporcionó?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Información general sobre el desarrollo infantil y la paternidad (p. ej., qué esperar al crecer y desarrollarse su hijo)	<input type="checkbox"/>	<input type="checkbox"/>	Si la respuesta es sí: ¿Quién la proporcionó?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Información sobre cómo y cuándo inscribir a su hijo en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	Si la respuesta es sí: ¿Quién la proporcionó?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. ¿Cuáles de las siguientes cosas hizo usted antes del primer día de escuela? *Por favor marque todas las opciones que correspondan.*

- Asistió a una reunión u orientación para padres
- Visitó la escuela con su hijo
- Se reunió con el maestro de kinder de su hijo
- Trabajó con su hijo para desarrollar sus habilidades escolares
- Inscribió a su hijo en un programa de verano de preparación para el kinder
- Leyó libros o vio videos con su hijo sobre el kinder
- Leyó libros o artículos sobre la transición de su hijo al ir a la escuela
- Hizo preguntas sobre kinder al proveedor de cuidado infantil o centro preescolar de su hijo
- Preguntó al proveedor de cuidado infantil o centro preescolar si el niño estaba listo para entrar al kinder
- Otro
- Ninguno de los anteriores

8. ¿Qué tan de acuerdo está con las afirmaciones siguientes?

	<i>Muy en desacuerdo</i>	<i>En desacuerdo</i>	<i>Sólo un poco en desacuerdo</i>	<i>Sólo un poco de acuerdo</i>	<i>De acuerdo</i>	<i>Muy de acuerdo</i>
Cuando puedo hacerlo, me gusta pasar un tiempo en la escuela de mi hijo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La mayor parte del éxito de mi hijo depende del maestro de la clase; mi influencia es limitada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es importante que informe al maestro de las cosas que preocupan a mi hijo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No sé cómo ayudar a mi hijo a que obtenga buenas calificaciones en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribuyo mucho al rendimiento que tiene mi hijo en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si me esfuerzo, puedo ayudar a mi hijo a aprender, aun cuando le resulte difícil comprender algo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Cómo calificaría qué tan preparado está su hijo para el kinder en cuanto a su...

	<i>Todavía no está listo</i>	<i>Está empezando a estar listo</i>	<i>Casi preparado</i>	<i>Muy preparado</i>
<b>Estado físico y habilidades de coordinación</b> (el niño puede comer por sí mismo e ir al baño por sí mismo, puede usar un lápiz, puede saltar y jugar a la pelota)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Habilidades del lenguaje</b> (el niño puede hablar con los adultos con claridad, puede expresar lo que desea con claridad, puede describir algo cuando se le pide, hace preguntas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Habilidades académicas</b> (el niño conoce los colores, números, formas, letras, puede escribir su propio nombre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Habilidades sociales y emocionales</b> (el niño puede seguir instrucciones, sabe esperar su turno y compartir cosas, no molesta a los demás niños)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ahora le vamos a hacer unas pocas preguntas sobre las actividades de su familia.

10. En una semana cualquiera, ¿con qué frecuencia hace usted u otro miembro de su familia las cosas siguientes con su hijo? Su hijo puede hacer estas cosas en la escuela o en otro sitio, pero díganos por favor con qué frecuencia se hacen estas cosas en la familia.

Leer más de cinco minutos	Unas _____ veces a la semana
Contar historias o cantar canciones juntos	Unas _____ veces a la semana
Hacer que su hijo participe en tareas de la casa como cocinar, limpiar, poner la mesa o cuidar de las mascotas	Unas _____ veces a la semana
Jugar a distintos juegos o hacer rompecabezas con su hijo	Unas _____ veces a la semana
Hacer artes o manualidades con su hijo	Unas _____ veces a la semana
Jugar a algún deporte o hace ejercicio juntos	Unas _____ veces a la semana

11. ¿Cuántos días a la semana hace lo siguiente?:

Comer juntos en familia	Unas _____ veces a la semana
Seguir una rutina al acostar a su hijo en la cama por la noche	Unas _____ veces a la semana

12. ¿A qué hora se va su hijo a la cama de lunes a viernes? (marque sólo una respuesta):

Antes de 8pm  8pm  8:30pm  9pm  9:30pm  10pm  10:30pm  11pm  Después de 11pm

13. ¿Cuántos días desayuna su hijo en una semana normal de escuela?

0 días  1 día  2 días  3 días  4 días  5 días

14. En las mañanas que su hijo desayuna, ¿dónde desayuna normalmente?

En casa  De camino a la escuela  En la escuela  En otro sitio (por favor, especifique): \_\_\_\_\_

15. ¿Alrededor de cuántas horas en total al día pasa su hijo viendo la televisión o videos, o jugando a videojuegos o en la computadora?

Alrededor de \_\_\_\_ horas y \_\_\_\_ minutos al día

16. ¿Qué tipo de programas, servicios o apoyos de paternidad ha recibido usted? Por favor marque todas las opciones que correspondan.

- |   |   |
|---|---|
| <input type="checkbox"/> Revisiones médicas regulares durante el embarazo   | <input type="checkbox"/> Grupos de apoyo a los padres                                   |
| <input type="checkbox"/> Programa nutricional WIC ( <i>Women, Infants, and Children</i> )                                     | <input type="checkbox"/> Información o programas en su iglesia u organización religiosa |
| <input type="checkbox"/> Visitas a domicilio hechas por un profesional de enfermería, trabajador comunitario u otro proveedor | <input type="checkbox"/> Ayuda procedente de sus familiares                             |
| <input type="checkbox"/> Información suministrada por el proveedor de cuidado infantil de su hijo                             | <input type="checkbox"/> Ayuda procedente de vecinos y/o amigos                         |
| <input type="checkbox"/> Clases de orientación para madres  | <input type="checkbox"/> Ninguno de los anteriores                                      |

17. Durante el año pasado, ¿qué tipo de recursos familiares locales ha utilizado? Por favor marque todas las opciones que correspondan.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Clínica comunitaria      | <input type="checkbox"/> Museo(s) local(es)  | <input type="checkbox"/> Bibliotecas                                     | <input type="checkbox"/> Otro: _____               |
| <input type="checkbox"/> Programas de arte/música | <input type="checkbox"/> Parque(s) local(es) | <input type="checkbox"/> Actividades recreativas, campamentos y deportes | <input type="checkbox"/> Ninguno de los anteriores |

18. Díganos hasta qué punto son ciertas para usted las afirmaciones siguientes marcado una opción para cada una de ellas.

	En ningún momento	Algunas veces	La mayoría del tiempo	Todo el tiempo
Hay alguien en quien puedo confiar para que cuide de mi hijo cuando necesito hacer algún mandado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay alguien con quien puedo contar para que cuide de mi hijo cuando necesito un descanso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puedo encontrar con facilidad a alguien con quien hablar cuando necesito consejos sobre cómo criar a mi hijo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Pensando en el último mes, ¿le ha parecido que ...

	<i>En ningún momento</i>	<i>Algunas veces</i>	<i>La mayoría del tiempo</i>	<i>Todo el tiempo</i>
su hijo era mucho más difícil de cuidar que la mayoría de los niños?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
su hijo hace cosas que a usted realmente le molestan mucho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
usted estaba sacrificando demasiadas cosas de su vida para cubrir las necesidades de su hijo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. ¿Cuánto le han preocupado las cosas siguientes durante el último año?

	<i>No me ha preocupado</i>	<i>Me ha preocupado algo</i>	<i>Me ha preocupado mucho</i>
El dinero y pagar las facturas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La salud o cuestiones relacionadas con el cuidado de la salud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problemas relacionados con el trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problemas con su cónyuge o pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A continuación hay algunas preguntas sobre la salud de su hijo.

21. Cuando su hijo nació, ¿fue su peso inferior a 5 libras 8 onzas (2,500 gramos)?  No  Sí  No sé
22. ¿Tiene su hijo médico regular, proveedor o clínica de pediatría?  Sí  No
23. ¿Tiene su hijo dentista regular?  Sí  No
24. Durante el último año, ¿le han hecho a su hijo algún examen dental?  Sí  No
25. ¿Qué tipo de seguro médico tiene su hijo?  No tiene seguro  Medi-Cal  Healthy Families  Otro seguro privado
26. Durante el último año, ¿le han hecho a su hijo alguna de las pruebas siguientes? (Por favor marque todas las opciones que correspondan):  
 Oído  Vista  Desarrollo (evaluación del habla/comunicación, habilidades motoras, solución de problemas y/o habilidades de comportamiento social)
27. ¿Tiene su hijo alguna necesidad especial que pudiera afectar su participación en el kinder, como problemas de vista, oído, enfermedad crónica, de comportamiento o Trastorno de Déficit de Atención e Hiperactividad (ADHD, por sus siglas en inglés)?  
 No  Sí → Si la respuesta es sí, llene las preguntas 27a – 27d siguientes.

27a. Si la respuesta es sí, ¿qué necesidad especial tiene su hijo? \_\_\_\_\_

27b. ¿Cómo se enteró de que su hijo tenía esta necesidad especial?  
 Diagnóstico / evaluación hecha por el pediatra del niño u otro médico  Diagnóstico / evaluación hecha por usted mismo  
 Diagnóstico / evaluación hecha por otro profesional  Otro: \_\_\_\_\_

27c. ¿Qué edad tenía su hijo cuando se identificó esta necesidad por vez primera? \_\_\_\_\_ años y \_\_\_\_\_ meses

27d. ¿Ha recibido su hijo ayuda profesional para tratar esta necesidad especial (p. ej., ayuda de un pediatra, profesional escolar, terapeuta, servicios de los centros regionales)?  
 No  Sí → Si la respuesta es sí, ¿qué tipo de ayuda buscó usted? \_\_\_\_\_

Por último, deseamos saber información demográfica básica sobre su familia y el niño que está en kinder.

28. ¿Se considera usted padre/madre soltero(a)?  Sí  No
29. ¿Perdió usted su trabajo durante el último año?  Sí  No
30. Por favor apunte el número de miembros de la familia que viven en su casa en los siguientes grupos de edad.  
 Número de niños de 0-5 de edad \_\_\_\_\_ Número de niños de 6-17 años \_\_\_\_\_ Número de adultos (edades 18+) \_\_\_\_\_
31. ¿Cuántas veces se ha cambiado de domicilio desde que nació su hijo? \_\_\_\_\_ Veces
32. ¿Qué idioma habla usted con **MÁS** frecuencia con su hijo en casa?
- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Inglés     | <input type="checkbox"/> Filipino (pilipino o tagalo)           | <input type="checkbox"/> Hindi, punjabi u otro idioma sudasiático           |
| <input type="checkbox"/> Español    | <input type="checkbox"/> Coreano                                | <input type="checkbox"/> Farsi, dari, árabe u otro idioma del Medio Oriente |
| <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Cantonés, mandarín u otro idioma chino | <input type="checkbox"/> Otro: _____  |
33. ¿Qué tan bien habla USTED inglés?
- |   |   |
|---|---|
| <input type="checkbox"/> Muy bien; el inglés es mi lengua primera   | <input type="checkbox"/> No muy bien; conozco algunas palabras en inglés, pero normalmente no es suficiente para comunicarme lo que deseo decir |
| <input type="checkbox"/> Muy bien; pero el inglés no es mi lengua primera   | <input type="checkbox"/> No lo hablo nada; conozco muy pocas palabras o ninguna en inglés   |
| <input type="checkbox"/> Más o menos bien; normalmente, aunque no siempre, puedo comunicar en inglés lo que deseo decir |   |
34. ¿Cuál es el nivel de estudios más alto alcanzado por la madre del niño?
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Menos de 6° grado | <input type="checkbox"/> Escuela secundaria                       | <input type="checkbox"/> Licenciatura (BA o BS) |
| <input type="checkbox"/> 6° grado          | <input type="checkbox"/> Algunos cursos en educación superior     | <input type="checkbox"/> Título de postgrado    |
| <input type="checkbox"/> 7° u 8° grado     | <input type="checkbox"/> Título universitario de 2 años (AA o AS) | <input type="checkbox"/> No sabe                |
35. ¿Cuál es la fecha de nacimiento de la madre del niño? Mes \_\_\_\_\_ Día \_\_\_\_\_ Año \_\_\_\_\_
36. ¿Cuál es el origen étnico de su hijo?
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mexicano                | <input type="checkbox"/> Africano   |  |
| <input type="checkbox"/> Cubano / puertorriqueño | <input type="checkbox"/> Isleño del Pacífico (marque: <input type="checkbox"/> Samoano <input type="checkbox"/> Tongano <input type="checkbox"/> Fiyiano <input type="checkbox"/> Otro)                               |  |
| <input type="checkbox"/> Centroamericano         | <input type="checkbox"/> Asiático oriental (marque: <input type="checkbox"/> Japonés <input type="checkbox"/> Chino <input type="checkbox"/> Coreano <input type="checkbox"/> Taiwanés <input type="checkbox"/> Otro) |  |
| <input type="checkbox"/> Otro hispano o latino   | <input type="checkbox"/> Filipino   |  |
| <input type="checkbox"/> Caucásico / blanco      | <input type="checkbox"/> Otro sudasiático (marque: <input type="checkbox"/> Tailandés <input type="checkbox"/> Vietnamita <input type="checkbox"/> Otro)  |  |
| <input type="checkbox"/> Afronorteamericano      | <input type="checkbox"/> Sudasiático (marque: <input type="checkbox"/> Hindú <input type="checkbox"/> Paquistaní <input type="checkbox"/> Bangladesí <input type="checkbox"/> Otro)                                   |  |
| <input type="checkbox"/> Indígena norteamericano | <input type="checkbox"/> Multiétnico  |  |
| <input type="checkbox"/> Medio Oriente           | <input type="checkbox"/> Otro: _____  |  |
37. ¿Cuáles son los ingresos anuales aproximados de su familia?
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 – \$14,999      | <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$15,000 – \$34,999 | <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$100,000 o más     |

**¡Gracias!**

**Por favor, coloque la encuesta doblada dentro del sobre, ciérrelo y entrégueselo al maestro/a de su hijo.**



## 2010 年家長資料表格

班級號碼 \_\_\_\_\_ 學童編號 \_\_\_\_\_

以下調查問卷是詢問有關您子女剛入幼稚園就讀的問題。為感謝您花時間填寫表格，您子女的老師將送他或她一本新書。當您完成問卷後，請放入所提供的信封後交回給子女的老師。這項調查是保密的，請不要將子女姓名寫在上面。這些資訊將用來協助幼兒園和小學，了解如何更有效幫助入學的新生。非常感謝您！

- 您跟此學童的關係為何？  母親  父親  祖父母  養父母  其他： \_\_\_\_\_
- 您子女的出生日期？ \_\_\_\_月 \_\_\_\_日 \_\_\_\_年 他或她的名字縮寫字母為何？名字 \_\_\_\_\_ 中間名 \_\_\_\_\_ 姓氏 \_\_\_\_\_  
*(例如：Monica Patricia Morales Lopez：名字的縮寫=M，中間名的縮寫=P，姓氏的縮寫=ML)*
- 學童為男孩或女孩？  男孩  女孩
- 回想去年情況：在平常上班時間，通常由誰來照顧您的子女？請勾選所有適合的項目。

<input type="checkbox"/> 您或您的配偶/伴侶？	→ 如果是 → a. 每週幾個小時？	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> 親戚或鄰居？	→ 如果是 → a. 每週幾個小時？	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> 代看小孩者或保姆？	→ 如果是 → a. 每週幾個小時？	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> 有執照的家庭托兒所？	→ 如果是 → a. 每週幾個小時？	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
<input type="checkbox"/> 有執照的托兒中心或幼兒園？	→ 如果是 → a. 每週幾個小時？	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41 +
	b. 托兒中心或幼兒園的名稱？(請盡量詳細)	_____

- 過去一年中，您子女在受托的地方講哪(些)語言？  
 英語  西班牙語  華語/廣東話/國語  越南語  菲律賓語  韓語  波斯語或達利語  其他

現在，我們要問您幾個有關您子女是否準備好上幼稚園的問題。

- 我們想知道，在您的子女就讀幼稚園前，您是否收到以下資訊，以及誰提供您這些資訊。

	否	是	如果是：誰提供的？	幼兒園/托兒服務提供者	小學	其他來源
有關兒童在幼稚園中發展必要能力的一般資訊	<input type="checkbox"/>	<input type="checkbox"/>	如果是：誰提供的？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
有關您的子女是否已經準備好就讀幼稚園的特定資訊	<input type="checkbox"/>	<input type="checkbox"/>	如果是：誰提供的？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
有關兒童發展和養育子女的一般資訊 (例如：在您子女的成長和發展過程中，有哪些事情是可以預期的)	<input type="checkbox"/>	<input type="checkbox"/>	如果是：誰提供的？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
有關您應該如何與何時為子女辦理學校註冊的資訊	<input type="checkbox"/>	<input type="checkbox"/>	如果是：誰提供的？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. 您在開學前有做過下列哪些事項？請勾選所有適合的項目。

- |   |  |
|---|--|
| <input type="checkbox"/> 參加家長會議或說明會       | <input type="checkbox"/> 閱讀有關子女入學過渡期的書或文章                |
| <input type="checkbox"/> 與子女一起參觀學校        | <input type="checkbox"/> 詢問子女的托兒服務提供者/幼兒園有關幼稚園事宜         |
| <input type="checkbox"/> 與幼稚園老師會面         | <input type="checkbox"/> 詢問子女的托兒服務提供者/幼兒園有關子女是否已準備好就讀幼稚園 |
| <input type="checkbox"/> 與子女一起做些學校的活動     | <input type="checkbox"/> 其他                              |
| <input type="checkbox"/> 為子女報名參加暑期幼稚園學前班  | <input type="checkbox"/> 以上皆非                            |
| <input type="checkbox"/> 與子女一起看有關幼稚園的書或影片 |  |

8. 您同不同意以下說法？

	強烈不同意	不同意	有點不同意	有點同意	同意	非常同意
當情況允許時，我喜歡在子女的學校裡多待些時間	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
兒童在學校的表現多半靠學校老師教導 - 我的影響很有限	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
讓老師知道有關我子女的事情是很重要的	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
我不知道如何幫助子女在學校拿到好成績	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
我對子女在學校的表現有很大影響	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
如果我努力嘗試，我將可以幫助子女學習，即使在他/她有理解上的困難時也是如此	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 就下列各方面而言，您如何評估子女是否作好就讀幼稚園的準備...

	還沒準備好	開始要準備好了	大致準備好了	完全準備好了
身體健康和協調能力 (孩子會自己吃飯和自己上廁所，會使用鉛筆，會跳躍和玩球)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
語言能力 (孩子可以對大人清楚地說話，可以清晰地表達自己的需要，被問到某件事時知道如何形容，會問問題)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
學習能力 (孩子認識顏色、數字、形狀、字母，會寫自己的名字)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
社交與情感能力 (孩子會遵從指示，懂得輪流和分享，不去打斷別人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

現在，我們要問有關您家庭活動的問題。

10. 平常在一個星期中，您或其他家人有多常與子女做過下列事情？您子女可能在學校或其他地方做過這些事，但請告訴我們，您們在家中有何常進行這些活動。

閱讀超過五分鐘	每週約 _____ 次
一起唱歌或講故事	每週約 _____ 次
與子女一起做家事，如烹調、清掃、擺設飯桌，或照顧寵物	每週約 _____ 次
與子女一起玩遊戲或解謎題	每週約 _____ 次
與子女一起做手工藝	每週約 _____ 次
一起做運動或體操	每週約 _____ 次

11. 您一週裡有幾天會做以下事情：

全家一起進餐	每週約 _____ 天
晚上時按照一定程序送子女上床睡覺	每週約 _____ 天

12. 您的子女平日晚上通常幾點睡覺？(單選)。

- 8時以前    8時    8時 30分    9時    9時 30分    10時    10時 30分    11時    11時以後

13. 在學校上課期間，您的子女每週有幾天吃早餐？

- 0天    1天    2天    3天    4天    5天

14. 在您子女吃早餐的那幾天，他/她一般在哪裡吃早餐？

- 家裡    上學途中    學校    其他地方 (請註明)：\_\_\_\_\_

15. 您子女一天中總共花多少時間看電視、看錄影帶/DVD、玩電動遊戲或電腦遊戲？

一天大約 \_\_\_\_\_ 小時又 \_\_\_\_\_ 分鐘

16. 您有接受或獲得哪些養育課程、服務或支持？請勾選所有適合的項目。

- |  |  |
|--|--|
| <input type="checkbox"/> 懷孕時的定期醫療檢查          | <input type="checkbox"/> 家長支援團體        |
| <input type="checkbox"/> 婦女、嬰兒及兒童(WIC)營養計劃   | <input type="checkbox"/> 教堂/宗教團體的資訊或課程 |
| <input type="checkbox"/> 護士、社區工作人員或其他來源的家庭訪問 | <input type="checkbox"/> 親戚的協助         |
| <input type="checkbox"/> 您子女托兒服務提供者的資訊       | <input type="checkbox"/> 鄰居及/或朋友的協助    |
| <input type="checkbox"/> 家長教育課程              | <input type="checkbox"/> 以上皆非          |

17. 在過去一年中，您曾經用過哪些本地家庭資源？請勾選所有適合的項目。

- |                                  |                                |                                     |                                   |
|----------------------------------|--------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> 社區診所    | <input type="checkbox"/> 本地博物館 | <input type="checkbox"/> 圖書館        | <input type="checkbox"/> 其他：_____ |
| <input type="checkbox"/> 藝術/音樂計劃 | <input type="checkbox"/> 本地公園  | <input type="checkbox"/> 休閒活動、露營、運動 | <input type="checkbox"/> 以上皆非     |

18. 請告訴我們，下列的陳述對您而言有多正確？一項只限勾選一個。

	對我而言 絕對正確	對我而言 有些正確	對我而言 不太正確	對我而言 完全不正確
當我需要去辦雜事時，我有可以信賴的人幫我照顧小孩。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
當我需要休息時，我有可以信賴的人幫我照顧小孩。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
當我對如何養育子女需要建議時，我很容易可以找到共同商量的人。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. 回想上個月的情況，您有多少時間感到...

	完全沒有	有些時候	大多時候	總是如此
您的子女比多數兒童更難照顧	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
您的子女會做出一些讓您非常煩心的事情	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
您犧牲太多自己的生活來滿足子女的需求	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. 去年有哪些事情讓您感到困擾？

	沒有困擾	有點困擾	很大的困擾
金錢及支付帳單	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
健康或醫療問題	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
工作方面的問題	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
與配偶或伴侶的相處問題	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

以下是有關您子女的健康問題。

21. 當您子女出生時，他/她的體重低於 5 磅又 8 盎司(2,500 公克)嗎？  否  是  不清楚
22. 您子女有固定的醫生或小兒科醫院或診所嗎？  是  否
23. 您子女有固定的牙醫嗎？  是  否
24. 在過去一年中，您子女有做過牙齒檢查嗎？  是  否
25. 您子女有哪種健康保險？  沒保險  加州醫療保險 (Medi-Cal)  健康家庭計劃 (Healthy Families)  其他私人保險
26. 在過去一年中，您子女有做過下面這些篩選檢測嗎？(請勾選所有合適的項目)
- 聽力  視力  發展能力 (評估語言/溝通、運動能力、解決問題及/或社交行為能力)
27. 您子女有什麼特別的需求會影響到他或她就讀幼稚園嗎？(例如視力、聽力、慢性病、行為問題或注意力不足過動症(ADHD)等。
- 否  是 → 如果是，請完成下面 27a-27c 項的問題。

- 27a. 如果是，您子女有什麼特別的需求？ \_\_\_\_\_
- 27b. 您如何得知子女有這些特別的需求？
- 您子女的小兒科醫生或其他醫生的診斷或評估  您自己的診斷或評估
- 其他專家的診斷或評估  其他： \_\_\_\_\_
- 27c. 您子女幾歲時第一次確認有這方面的需求？ \_\_\_\_\_ 歲又 \_\_\_\_\_ 個月
- 27d. 您子女有得到專家針對這方面需求提供的協助嗎？(例如來自小兒科、學校專家、治療師、區域中心服務的協助)。
- 否  是 → 如果是，您得到哪一種協助？ \_\_\_\_\_

最後，我們想知道有關您家庭和您就讀幼稚園子女的一些基本資料。

28. 您認為自己是單親家長嗎？  是  否
29. 您或主要負責的家長/監護人在去年曾經失業過嗎？  是  否
30. 請依照年齡分類寫下您家中同住的家人人數。

0-5 歲的兒童 \_\_\_\_\_ 6-17 歲的兒童 \_\_\_\_\_ 成年人(18 歲和以上) \_\_\_\_\_

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31. 您就讀幼稚園的子女出生後，您總計換過多少住址？\_\_\_\_\_ 個住址

32. 您與子女在家中最常用哪種語言？

- |                               |  |  |
|-------------------------------|--|--|
| <input type="checkbox"/> 英語   | <input type="checkbox"/> 菲律賓話 (菲律賓語或塔加拉族語) | <input type="checkbox"/> 印度語、旁遮普語或其他南亞語言     |
| <input type="checkbox"/> 西班牙話 | <input type="checkbox"/> 韓語                | <input type="checkbox"/> 波斯語、達利語、阿拉伯語或其他中東語言 |
| <input type="checkbox"/> 越南話  | <input type="checkbox"/> 廣東話、國語或其他中國方言     | <input type="checkbox"/> 其他：_____            |

33. 您的英語說得有多好？

- |   |  |
|---|--|
| <input type="checkbox"/> 非常好，英語是我的主要語言                | <input type="checkbox"/> 不是很好，我懂一點英文，但還不足以表達自己 |
| <input type="checkbox"/> 非常好，但英語不是我的第一語言              | <input type="checkbox"/> 完全不行，我懂不了幾個英文字        |
| <input type="checkbox"/> 還不錯，我通常 (但非總是) 能以英語傳達想要表達的事情 |  |

34. 學童母親所完成的最高教育程度是什麼？

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> 6 年級以下     | <input type="checkbox"/> 高中                 | <input type="checkbox"/> 學士學位 (藝術學士學位或理科學士學位) |
| <input type="checkbox"/> 6 年級       | <input type="checkbox"/> 讀過一些大學課程           | <input type="checkbox"/> 學士學位以上               |
| <input type="checkbox"/> 7 年級或 8 年級 | <input type="checkbox"/> 副學位 (藝術副學位或理科學副學位) | <input type="checkbox"/> 不清楚                  |

35. 學童母親的出生日期？\_\_\_\_月\_\_\_\_日\_\_\_\_年

36. 您小孩主要屬於哪一種族？

- |  |  |
|--|--|
| <input type="checkbox"/> 墨西哥人          | <input type="checkbox"/> 非洲人   |
| <input type="checkbox"/> 古巴人/波多黎各人     | <input type="checkbox"/> 太平洋島嶼 (請註明： <input type="checkbox"/> 薩摩亞人 <input type="checkbox"/> 東加人 <input type="checkbox"/> 斐濟人 <input type="checkbox"/> 其他)                          |
| <input type="checkbox"/> 中美洲人          | <input type="checkbox"/> 東亞 (請註明： <input type="checkbox"/> 日本人 <input type="checkbox"/> 中國人 <input type="checkbox"/> 韓國人 <input type="checkbox"/> 台灣人 <input type="checkbox"/> 其他) |
| <input type="checkbox"/> 其他的西班牙裔或拉丁美洲裔 | <input type="checkbox"/> 菲律賓人  |
| <input type="checkbox"/> 高加索/白人        | <input type="checkbox"/> 其他東南亞 (請註明： <input type="checkbox"/> 泰國人 <input type="checkbox"/> 越南人 <input type="checkbox"/> 其他)  |
| <input type="checkbox"/> 非裔美國人         | <input type="checkbox"/> 南亞 (請註明： <input type="checkbox"/> 印度人 <input type="checkbox"/> 巴基斯坦人 <input type="checkbox"/> 孟加拉人 <input type="checkbox"/> 其他)                           |
| <input type="checkbox"/> 美國印第安人        | <input type="checkbox"/> 多種族   |
| <input type="checkbox"/> 中東人           | <input type="checkbox"/> 其他：_____  |

37. 您的家庭年收入大約是多少？

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$14,999      | <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$15,000 - \$34,999 | <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$100,000 或以上       |

**謝謝！**

**請將問卷調查表覆好放入附帶的信封內並封口，然後交給您子女的老師。**



Lớp # \_\_\_\_\_ Học sinh # \_\_\_\_\_

## Mẫu Đơn Thông Tin Phụ Huynh 2010

**Bản khảo sát sau đây sẽ hỏi quý vị về bé trai hoặc bé gái quý vị vừa bắt đầu học lớp mẫu giáo. Để cảm ơn quý vị đã dành thời gian điền bản khảo sát này, giáo viên sẽ gửi cho em một cuốn sách mới.** Khi quý vị hoàn tất mẫu đơn, vui lòng bỏ vào bao thư có sẵn và đưa lại cho giáo viên. Bản khảo sát này được bảo mật – vui lòng không viết tên con quý vị. Thông tin này sẽ được sử dụng để giúp các trường mẫu giáo và trường tiểu học hỗ trợ các em học sinh mới. Cảm ơn quý vị rất nhiều!

- Quan hệ của quý vị với đứa trẻ này?  Mẹ  Cha  Ông Bà  Cha Mẹ Nuôi  Khác: \_\_\_\_\_
- Ngày sinh của con quý vị? Tháng \_\_\_\_\_ Ngày \_\_\_\_\_ Năm \_\_\_\_\_ Các chữ đầu tên của em là gì? Tên Đầu \_\_\_\_\_ Tên Đệm \_\_\_\_\_ Họ \_\_\_\_\_  
*(Ví dụ: Monica Patricia Morales Lopez: Chữ đầu tên thứ nhất = M, chữ đầu tên thứ hai = P và chữ đầu tên cuối = ML)*
- Đứa trẻ này là con trai hay con gái?  Con Trai  Con Gái
- Năm ngoái, ai thường chăm sóc con quý vị trong một tuần bình thường? *Xin đánh dấu tất cả các ô phù hợp.*

<input type="checkbox"/> Quý vị hay vợ, chồng/bạn đời của quý vị?	→ Nếu có →	a. Mấy giờ mỗi tuần?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Người bà con hay hàng xóm?	→ Nếu có →	a. Mấy giờ mỗi tuần?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Người giữ trẻ hay vú em?	→ Nếu có →	a. Mấy giờ mỗi tuần?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Dịch vụ giữ trẻ được cấp giấy phép tại nhà?	→ Nếu có →	a. Mấy giờ mỗi tuần?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Dịch vụ giữ trẻ được cấp giấy phép tại trung tâm hoặc nhà trẻ?	→ Nếu có →	a. Mấy giờ mỗi tuần?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
b. Tên của trung tâm hoặc nhà trẻ? <i>(Xin quý vị gửi càng cụ thể càng tốt)</i> _____						

- Trong năm vừa qua, (các) ngôn ngữ nào được sử dụng ở những nơi quý vị gửi con mình?  
 Tiếng Anh  Tiếng Tây Ban Nha  Tiếng Hoa/Quảng Đông/Quan Thoại  Tiếng Việt  Tiếng Philippine  Tiếng Hàn  Tiếng Farsi hoặc Dari  Khác

Bây giờ chúng tôi có một số câu hỏi về việc chuẩn bị đi học mẫu giáo của con quý vị.

- Chúng tôi muốn biết liệu quý vị đã nhận được những loại thông tin sau đây trước khi con quý vị vào học mẫu giáo, và ai đã cung cấp những thông tin này.

	Không	Có		Nhà Trẻ/ Người Cung Cấp Dịch Vụ	Trường Tiểu Học	Nguồn Thông Tin Khác
Thông tin chung về cách phát triển các kỹ năng mà trẻ em cần có khi học mẫu giáo	<input type="checkbox"/>	<input type="checkbox"/>	Nếu có: Ai đã cung cấp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thông tin cụ thể về việc con quý vị đã sẵn sàng đi học mẫu giáo	<input type="checkbox"/>	<input type="checkbox"/>	Nếu có: Ai đã cung cấp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thông tin chung về sự phát triển của trẻ và việc nuôi dạy trẻ (ví dụ như những gì mong đợi khi con quý vị lớn và phát triển)	<input type="checkbox"/>	<input type="checkbox"/>	Nếu có: Ai đã cung cấp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thông tin về cách thức và thời điểm đăng ký đi học cho con quý vị	<input type="checkbox"/>	<input type="checkbox"/>	Nếu có: Ai đã cung cấp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Information Form (PIF)  
(Vietnamese)

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7. Những việc nào sau đây quý vị đã làm trước ngày đầu tiên đi học? Xin đánh dấu tất cả các ô phù hợp.

- |   |  |
|---|--|
| <input type="checkbox"/> Tham dự một buổi họp phụ huynh hoặc buổi họp định hướng          | <input type="checkbox"/> Đọc sách hoặc báo về việc chuyển tiếp sang đi học cho con quý vị  |
| <input type="checkbox"/> Tham quan trường học cùng con quý vị                             | <input type="checkbox"/> Hỏi người cung cấp dịch vụ chăm sóc trẻ của con quý vị/hoặc nhà trẻ những câu hỏi về trường mẫu giáo                    |
| <input type="checkbox"/> Gặp giáo viên mẫu giáo của em                                    | <input type="checkbox"/> Hỏi người cung cấp dịch vụ chăm sóc trẻ của con quý vị/hoặc nhà trẻ về việc con quý vị đã sẵn sàng đi mẫu giáo hay chưa |
| <input type="checkbox"/> Giúp em học những kỹ năng để chuẩn bị vào lớp                    | <input type="checkbox"/> Khác  |
| <input type="checkbox"/> Đưa con quý vị đến tham dự chương trình tiền-mẫu giáo vào mùa hè | <input type="checkbox"/> Không có điều nào trong số trên   |
| <input type="checkbox"/> Đọc sách và xem băng video về lớp mẫu giáo cùng với con quý vị   |  |

8. Mức độ đồng ý hay không đồng ý của quý vị như thế nào đối với những lời phát biểu sau đây?

	Rất không đồng ý	Không đồng ý	Hơi không đồng ý	Hơi đồng ý	Đồng ý	Rất đồng ý
Tôi muốn dành thời gian tại trường học của con tôi khi có thể	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Đa số thành công của trẻ ở trường phụ thuộc vào giáo viên trên lớp—Tôi chỉ có ít ảnh hưởng	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Điều quan trọng là tôi báo cho giáo viên biết những việc liên quan tới con tôi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tôi không biết cách giúp con tôi đạt điểm tốt ở trường	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tôi có ảnh hưởng đáng kể tới việc học tập ở trường của con tôi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nếu tôi cố gắng hơn, tôi có thể giúp con tôi học tập, thậm chí khi em gặp khó khăn khi học gì đó	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Quý vị đánh giá như thế nào về mức độ sẵn sàng đi học mẫu giáo của con quý vị về những mặt sau...

	Chưa sẵn sàng	Bắt đầu sẵn sàng	Gần như sẵn sàng	Rất sẵn sàng
Sức khỏe thể chất và các kỹ năng phối hợp (trẻ có thể tự ăn và tự đi vệ sinh, có thể dùng viết chì, có thể nhảy và chơi bóng)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Các kỹ năng về ngôn ngữ (trẻ có thể nói chuyện với người lớn rõ ràng, có thể nói rõ ràng những gì các em muốn, có thể mô tả một đồ vật đó khi được hỏi, có thể nêu thắc mắc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Các kỹ năng học tập (trẻ biết màu sắc, con số, hình dạng, các chữ cái, có thể viết tên của mình)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Các kỹ năng xã hội và tình cảm (trẻ có thể làm theo các hướng dẫn, biết thay phiên lần lượt và chia sẻ, không làm phiền những người khác)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bây giờ chúng tôi có vài câu hỏi về các hoạt động của gia đình quý vị.

10. Trong một tuần bình thường, quý vị hay bất kỳ thành viên trong gia đình làm những việc sau đây với con quý vị thường xuyên như thế nào? Con quý vị có thể làm những việc này ở trường hoặc một nơi nào khác, nhưng vui lòng cho chúng tôi biết những hoạt động này diễn ra thường xuyên như thế nào ở gia đình quý vị.

Đọc sách hơn 5 phút	Khoảng _____ lần một tuần
Kể chuyện hoặc cùng nhau hát	Khoảng _____ lần một tuần
Cho em tham gia những việc vặt trong gia đình như nấu ăn, dọn dẹp, dọn bàn hoặc chăm sóc vật nuôi	Khoảng _____ lần một tuần
Chơi trò chơi hoặc đồ vui	Khoảng _____ lần một tuần
Cùng làm thủ công với nhau	Khoảng _____ lần một tuần
Cùng chơi thể thao hoặc tập thể dục	Khoảng _____ lần một tuần

11. **Mấy ngày trong tuần quý vị làm những việc sau:**

Cùng ăn những bữa cơm gia đình	Khoảng _____ ngày một tuần
Theo thông lệ hàng ngày khi cho con quý vị đi ngủ vào buổi tối	Khoảng _____ ngày một tuần

12. **Con quý vị thường đi ngủ lúc nào vào các buổi tối trong tuần? (Xin quý vị chỉ chọn một câu trả lời):**

- Trước 8 giờ tối  8 giờ tối  8:30 giờ tối  9 giờ tối  9:30 giờ tối  10 giờ tối  10:30 giờ tối  11 giờ đêm  Sau 11 giờ đêm

13. **Con quý vị ăn sáng mấy ngày trong một tuần đi học bình thường?**

- 0 ngày  1 ngày  2 ngày  3 ngày  4 ngày  5 ngày

14. **Vào các buổi sáng mà con quý vị ăn sáng, em thường ăn sáng ở đâu?**

- Ở nhà  Trên đường tới trường  Ở trường  Tại một nơi khác (xin ghi cụ thể): \_\_\_\_\_

15. **Tổng cộng khoảng bao nhiêu giờ trong ngày con quý vị xem tivi, xem video, hoặc chơi trò chơi video hoặc trên máy vi tính?**

Khoảng \_\_\_\_ giờ và \_\_\_\_ phút một ngày

16. **Quý vị đã nhận được những chương trình, dịch vụ, hoặc sự hỗ trợ dành cho phụ huynh nào? Xin đánh dấu tất cả các ô phù hợp.**

- Những cuộc kiểm tra y tế định kỳ khi quý vị mang thai  Các nhóm hỗ trợ phụ huynh  
 Phụ Nữ, Trẻ Sơ Sanh và Trẻ Em - Chương Trình WIC  Thông tin hoặc những chương trình tại nhà thờ/ổ chức tôn giáo  
 Y tá, nhân viên cộng đồng, hoặc người cung cấp khác đến thăm nhà  Giúp đỡ từ họ hàng  
 Thông tin từ người cung cấp dịch vụ chăm sóc trẻ của con quý vị  Giúp đỡ từ hàng xóm và/hoặc bạn bè  
 Các lớp học giáo dục dành cho phụ huynh  Không có điều nào trong số trên

17. **Trong năm ngoái, quý vị đã sử dụng những loại nguồn thông tin địa phương dành cho gia đình nào? Xin đánh dấu tất cả các ô phù hợp.**

- Bệnh viện cộng đồng  (Các) viện bảo tàng  Thư viện  Khác: \_\_\_\_\_  
 Chương trình nghệ thuật/âm nhạc địa phương  Những hoạt động vui chơi, cắm trại, và thể thao  Không có điều nào trong số trên  
 Công viên địa phương

18. **Vui lòng cho chúng tôi biết mức độ chính xác của những lời phát biểu sau đây đối với quý vị bằng cách đánh dấu từng mục dưới đây.**

	Hoàn toàn đúng đối với tôi	Tương đối đúng đối với tôi	Không đúng đối với tôi	Hoàn toàn không đúng đối với tôi
Có ai đó mà tôi có thể nhờ cậy để trông giúp con tôi khi tôi có công chuyện.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Có ai đó mà tôi có thể nhờ cậy để trông giúp con tôi khi tôi cần nghỉ ngơi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tôi có thể dễ dàng tìm một người nào đó để nói chuyện khi tôi cần lời khuyên về cách nuôi con tôi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. **Trong tháng qua, quý vị có khi nào cảm thấy...**

	Không khi nào	Đôi lúc	Nhiều lần	Luôn luôn
Con quý vị khó chăm sóc hơn đa số trẻ em khác	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Con quý vị làm những việc gây phiền muộn cho quý vị	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quý vị đã dành quá nhiều thời gian của mình để đáp ứng các nhu cầu của con quý vị	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Những điều sau đây gây quan ngại như thế nào cho quý vị trong năm vừa qua?

	Không có quan ngại	Có quan ngại	Quan ngại lớn
Tiền bạc và việc thanh toán hóa đơn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sức khỏe hoặc các vấn đề chăm sóc sức khỏe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Các vấn đề liên quan đến việc làm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Các vấn đề với người phối ngẫu hoặc bạn tình	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dưới đây là một vài câu hỏi liên quan đến sức khỏe của con quý vị.

21. Khi mới sinh, em cân nặng ít hơn 5 pounds 8 ounces (2,500 grams)?  Không  Có  Không biết
22. Con quý vị có đi khám ở bác sĩ, bác sĩ nhi khoa hoặc bệnh viện đều đặn không?  Có  Không
23. Con quý vị có đi khám ở nha sĩ đều đặn không?  Có  Không
24. Trong năm vừa qua, em có đi khám răng không?  Có  Không
25. Em đang có loại bảo hiểm y tế nào?  Không có bảo hiểm  Medi-Cal  Healthy Families  Bảo hiểm cá nhân khác
26. Trong năm qua, con quý vị đã có bất kỳ buổi khám sàng lọc sau đây không? (Chọn tất cả các ô phù hợp):  
 Thính Giác  Thị Giác  Phát Triển (đánh giá các kỹ năng nói/giao tiếp, vận động, các kỹ năng giải quyết vấn đề, và/hoặc hành vi xã hội)
27. Con quý vị có bất kỳ nhu cầu đặc biệt nào mà có thể ảnh hưởng đến việc đi học mẫu giáo, ví dụ như các vấn đề về thị giác, thính giác, bệnh mãn tính, hành vi hoặc ADHD?  
 Không  Có → Nếu có, vui lòng hoàn tất các câu 27a-27d dưới đây.

- 27a. Nếu có, trẻ cần những nhu cầu đặc biệt nào? \_\_\_\_\_
- 27b. Làm sao quý vị biết con quý vị có những nhu cầu đặc biệt này?  
 Chẩn đoán/đánh giá bởi bác sĩ nhi khoa hoặc bác sĩ khác của con quý vị  Chẩn đoán/đánh giá của riêng quý vị  
 Chẩn đoán/năm gười chuyên gia khác  Khác: \_\_\_\_\_
- 27c. Con quý vị bao nhiêu tuổi lúc nhu cầu này được nhận thấy đầu tiên? \_\_\_\_\_ năm và \_\_\_\_\_ tháng
- 27d. Con quý vị đã nhận được sự giúp đỡ chuyên gia cho nhu cầu đặc biệt này chưa? (ví dụ, giúp đỡ từ bác sĩ nhi khoa, chuyên gia học đường, bác sĩ chuyên khoa, những dịch vụ của trung tâm trong vùng)?  
 Không  Có → Nếu có, quý vị tìm kiếm dạng trợ giúp nào? \_\_\_\_\_

Cuối cùng, chúng tôi muốn biết thông tin nhân khẩu học căn bản về gia đình quý vị và trẻ đang học mẫu giáo.

28. Quý vị có phải là một cha/mẹ đơn độc?  Có  Không
29. Quý vị hoặc bất kỳ cha mẹ / người giám hộ chính có bị mất việc trong năm vừa qua?  Có  Không
30. Xin quý vị viết số thành viên trong gia đình sống trong nhà quý vị theo từng nhóm tuổi.  
 Số trẻ em 0-5 tuổi \_\_\_\_\_ Số trẻ em 6-17 tuổi \_\_\_\_\_ Số người lớn (18+ tuổi) \_\_\_\_\_



31. Quý vị đã sống tại bao nhiêu nơi kể từ khi đưa con đang học mẫu giáo của quý vị ra đời? \_\_\_\_ Các địa chỉ
32. Quý vị dùng ngôn ngữ nào thường xuyên NHẤT với con mình khi ở nhà?
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Tiếng Anh         | <input type="checkbox"/> Filipino (Pilipino hoặc Tagalog)                          | <input type="checkbox"/> Tiếng Hindi, Punjabi, hoặc các ngôn ngữ Nam Á khác          |
| <input type="checkbox"/> Tiếng Tây Ban Nha | <input type="checkbox"/> Tiếng Hàn   | <input type="checkbox"/> Tiếng Farsi, Dari, Ả-rập, hoặc các ngôn ngữ Trung Đông khác |
| <input type="checkbox"/> Tiếng Việt        | <input type="checkbox"/> Quảng Đông, Quan Thoại, hoặc các ngôn ngữ Trung Quốc khác | <input type="checkbox"/> Khác: _____   |
33. QUÝ VỊ NÓI TIẾNG ANH TỐT NHƯ THẾ NÀO?
- |   |   |
|---|---|
| <input type="checkbox"/> Rất tốt; tiếng Anh là ngôn ngữ thứ nhất của tôi  | <input type="checkbox"/> Không tốt lắm; tôi biết một số từ bằng tiếng Anh, nhưng thường không đủ để giao tiếp những gì tôi muốn nói |
| <input type="checkbox"/> Rất tốt; nhưng tiếng Anh không phải là ngôn ngữ thứ nhất của tôi   | <input type="checkbox"/> Không tốt; tôi biết rất ít từ hoặc không biết từ tiếng Anh nào   |
| <input type="checkbox"/> Hơi tốt; tôi thường xuyên – nhưng không luôn luôn – có thể giao tiếp những gì mà tôi muốn nói bằng tiếng Anh |   |
34. Mức học vấn cao nhất mà me của em bé đạt được là gì?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Chưa hết lớp 6 | <input type="checkbox"/> Trung học                   | <input type="checkbox"/> Bằng đại học (BA hoặc BS) |
| <input type="checkbox"/> Lớp 6          | <input type="checkbox"/> Vài năm đại học             | <input type="checkbox"/> Bằng cao cấp              |
| <input type="checkbox"/> Lớp 7 hoặc 8   | <input type="checkbox"/> Bằng Associate (AA hoặc AS) | <input type="checkbox"/> Không biết                |
35. Ngày sinh của me đứa trẻ? Tháng \_\_\_\_ Ngày \_\_\_\_ Năm \_\_\_\_
36. Sắc tộc chính của con quý vị là gì?
- |  |  |
|--|--|
| <input type="checkbox"/> Người Mễ-hico                     | <input type="checkbox"/> Người Thái Phi  |
| <input type="checkbox"/> Người Cuba / Puerto Rico          | <input type="checkbox"/> Người ở đảo Thái Bình Dương (Vui lòng đánh dấu: <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Fijian <input type="checkbox"/> Khác)  |
| <input type="checkbox"/> Trung Mỹ                          | <input type="checkbox"/> Người Đông Á (Vui lòng đánh dấu: <input type="checkbox"/> Người Nhật Bản <input type="checkbox"/> Người Trung Quốc <input type="checkbox"/> Người Hàn Quốc <input type="checkbox"/> Người Đài Loan <input type="checkbox"/> Khác) |
| <input type="checkbox"/> Người Tây Ban Nha hoặc Latin khác | <input type="checkbox"/> Người Philippine  |
| <input type="checkbox"/> Người Cấp-ca / Da Trắng           | <input type="checkbox"/> Đông Nam Á khác (Vui lòng đánh dấu: <input type="checkbox"/> Người Thái <input type="checkbox"/> Người Việt <input type="checkbox"/> Khác)  |
| <input type="checkbox"/> Người Mỹ gốc Phi                  | <input type="checkbox"/> Nam Á (Vui lòng đánh dấu: <input type="checkbox"/> Người Ấn Độ <input type="checkbox"/> Người Pakistan <input type="checkbox"/> Người Bangladesh <input type="checkbox"/> Khác)   |
| <input type="checkbox"/> Người Mỹ Da Đỏ                    | <input type="checkbox"/> Người đa chủng tộc  |
| <input type="checkbox"/> Trung Đông                        | <input type="checkbox"/> Khác: _____   |
37. Lợi tức gia đình một năm của quý vị khoảng bao nhiêu?
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0 – \$14,999      | <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$75,000 – \$99,999    |
| <input type="checkbox"/> \$15,000 – \$34,999 | <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$100,000 hoặc cao hơn |

***Xin cảm ơn quý vị!***

***Xin quý vị gấp bản khảo sát này vào phong bì có sẵn, dán kín, và gửi cho giáo viên của con quý vị.***



Klase # \_\_\_\_\_ Anak# \_\_\_\_\_

## Porma para sa Impormasyon sa Magulang 2010

Ang sumusunod na survey ay may mga tanong sa inyo tungkol sa inyong anak na lalaki o babae na kapapasok pa lang sa kindergarten. Bilang pasasalamat sa inyong oras, magbibigay ang guro ng inyong anak ng bagong libro sa inyong anak. Kapag tapos na kayo, mangyaring ibalik ang porma na ito sa guro ng inyong anak sa kalakip na sobre. Kompidensyal ang survey na ito —mangyaring huwag isulat ang pangalan ng inyong anak dito. Ang impormasyong ito ay gagamitin upang maunawaan kung paano ang mga paaralan sa preschool at elementary ay mas mabuting masuportahan ang mga bagong mag-aaral. **Maraming salamat!**

- Ano ang inyong relasyon sa batang ito?  Ina  Ama  Lolo o Lola  Kinikilalang Magulang  Iba pa: \_\_\_\_\_
- Ano ang petsa ng kapanganakan ng inyong anak? Buwan \_\_\_\_\_ Araw \_\_\_\_\_ Taon \_\_\_\_\_ **Ano ang kanyang mga inisyal?** Una \_\_\_\_\_ Gitna \_\_\_\_\_ Huli \_\_\_\_\_  
Halimbawa: Monica Patricia Morales Lopez: Unang inisyal=M, ikalawang inisyal=P, huling inisyal=ML
- Ang bata bang ito ay lalaki o babae?  Lalaki  Babae
- Sa pag-iisip tungkol sa nakaraang taon, sino ang karaniwang nagkaloob ng pangangalaga sa bata para sa inyong anak sa tipikal na linggo ng trabaho? *Mangyaring lagyan ng tsek lahat ng naaangkop*

<input type="checkbox"/> Ikaw o ang iyong asawa/partner?	→ Kung oo →	a. Ilang oras bawat linggo?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Kamag-anak o kapit-bahay?	→ Kung oo →	a. Ilang oras bawat linggo?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Isang tagabantay o yaya?	→ Kung oo →	a. Ilang oras bawat linggo?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Lisensyadong tagapangalaga ng bata sa isang tahanan?	→ Kung oo →	a. Ilang oras bawat linggo?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +
<input type="checkbox"/> Lisensyadong tagapangalaga ng bata sa isang center o preschool?	→ Kung oo →	a. Ilang oras bawat linggo?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41 +

b. Ano ang pangalan ng senter o preschool? *(Mangyaring maging tiyak hangga't maaari)* \_\_\_\_\_
- Nitong nakaraang taon, anong (mga) wika ang sinasalita sa mga lugar kung saan nakatanggap ng pangangalaga sa bata ang inyong anak?  
 Ingles  Espanyol  Chinese/Cantonese/Mandarin  Vietnamese  Tagalog  Korean  Farsi o Dari  Iba pa \_\_\_\_\_

Ngayon mayroon kaming ilang tanong tungkol sa paghahanda sa kindergarten ng inyong anak.

- Nais naming malaman kung nakatanggap kayo ng sumusunod na uri ng impormasyon bago mag-kinndergarden ang inyong anak, at sino ang nagkaloob ng impormasyon.

	Hindi		Oo	Preschool/ Tagabiigay Pangalaga sa bata	Paaralan sa Elementarya	Ibang Mapagkuk unan
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pangkalahatang impormasyon tungkol sa kung paano malinang ang mga kakayahan na kailangan ng mga bata para sa kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<i>Kung oo: Sinong nagkaloob?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natatanging impormasyon tungkol sa kung gaano kahanda ang inyong anak sa kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<i>Kung oo: Sinong nagkaloob?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pangkalahatang impormasyon tungkol sa paglaki ng bata at pagiging magulang (hal. ano ang inaasahan sa paglaki ng inyong anak at pagbabago?)	<input type="checkbox"/>	<input type="checkbox"/>	<i>Kung oo: Sinong nagkaloob?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impormasyon tungkol sa kung paano at kailan irehistro ang inyong anak sa paaralan	<input type="checkbox"/>	<input type="checkbox"/>	<i>Kung oo: Sinong nagkaloob?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7. Alin sa mga bagay na ito ang ginawa ninyo bago ang unang araw sa paaralan? *Mangyaring lagyan ng tsek lahat ng naaangkop*

- Dumalo sa isang pulong o oryentasyon para sa magulang
- Binisita ang paaralan kasama ang inyong anak
- Nakipagkita sa guro sa kindergarten ng inyong anak
- Tinuruan ang inyong anak sa mga gawain sa paaralan
- Pinadalo ang anak sa isang programa noong tag-init para sa pre-kindergarten
- Nagbasa ng mga libro o nanood ng video tungkol sa kindergarten kasama ang inyong anak
- Nagbasa ng mga libro o artikulo tungkol sa transisyon ng inyong anak sa paaralan
- Nagtanong sa mga tagapangalaga sa bata/preschool tungkol sa kindergarten ng inyong anak
- Nagtanong sa mga tagapangalaga sa bata/ kindergarten kung ang bata ay handa na para sa
- Iba
- Wala sa nabanggit sa itaas

8. Gaano katatag ang iyong pagsang-ayon at hindi pagsang-ayon sa sumusunod na mga pahayag?

	<i>Lubos na Hindi sumasang-ayon</i>	<i>Hindi sumasang-ayon</i>	<i>Bahagyang Hindi sumasang-ayon</i>	<i>Bahagyang Sumasang-ayon</i>	<i>Sumasang-ayon</i>	<i>Lubos na sumasang-ayon</i>
Gusto ko na maglaan ng oras sa paaralan ng aking anak kung puwede	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karamihan sa tagumpay ng bata sa paaralan ay nakabatay sa guro sa silid-aralan – Ako ay mayroong limitadong impluwensya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mahalaga na hayaan kong malaman ng guro ang tungkol sa mga bagay na may kinalaman sa aking anak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi ko alam kung paano matutulungan ang aking anak na magkaroon ng mataas na marka sa paaralan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May nagagawa akong makabuluhang pagbabago sa pagganap ng aking anak sa paaralan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kung magsusumikap ako, maaari kong matulungan ang aking anak na matuto, kahit na may kalirapan sa kanya ang maunawaan ang ilang bagay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Paano ninyo susukatin ang kahandaan ng inyong anak para sa kindergarten sa mga...

	<i>Hindi pa handa</i>	<i>Nagsisimula ng maging handa</i>	<i>Halos handa na</i>	<i>Handang-handa na</i>
<b>Pisikal na kagalingan at mga kakayahan sa koordinasyon</b> (ang bata ay nakakakain mag-isa at gumagamit ng banyo mag-isa, nakakagamit ng lapis, nakakalukso at nakapaglalaro ng bola)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mga kakayahan sa wika</b> (Ang bata ay nakakausap ang matatanda ng malinaw, nakakapagsabi kung ano ang gusto nila ng malinaw, naipapaliwanag ang isang bagay kapag sila ay tinanong, nakakapagtanong)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mga kakayahan sa akademiko</b> (Alam ng bata ang mga kulay, numero, hugis, letra, naisusulat ang kanyang sariling pangalan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mga kakayahan sa sosyal at emosyonal</b> (Ang bata ay nakaksunod sa direksiyon, nakakapag-antay at namamahagi, hindi nangugulo ng ibang tao)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ngayon, mayroon kaming ilang mga tanong tungkol sa inyong pampamilyang aktibidad.

10. Sa isang karaniwang linggo, gaano kadalas ka o sinumang miyembro ng pamilya ang ginagawa ang sumusunod na mga bagay kasama ang inyong anak? Maaaring gawin ng inyong anak ang mga bagay na ito sa paaralan o kahit saan, ngunit mangyaring sabihin sa amin kung gaano kadalas nangyayari ang mga aktibidad na ito sa inyong pamilya.

Magbasa ng higit sa limang minuto	Mga _____ beses kada linggo
Magkuwento ng mga istorya o kumanta ng sabay	Mga _____ beses kada linggo
Isama ang inyong anak sa mga gawaing-bahay tulad ng pagluluto, paglilinis, paghahanda ng mesa, o pag-aalaga sa mga alagang hayop.	Mga _____ beses kada linggo
Maglaro o mag-puzzle kasama ang inyong anak	Mga _____ beses kada linggo
Gumawa ng arts o crafts kasama ang inyong anak	Mga _____ beses kada linggo
Maglaro o mag-ehersisyo ng magkasama	Mga _____ beses kada linggo

11. Ilang araw kada linggo ginagawa mo ang sumusunod:

Magkasabay na kumain ang pamilya	Mga _____ araw kada linggo
Sundin ang nakagawian kapag pinatutulong na ang anak sa gabi	Mga _____ araw kada linggo

12. Anong oras karaniwang natutulog ang inyong anak sa gabi? *(Mangyaring pumili ng isang sagot lamang):*

Bago 8pm    8pm    8:30pm    9pm    9:30pm    10pm    10:30pm    11pm    Pagkatapos 11pm

13. Ilang araw sa tipikal na linggo na may pasok nag-aalmusal ang iyong anak?

0 araw    1 araw    2 araw    3 araw    4 araw    5 araw

14. Sa umaga na nag-almusal ang inyong anak, saan siya karaniwang kumain ng almusal?

Sa bahay    Sa daan papunta sa paaralan    Sa paaralan    Sa ibang lokasyon (mangyaring tukuyin): \_\_\_\_\_

15. Sa kabuuan mga ilang oras sa isang araw ang inyong anak ay nanonood ng telebisyon, nanonood ng video, o naglalaro ng video o laro sa computer?

Mga \_\_\_\_\_ oras at \_\_\_\_\_ minuto bawat araw

16. Anong mga uri ng mga programa sa pag-iinang magulang, serbisyo, o suporta ang inyong natanggap? *Mangyaring lagyan ng tsek lahat ng naaangkop*

- |  |   |
|--|---|
| <input type="checkbox"/> Regular na medikal na pagpapatingin riabang nagdadalang-tao                   | <input type="checkbox"/> Mga grupo para sa suporta sa magulang  |
| <input type="checkbox"/> Mga Babae, Sanggol at Baba (W/C)  | <input type="checkbox"/> Impormasyon o mga programa sa inyong simbahan/pang-relihiyon na organisasyon |
| <input type="checkbox"/> Mga pagbisita sa bahay ng nars, manggagawa sa komunidad, o iba pang tagabigay | <input type="checkbox"/> Tulong mula sa ibang pamilya   |
| <input type="checkbox"/> Impormasyon mula sa inyong tagabigay sa pangangalaga ng inyong anak           | <input type="checkbox"/> Tulong mula sa mga kapit-bahay at/o mga kaibigan                             |
| <input type="checkbox"/> Mga klase para sa edukasyon ng magulang                                       | <input type="checkbox"/> Wala sa nabanggit sa itaas   |

17. Sa nakaraang taon, anong mga uri ng mga mapagkukunan para sa lokal na pamilya ang nagamit na ninyo? *Mangyaring lagyan ng tsek lahat ng naaangkop*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Klinika sa komunidad          | <input type="checkbox"/> (Mga) Lokal na museo | <input type="checkbox"/> Mga Silid-aklatan  | <input type="checkbox"/> Iba: _____                 |
| <input type="checkbox"/> Mga programa sa sining/musika | <input type="checkbox"/> Mga Lokal na parke   | <input type="checkbox"/> Mga gawain sa paglilibang, kamping, at isports o palakasan | <input type="checkbox"/> Wala sa nabanggit sa itaas |

18. Mangyaring sabihin sa amin kung gaano katotoo ang sumusunod na mga pahayag sa inyo sa pag-marka sa bawat isang item sa ibaba.

	<i>Talagang totoo para sa akin</i>	<i>Bahagyang totoo para sa akin</i>	<i>Hindi ganoon totoo sa akin</i>	<i>Talagang hindi totoo para sa akin</i>
May isang tao akong maaasahan na tumingin sa aking anak kung may kailangan akong gawin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May isang tao akong maaasahan na titingin sa aking anak kapag kailangan ko ng pahinga.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Madali akong makahanap ng isang taong makakausap kung kailangan ko ng payo tungkol sa paano ko palalakin ang aking anak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Sa pag-iisip sa nakaraang buwan, ilang beses ninyo naramdaman na...

	<i>Wala sa nabanggit sa itaas</i>	<i>May ilang pagkakataon</i>	<i>Madalas</i>	<i>Palagi</i>
Na ang inyong anak ay mas mahirap alagaan kumpara sa ibang mga bata	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Na ang inyong anak ay gumagawa ng mga bagay na talagang nagpapa-bagabag sa inyo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masyadong malaki ang isinasakripisyo mo sa iyong buhay upang matugunan ang mga pangangailangan ng inyong anak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Gaano ka nag-aalala sa mga sumusunod na mga bagay na ito nitong nakaraang taon?

	<i>Walang pag-aalala</i>	<i>Medyo nag-aalala</i>	<i>Malaking pag-aalala</i>
Pera at pagbabayad ng mga utang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kalusugan o mga isyu sa pangangalaga ng kalusugan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mga problema na may kaugnayan sa trabaho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mga problema sa iyong asawa o kapareha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sa ibaba ay ang ilang may-kaugnayan sa kalusugan na mga tanong tungkol sa inyong anak.

21. Nang ipinanganak ang inyong anak, sa a ba ay tumitimbang nang mababa sa 5 libra at 8 onsa (2,500 gramo)?  Hindi  Oo  Hindi alam
22. Mayroong bang regular na doktor, tagabigay na pediatric o klinika ang inyong anak?  Oo  Hindi
23. Mayroon bang regular na dentista ang inyong anak?  Oo  Hindi
24. Sa nakaraang taon, nagkaroon ba ng pag-eksamin sa ngipin ang inyong anak?  Oo  Hindi
25. Anong uri ng insurance sa kalusugan mayroon ang inyong anak?  
 Walang insurance  Medi-Cal  Healthy Families  Iba pang pribadong insurance
26. Nitong nakaraang taon, nagkaroon ba ng developmental screening ang inyong anak? *(Mangyaring lagyan ng tsek lahat ng naaangkop)*  
 Pandinig  Paningin  Pakikisalamuha (pagtatasa sa pananalita/komunikasyon, mga kakayahan sa motor, paglutas ng suliranin at/o mga kakayahan sa sosyal o pag-asal)

27. Mayroon ba ang inyong anak ng anumang espesyal na pangangailangan na maaaring makaapekto sa kanyang pagsali sa kindergarten, tulad ng paningin, pandinig, paulit-ulit na sakit, pag-uugali, o ADHD?

Hindi  Oo → Kung oo mangyaring sagutan ang mga item 27a – 27d sa ibaba.



27a. Kung oo, anong espesyal na pangangailangan mayroon ang inyong anak? \_\_\_\_\_

27b. Paano ninyo nalaman na mayroong ganitong espesyal na pangangailangan ang inyong anak?

Diyagnosis/pagtatasa ng pediatrician ng anak ninyo o ibang doktor  Sarili ninyong diyagnosis/pagtatasa

Diyagnosis/pagtatasa ng ibang propesyunal  Iba: \_\_\_\_\_

27c. Ilang taon ang inyong anak nang unang matukoy ang pangangailangan na ito? \_\_\_\_\_ mga taon at \_\_\_\_\_ buwan

27d. Nakatanggap na ba kayo ng propesyunal na tulong para sa inyong anak para sa espesyal na pangangailangan na ito (hal, tulong mula sa isang pediatrician, propesyunal sa paaralan na therapist, regional center services)?

Hindi  Oo → Kung oo, anong uri ng tulong ang hiniling mo? \_\_\_\_\_

Sa panghuli, nais naming malaman ang balayang demograpikong impormasyon tungkol sa iyong pamilya at sa bata na nasa kindergarten.

28. Ipinalalagay mo ba ang iyong sarili na nag-iisang magulang?  Oo  Hindi
29. Ikaw ba o sinumang pangunahing magulang/tagapag-alaga ang nawalan ng trabaho ninyong nakaraang taon?  Oo  Hindi
30. Mangyaring isulat ang bilang ng pamilya na nakatira sa iyong tahanan na nasa bawat grupo ng edad.
- Bilang ng mga bata na edad 0-5 \_\_\_\_\_ Bilang ng mga bata na edad 6-17 \_\_\_\_\_ Bilang ng mga nakatatanda (edad 18+) \_\_\_\_\_
31. Nakailang lipat ka na ng tirahan simula ng ipinanganak ang iyong kindergarten na anak? \_\_\_\_\_ Mga address \_\_\_\_\_
32. Ano ang wika na LAGI ninyong ginagamit kapag nasa bahay ang inyong anak?
- Ingles  Filipino (Pipino o Tagalog)  Hindi, Punjabi, o ibang South Asian na lenguwahe
- Espanyol  Korean  Farsi, Dari, Arabic, o ibang Middle Eastern na lenguwahe
- Vietnamese  Cantonese, Mandarin, o ibang Asyatik na lenguwahe  Iba: \_\_\_\_\_
33. Gaano KA kagaling magsalita ng Ingles?
- Napakagaling; Ingles ang pangunahin kong wika  Hindi ganoon kagaling; Alam ko ang ibang salita sa Ingles, pero madalas hindi sapat para masabi ko kung ano ang gusto o nais kong sabihin
- Napakagaling; ngunit hindi Ingles ang pangunahin kong wika  Hindi talaga; Kaunti lang ang alam kong Ingles o walang alam na salitang Ingles
- Bahagyang magaling; Kadalasan ako ay – ngunit hindi lagi– nasasabi ko kung ano ang gusto kong sabihin sa Ingles
34. Ano ang pinakamataas na antas ng edukasyon ang natapos ng ina ng bata?
- Mababa sa ika- 6 na grado  Mataas na Paaralan  Bachelor's degree (BA o BS)
- Ika- 6 na grado  Ilang kolehiyo  Advanced degree
- Ika- 7 o 8 na grado  Associate's degree (AA o AS)  Hindi Alam
35. Ano ang petsa ng kapanganakan ng ina ng bata? Buwan \_\_\_\_\_ Araw \_\_\_\_\_ Taon \_\_\_\_\_

36. Ano ang pangunahing pagka-etniko ng inyong anak?

- |   |  |
|---|--|
| <input type="checkbox"/> Mexican              | <input type="checkbox"/> African   |
| <input type="checkbox"/> Cuban / Puerto Rican | <input type="checkbox"/> Pacific Islander (Mangyaring markahan: <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Fijian <input type="checkbox"/> Iba pa)                                 |
| <input type="checkbox"/> Central American     | <input type="checkbox"/> East Asian (Mangyaring markahan: <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Iba pa) |
| <input type="checkbox"/> Hispaniko o Latino   | <input type="checkbox"/> Filipino  |
| <input type="checkbox"/> Caucasian / White    | <input type="checkbox"/> Ibang Southeast Asian (Mangyaring markahan: <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Iba pa)  |
| <input type="checkbox"/> African American     | <input type="checkbox"/> South Asian (Mangyaring markahan: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Iba pa)                              |
| <input type="checkbox"/> Native American      | <input type="checkbox"/> Multi-ethnic  |
| <input type="checkbox"/> Middle Eastern       | <input type="checkbox"/> Iba: _____  |

37. Magkano humigit-kumulang ang kinikita ng pamilya bawat taon?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0 – \$14,999      | <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$75,000 – \$99,999    |
| <input type="checkbox"/> \$15,000 – \$34,999 | <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$100,000 o mas mabaki |

***Salamat.***

***Mangyaring itupi ang iyong survey sa inilaang sobre, selyuhan ito, at ibalik sa guro ng inyong anak.***

# Appendix 4 – Kindergarten Teacher Survey



## Kindergarten Teacher Survey on Importance of Readiness Skills 2010

Class # \_\_\_\_\_

*Please rate the LEVEL OF PROFICIENCY students must have in the following school readiness indicators in order to have a successful transition into kindergarten, i.e. for them to be "school ready." Make your ratings by placing an "X" in one of the boxes for each item.*

		NOT YET 1	BEGINNING 2	IN PROGRESS 3	PROFICIENT 4
<b>Self-Care &amp; Motor Skills</b>	1. Uses small manipulatives (e.g. effectively uses pencil and scissors)				
	2. Has general coordination on playground (e.g., kicks or catches balls, runs smoothly, hops on one foot)				
	3. Performs basic self-help / self-care tasks (e.g., independently eats and uses toilet)				
<b>Self-Regulation</b>	4. Comforts self, using adult guidance when appropriate (e.g., initiates strategies to soothe themselves)				
	5. Stays focused / pays attention during activities (e.g., stays focused in large group, completes tasks in small group)				
	6. Controls impulses and self-regulates (e.g., follows class rules, is not disruptive of others)				
	7. Follows one- to two-step directions (e.g., "Please hang-up your jacket, and go sit on the rug")				
	8. Negotiates with peers to resolve social conflicts, using adult guidance when appropriate (e.g., engages in problem-solving)				
	9. Works and plays cooperatively with peers (e.g., takes turns and shares, helps others)				
	10. Participates successfully in circle time (e.g., listens, focuses, sits still, engages)				
	11. Handles frustration well (e.g., does not act out, asks for help, does not withdraw / becomes unresponsive)				
<b>Social Expression</b>	12. Relates appropriately to adults other than parent / primary caregiver (e.g., converses with, seeks help from)				
	13. Appropriately expresses needs and wants verbally in primary language				
	14. Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)				
	15. Has expressive abilities (e.g., tells about a story or experience in response to a prompt)				
	16. Expresses curiosity and eagerness for learning (e.g., tries new activities, asks questions)				
	17. Engages in symbolic / imaginative play with self or peers (e.g., plays house, fire station)				
<b>Kindergarten Academics</b>	18. Engages with books (e.g., knows how to hold a book, knows where a book starts, pretends to read, knows a book conveys information)				
	19. Writes own first name (e.g., spelling and writing all letters correctly)				
	20. Recognizes rhyming words ( <i>shoe/glove, blue + dog + zoo + car</i> ) and ( <i>cat/hat + bat + box + mat + red</i> )	0-2 Words	3-4 Words	5-6 Words	7-8 Words
	21. Counts 10 objects correctly ( <i>"Please give Maria 10 crayons" or "Please put 10 blocks in the basket"</i> )	None	1 - 5 Objects	6 - 9 Objects	All 10 Objects
	22. Recognizes letters of the alphabet (note: out of sequence, letters may be in CAPs, lowercase or combination)	None	1 - 12 Letters	13 - 25 Letters	All 26 Letters
	23. Recognizes basic colors (Basic 8: red, orange, yellow, green, blue, purple, brown, black)	None	1 - 4 Colors	5 - 7 Colors	All 8 Colors
	24. Recognizes primary shapes (circle, triangle square)	None	1 shape	2 shapes	All 3 shapes



**Please read through the same list of 24 indicators in the table below when answering these three questions:**

- A. Which 5 indicators are most important for entry into kindergarten? *In the first column, please mark 5 of the indicators with an "X."*
- B. Which 5 indicators are easiest to impact during the school year? *In the second column, please mark 5 of the following indicators with an "X."*
- C. On which 5 indicators do you spend most of your time during the school year? *In the third column, please mark 5 of the indicators with an "X."*

A. <i>Most important for kindergarten entry</i> <i>(Check only 5)</i>	B. <i>Easiest to impact</i> <i>(Check only 5)</i>	C. <i>Where do you spend most of your time?</i> <i>(Check only 5)</i>	
			25. Uses small manipulatives (e.g. effectively uses pencil and scissors)
			26. Has general coordination on playground (e.g., kicks or catches balls, runs smoothly, hops on one foot)
			27. Performs basic self-help / self-care tasks (e.g., independently eats and uses toilet)
			28. Comforts self, using adult guidance when appropriate (e.g., initiates strategies to soothe themselves)
			29. Stays focused / pays attention during activities (e.g., stays focused in large group, completes tasks in small group)
			30. Controls impulses and self-regulates (e.g., follows class rules, is not disruptive of others)
			31. Follows one- to two-step directions (e.g., "Please hang-up your jacket, and go sit on the rug")
			32. Negotiates with peers to resolve social conflicts, using adult guidance when appropriate (e.g., engages in problem-solving)
			33. Works and plays cooperatively with peers (e.g., takes turns and shares, helps others)
			34. Participates successfully in circle time (e.g., listens, focuses, sits still, engages)
			35. Handles frustration well (e.g., does not act out, asks for help, does not withdraw / become unresponsive)
			36. Relates appropriately to adults other than parent / primary caregiver (e.g., converses with, seeks help from)
			37. Appropriately expresses needs and wants verbally in primary language
			38. Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)
			39. Has expressive abilities (e.g., tells about a story or experience in response to a prompt)
			40. Expresses curiosity and eagerness for learning (e.g., tries new activities, asks questions)
			41. Engages in symbolic / imaginative play with self or peers (e.g., plays house, fire station)
			42. Engages with books (e.g., knows how to hold a book, knows where a book starts, pretends to read, knows a book conveys information)
			43. Writes own first name (e.g., spelling and writing all letters correctly)
			44. Recognizes rhyming words ( <i>shoe/glue + blue + dog + zoo + car</i> ) and ( <i>cat/hat + bat + box + mat + red</i> )
			45. Counts 10 objects correctly ( <i>"Please give Maria 10 crayons"</i> or <i>"Please put 10 blocks in the basket"</i> )
			46. Recognizes letters of the alphabet (note: out of sequence, letters may be in CAPs, lowercase or combination)
			47. Recognizes basic colors (Basic 8: red, orange, yellow, green, blue, purple, brown, black)
			48. Recognizes primary shapes (circle, triangle square)

**Please take a moment to fill out the information below.**

49. Is your kindergarten class full-day or half-day?  Full-day  Half-day
50. What percent of your curriculum instruction is done in a language other than English? About \_\_\_\_\_ %
51. Do you teach using a bilingual program?  No  Yes
52. Are you bilingual?  No  Yes
- a. If yes, in what language other than English?  Spanish  Chinese/Cantonese/Mandarin  Vietnamese  Filipino  Korean  Farsi or Dari  Other: \_\_\_\_\_
53. Including this year, how many total years have you taught elementary school? \_\_\_\_\_ years in elementary school
54. Of these years, how many years have you spent teaching kindergarten? \_\_\_\_\_ years teaching kindergarten
55. Please indicate below ALL of the levels of education you have completed. For example, if you have both an AA degree and a BA degree, please check both boxes.
- Associate degree (e.g., AA/AS) Major: \_\_\_\_\_  Bachelor's degree (e.g., BA or BS) Major: \_\_\_\_\_  Advanced degree (e.g., MA, PhD) Major: \_\_\_\_\_  Other: \_\_\_\_\_
56. What type of teaching credential do you have?
- Full credential  District internship  University internship  Emergency Permit  Pre-internship  Waiver
57. How many years have you taught Early Childhood Education (ECE), not including kindergarten? \_\_\_\_\_ years
58. How many ECE units have you earned? \_\_\_\_\_ units
59. What race / ethnicity do you consider yourself to be? *Please check ONE response below.*
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mexican                  | <input type="checkbox"/> Middle Eastern   | <input type="checkbox"/> Pacific Islander (Please mark: <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Fijian <input type="checkbox"/> Other)                                 |
| <input type="checkbox"/> Cuban / Puerto Rican     | <input type="checkbox"/> Native American  | <input type="checkbox"/> East Asian (Please mark: <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other) |
| <input type="checkbox"/> Central American         | <input type="checkbox"/> African American | <input type="checkbox"/> Other Southeast Asian (Please mark: <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other)  |
| <input type="checkbox"/> Other Hispanic or Latino | <input type="checkbox"/> African          | <input type="checkbox"/> South Asian (Please mark: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other)                              |
| <input type="checkbox"/> Caucasian / White        | <input type="checkbox"/> Filipino         | <input type="checkbox"/> Multi-ethnic   |
|   |   | <input type="checkbox"/> Other: _____   |

# Appendix 5 — KOF Scoring Guide



## Kindergarten Observation Form Scoring Guide — 2010

**Page 1 of KOF: Receptive/Expressive Language Skills (Questions 13 and 14)**

Language Skills	Beginning	Early Intermediate	Intermediate	Early Advanced	Advanced
13. How would you rate this child's skills in understanding English (receptive language skills)?	Child has little or no receptive skills, or may demonstrate extremely limited comprehension of a few basic words and attempts to follow simple oral directions with limited success	Child typically understands some basic social language, with limited comprehension of basic vocabulary; she/he understands and attempts to follow a few simple oral directions	Child typically demonstrates comprehension of simple vocabulary and syntax related to social language, with limited comprehension of academic language; she/he understands and attempts to follow simple oral directions	Child typically demonstrates comprehension of social language and comprehension of some academic language with complex vocabulary and syntax; she/he understands and follows most simple oral directions	Child typically demonstrates comprehension of most academic language with complex syntax and vocabulary; she/he understands and follows all simple oral directions
14. How would you rate this child's skills in speaking English (expressive language skills)?	Child may demonstrate no productive skills, or may begin to use basic vocabulary and respond with simple words or phrases appropriate to setting and purpose and attempts to tell part of a story, using simple words and phrases	Child typically uses a limited range of vocabulary and syntax appropriate to setting and purpose but makes frequent errors that impede communication; she/he tells a story, based on a picture sequence, using phrases and simple vocabulary that contain numerous errors and may not be coherent	Child typically uses a broader range of vocabulary and syntax appropriate to setting and purpose, with gaps in communication; she/he tells a coherent story, based on a picture sequence, that may not clearly express the major events, using phrased and incomplete sentences	Child typically uses fairly extensive vocabulary and fairly complex syntax appropriate to setting and purpose, with occasional minor errors; she/he tells a coherent story, based on a picture sequence, that clearly expresses the major events, using complete sentences with minor errors	Child typically uses extensive vocabulary and complex syntax appropriate to setting and purpose; she/he tells a coherent and detailed story based on a picture sequence, using complete and complex sentences

Page 2 of KOF – Proficiency Definitions of 24 Readiness Indicators

Readiness Indicator	Definition of Indicator	Not Yet Child does not yet demonstrate; cannot yet perform without adult assistance	Beginning Child is just beginning to demonstrate; needs significant or frequent adult assistance	In Progress Child demonstrates occasionally and somewhat competently; has room for improvement, needs minor or occasional assistance)	Proficient Child demonstrates consistently and competently; performs independently
17. Uses small manipulatives	<p>This readiness indicator measures fine motor skills. Examples include:</p> <ul style="list-style-type: none"> <li>➤ Use of scissors</li> <li>➤ Use of pencil (pincer or tripod grip)</li> </ul> <p>Other examples may include ability to hold crayons or paintbrush.</p>	<ul style="list-style-type: none"> <li>➤ Child can pick up scissors but holds with both hands to cut</li> <li>➤ Child holds pencil with a “fist grip” in the middle or top of pencil; may create basic lines and dots</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child holds scissors primarily with one hand, and is able to make little ‘snips’, but can’t yet cut in straight line or manipulate paper</li> <li>➤ Child grips lower down on pencil; can make a somewhat controlled line or ‘scribble’</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child can cut a straight line but doesn’t yet manipulate paper in order to cut around lines/ corners</li> <li>➤ Child has modified pincer grip and uses moderate pressure and control to make firm lines and beginning shapes</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child manipulates paper to support cutting around lines, corners, etc to make shapes</li> <li>➤ Child uses pincer grip with firm pressure to make intentional lines and shapes; has enough control over tool to complete a circle</li> </ul>
18. Has general coordination on playground	<p>This readiness indicator measures gross motor skills. Examples include:</p> <ul style="list-style-type: none"> <li>➤ Running</li> <li>➤ Hopping</li> <li>➤ Playing with balls</li> </ul> <p>Other examples may include climbing, skipping, or using balance beam.</p>	<ul style="list-style-type: none"> <li>➤ Child does not attempt to run, but instead shuffles; falls or trips frequently.</li> <li>➤ Child can jump but not hop on one foot</li> <li>➤ Child can’t yet kick or catch a ball with two hands</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child runs but with an uncoordinated, awkward gait; arms are not coordinated with legs; falls or trips frequently</li> <li>➤ Child can hop on one foot a couple of times but then has to put foot down to catch self</li> <li>➤ Child can kick a ball, but not with a lot of control (more of a ‘strike’), and can’t yet catch a ball</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child’s running motion is more fluid; legs move well but arms are not in sync with legs; falls or trips occasionally</li> <li>➤ Child hops in place on either foot, but does not yet have the control needed to move forward</li> <li>➤ Child can kick a ball with intention and attempts to catch a ball with two hands</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child runs fluidly, arms and legs are in sync, rarely trips or falls</li> <li>➤ Child hops on either foot while moving a few feet forward</li> <li>➤ Child kicks a ball with intention and catches a ball with two hands</li> </ul>
19. Performs basic self-help / self-care tasks	<p>Examples of this readiness indicator include:</p> <ul style="list-style-type: none"> <li>➤ Toileting</li> <li>➤ Eating on own</li> </ul> <p>Other examples may include manipulating clothing (getting jacket on, getting shoes on or off, pulling pants up), looking after own lunch box and backpack, washing hands</p>	<ul style="list-style-type: none"> <li>➤ Child does not go to toilet on own; and once in toilet, can’t get on their own; frequently has accidents</li> <li>➤ Child does not feed themselves; cannot eat independent of adult assistance (adult opens items, lays them out and directs child)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child does get to the toilet on own, but once there, is messy (pants get wet or stuck around ankles); adult has to escort and assist</li> <li>➤ Child makes attempt eat on own, but needs adult assistance and frequent reminders and prompting</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child gets to toilet and goes inside on own, but needs adult to be outside the stall prompting (“Did you finish? Did you remember to flush?”)</li> <li>➤ Child mostly feeds self, needs only little assistance (e.g. to open containers) and an occasional reminder</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child goes to toilet on own and finishes and exits without incident; adult assistance is not needed</li> <li>➤ Child eats on own: opens containers and eats what is provided without adult reminders or guidance</li> </ul>
20. Comforts self, using adult guidance when appropriate	<p>Child initiates his/ her self-soothing techniques, and adult is a resource to facilitate that self-comfort, but adult is not initiating or directing this process. Examples of this readiness indicator include:</p> <ul style="list-style-type: none"> <li>➤ Using a ‘self-soothing’ strategy to calm self (go to quiet area when upset, seek a comforting toy, holds him/herself)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child has no self-soothing strategy for calming self; has frequent and/ or intense meltdowns</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child requires an adult to talk through potential self-soothing strategies and to guide use of one strategy (“Well, what might help you feel better.... would you like to sit to read your train book, or maybe go sit with your favorite stuffed animal? OK, lets go have some quiet time with your stuffed animal”)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child initiates own self-soothing strategy but needs occasional adult prompting</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child initiates and uses self-soothing strategy independently</li> </ul>

Readiness Indicator	Definition of Indicator	Not Yet Child does not yet demonstrate; cannot yet perform without adult assistance	Beginning Child is just beginning to demonstrate; needs significant or frequent adult assistance	In Progress Child demonstrates occasionally and somewhat competently; has room for improvement, needs minor or occasional assistance)	Proficient Child demonstrates consistently and competently; performs independently
21. <b>Stays focused / pays attention during activities</b>	This readiness indicator involves the ability to <ul style="list-style-type: none"> <li>Focus during large group (LG) instruction (for the duration of one circle time activity)</li> <li>Focus during small group (SG/I) or individual instruction (for the duration of an activity such as drawing a simple picture or matching different shapes)</li> </ul>	<ul style="list-style-type: none"> <li>LG: Child cannot sit still or sustain focus during large group instruction</li> <li>SG/I: Child can't begin or carry out activity without adult at their side. If left alone, will cease activity and/ or move away to other activity</li> </ul>	<ul style="list-style-type: none"> <li>LG: Child requires constant prompts, reminders, or special seats in front of class</li> <li>SG/I: Child starts task but needs frequent reminders or assistance; may not complete the task</li> </ul>	<ul style="list-style-type: none"> <li>LG: Child stays focused and pays attention with a few prompts</li> <li>SG/I: Child completes the task but requires a few prompts</li> </ul>	<ul style="list-style-type: none"> <li>LG: Child stays focused, pays attention in large circle</li> <li>SG/I: Child begins and completes the task without prompts or reminders</li> </ul>
22. <b>Controls impulses and self-regulates</b>	This readiness indicator involves the ability to control impulses at the level needed to be successful within the rules and structure of the classroom. Best example of this readiness indicator includes: <ul style="list-style-type: none"> <li>Follows rules of each class activity and segment (is not disruptive of others or class; waits turn for a toy, snack, etc without grabbing)</li> </ul>	<ul style="list-style-type: none"> <li>Child does not follow class rules/ expectations; interrupts when others are talking; shouts out during circle time without raising hand; grabs objects from others or when its not time to do so, doesn't take turns</li> </ul>	<ul style="list-style-type: none"> <li>Child begins to follow classroom expectations throughout each segment and begins to behave appropriately without each when it is time to jump, shout, when it is time to line up, when it is time to work as a team, etc), but needs frequent and specific reminders or redirecting to follow along</li> </ul>	<ul style="list-style-type: none"> <li>Child follows rules, requiring only occasional simple cues; needs occasional help to transition from one segment to the next</li> </ul>	<ul style="list-style-type: none"> <li>Child consistently follows rules of each class activity and segment and shows appropriate classroom behavior (control self, is not disruptive of others or class; waits turn for a toy, snack, etc without grabbing, refrains from running around the classroom when it is not appropriate); smoothly transitions from one activity to the next</li> </ul>
▶ 23. <b>Follows one- to two-step directions</b>	Example of this indicator includes: <ul style="list-style-type: none"> <li>follows a two-step direction such as: "please hang-up your jacket, and go sit on the rug"</li> </ul>	<ul style="list-style-type: none"> <li>Child does not follow the first of the two-step direction</li> </ul>	<ul style="list-style-type: none"> <li>Child start step 1 and needs adult prompting to complete; does not start step 2</li> </ul>	<ul style="list-style-type: none"> <li>Child follows step 1 and step 2, needs occasional adult prompts or support</li> </ul>	<ul style="list-style-type: none"> <li>Child follows step 1 and step 2 consistently and independently</li> </ul>
24. <b>Negotiates with peers to resolve social conflicts, using adult guidance when appropriate</b>	Example of this indicator includes: <ul style="list-style-type: none"> <li>Engaging in problem-solving with peers (sharing toys or taking turns, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Child consistently requires adult intervention to solve problems Example: To teacher: "She won't share!"</li> </ul>	<ul style="list-style-type: none"> <li>Child is sometimes able to communicate to negotiate conflict but frequently needs adult assistance Example: To peer: "I want to play with it too." To teacher: "She won't share!"</li> </ul>	<ul style="list-style-type: none"> <li>Child attempts to initiate resolutions to conflict (e.g., suggests solutions for compromise) but occasionally requires adult intervention Example: "I want to play with it too. You have to share"</li> </ul>	<ul style="list-style-type: none"> <li>Child is independently able to employ a strategy for resolution and rarely requires adult assistance. Example: "I want to play with it too. Can we take turns? When is it my turn?"</li> </ul>
25. <b>Works and plays cooperatively with peers</b>	Examples of this indicator include: <ul style="list-style-type: none"> <li>Child independently initiates and/or actively participates in cooperative play. For instance, he or she responds appropriately when asked by another child to play or work cooperatively to complete some game or project; he/ she relates to group play with a common goal or purpose (e.g., building with blocks, assembling train tracks)</li> </ul>	<ul style="list-style-type: none"> <li>Child rarely initiates or is uncertain how to initiate coordinated group play; may be present in the group, but does not engage in common purpose of the interaction (i.e., prefers "parallel play" instead)</li> </ul>	<ul style="list-style-type: none"> <li>Child begins to make attempts at initiating or participating in cooperative activity but frequently needs adult support</li> </ul>	<ul style="list-style-type: none"> <li>Child actively participates in and occasionally initiates cooperative play; helps others to achieve common play idea/purpose (e.g., assigns roles to other children); rarely needs adult support</li> </ul>	<ul style="list-style-type: none"> <li>Child independently initiates and/or actively participates in cooperative play, invites others to join, helps others understand common goal of play, and demonstrates ability to negotiate roles</li> </ul>

Readiness Indicator	Definition of Indicator	Not Yet Child does not yet demonstrate; cannot yet perform without adult assistance	Beginning Child is just beginning to demonstrate; needs significant or frequent adult assistance	In Progress Child demonstrates occasionally and somewhat competently; has room for improvement, needs minor or occasional assistance)	Proficient Child demonstrates consistently and competently; performs independently
26. Participates successfully in circle time	Examples of this indicator include: <ul style="list-style-type: none"> <li>Child listens, focuses, sits still, and engages in circle time activities</li> </ul>	<ul style="list-style-type: none"> <li>May only watch; is rarely able to engage/ participate in circle time; rarely able to follow classroom expectations around circle time (e.g. gets up and walks around, cannot sit still, frequently interrupts/ is disruptive); consistently requires adult support</li> </ul>	<ul style="list-style-type: none"> <li>Observing, mimicking other children, but are not engaged themselves in circle time activities; focus wanders; occasionally interrupts; sometimes requires adult assistance</li> </ul>	<ul style="list-style-type: none"> <li>Frequently, but not consistently engaged in circle time activities; able to follow classroom expectations around circle time; rarely requires adult assistance</li> </ul>	<ul style="list-style-type: none"> <li>Consistently follows circle time expectations without adult assistance; is consistently focused and engaged in circle time activities</li> </ul>
27. Handles frustration well	Examples of this indicator include: <ul style="list-style-type: none"> <li>Child independently asks for help</li> <li>Expresses frustration verbally without withdrawing or becoming unresponsive</li> <li>Does not respond with violence or disruptive behavior</li> </ul>	<ul style="list-style-type: none"> <li>Frequently displays immediate emotional reaction following a frustrating situation (e.g., shuts down and withdraws, cries, hits, bites); consistently requires adult assistance for soothing; "acts out"</li> </ul>	<ul style="list-style-type: none"> <li>Begins to use words rather than behavior to communicate frustration; begins to seek adult re-direction to handle frustration; frequently requires adult intervention</li> </ul>	<ul style="list-style-type: none"> <li>Is frequently able to identify and verbally communicate emotional upset; able to seek adult assistance and responds to adult re-direction; beginning to generate own appropriate coping strategies</li> </ul>	<ul style="list-style-type: none"> <li>Consistently able to identify and verbally communicate emotional upset; able to stabilize own emotional response (employs their own coping strategy), only occasionally requiring adult assistance</li> </ul>
▶ 28. Relates appropriately to adults other than parent/primary caregiver	Examples of this indicator include: <ul style="list-style-type: none"> <li>Child converses with adults other than parent/primary caregiver (such as their teacher, playground monitor, other school staff, etc.)</li> <li>Child appropriately seeks help, support, comfort from adults other than parent/primary caregiver (such as their teacher, playground monitor, other school staff, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Unable to initiate and/or avoids and/or fears interactions with adult/teacher; adult initiates all interaction; adult/teacher interaction is limited to addressing the child's own needs/wants</li> </ul>	<ul style="list-style-type: none"> <li>Begins to seek help from adult/teacher (verbal or non-verbal) when needed and may require adult initiation; begins to show interest in interacting with adult/teacher beyond the service of immediate needs/wants</li> </ul>	<ul style="list-style-type: none"> <li>Frequently able to initiate receiving help from adult/teacher when needed; frequently initiates interaction with adult/teacher, shows interest in relating to adult/teacher</li> </ul>	<ul style="list-style-type: none"> <li>Consistently communicates need for help (verbally or non-verbally); initiates interactions to seek support (e.g., comfort when distressed, support for problem solving, etc.); consistently initiates interaction with adult/teacher; demonstrates interest in mutual relationship with adult/teacher</li> </ul>
▶ 29. Appropriately expresses needs and wants verbally in primary language	This indicator measures a child's ability to engage in verbal expression in a socially appropriate manner. <b>Example:</b> <ul style="list-style-type: none"> <li>Child needs to use toilet and raises her/his hand to communicate the need and asks to be excused in advance of the need becoming urgent.</li> </ul>	<ul style="list-style-type: none"> <li>Does not express needs/wants at appropriate times (interrupts class to express need/want); is demanding; expression of needs/wants is non verbal; Child may be fearful or unwilling to communicate needs/wants Example: Child needs to use the toilet, but avoids expressing this need verbally to teacher</li> </ul>	<ul style="list-style-type: none"> <li>Begins to express needs/wants verbally, but sometimes disrupts class to express needs/wants; frequently requires adult/teacher intervention to draw out child's needs/wants Example: Child needs to use toilet and bounces up and down in her/his seat, but does not ask to be excused; waits for teacher to acknowledge the need and to provide direction</li> </ul>	<ul style="list-style-type: none"> <li>Usually able to verbally communicate needs/wants; rarely disrupts class to express needs/wants; rarely requires adult/teacher intervention to verbally communicate needs/wants Example: Child needs to use toilet urgently and bounces up and down in her/his seat while pleading to be excused</li> </ul>	<ul style="list-style-type: none"> <li>Consistently expresses needs/wants verbally and at appropriate times without disruption to class; does not demand; shows evidence of impulse control Example: Child needs to use toilet and raises her/his hand to communicate the need and asks to be excused in advance of the need becoming urgent</li> </ul>

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30. Expresses empathy or caring for others	Examples of this indicator include: <ul style="list-style-type: none"> <li>Child consoles or comforts a peer who is crying</li> <li>Cares for/nurtures a doll or stuffed animal during pretend play</li> </ul>	<ul style="list-style-type: none"> <li>Child may be aware of another's distress but concern is for own experience; Does not know how to respond with concern; Requires adult intervention Example: in response to another child's distress: "That crying is loud! Make it stop!"</li> </ul>	<ul style="list-style-type: none"> <li>Shows concern for another's distress and may make attempt to help; Seeks assistance from adult Example: offering a toy in response to a child's crying from a scraped knee</li> </ul>	<ul style="list-style-type: none"> <li>Shows concern for another's distress and makes an effort to respond directly to the situation; appropriately seeks adult assistance Example: getting a band-aid in response to a child's crying from a scraped knee</li> </ul>	<ul style="list-style-type: none"> <li>Offers competent assistance in response to another's distress and demonstrates learned and practiced social responses of empathy and caring Example: offering a band-aid for the scraped knee and giving a hug, telling the distressed child, "It'll be okay"</li> </ul>
31. Has expressive abilities	This indicator measures child's ability to tell about a story or experience in response to a prompt, and elaborate if further prompted. This indicator measures the <i>quality</i> of expression or narrative, and should <i>not</i> be seen as an indicator of introversion or extroversion. Prompts may include: <ul style="list-style-type: none"> <li>"What is your favorite game to play here at school?"</li> <li>"What did you do yesterday?"</li> <li>"What did you like the best about that story?"</li> <li>"What is your favorite thing to do at the park?"</li> </ul>	<ul style="list-style-type: none"> <li>Offers no details or minimal details in telling a story in response to a prompt Example: Teacher: "What did you do yesterday?" Child: "I played."</li> </ul>	<ul style="list-style-type: none"> <li>Offers few details in telling a story; responds to prompts for elaboration. Example: Teacher: "What did you do yesterday?" Child: "I played in the park." Teacher: "What did you play with in the park?" Child: "I played on the swings and chased my friend."</li> </ul>	<ul style="list-style-type: none"> <li>Offers detailed story-telling; responds to prompts to elaborate with greater detail Example: Teacher: "What did you do yesterday?" Child: "I played in the park near my house". Teacher: "What did you play with in the park?" Child: "I played on the swings and chased my friend and had birthday cake". Teacher: "Did you have fun?" Child: "It was fun. Jo opened presents."</li> </ul>	<ul style="list-style-type: none"> <li>Offers detailed, descriptive response, usually does not require prompt to elaborate; response includes sequential ordering of the story, and may include inference Example: Teacher: "What did you do yesterday?" Child: "I played in the park near my house for Jo's birthday party. We played on the swings, played tag, and ate cake. She opened presents. She liked mine. It was fun."</li> </ul>
32. Expresses curiosity and eagerness for learning	Examples of this indicator include: <ul style="list-style-type: none"> <li>Child pursues knowledge or understanding of new materials or activities; extending learning techniques</li> <li>Child tries new activities (engages in positive "risk-taking")</li> <li>Child asks questions that deepen understanding (How? Why? What?)</li> </ul>	<ul style="list-style-type: none"> <li>Does not try new things without adult direction; does not engage in activities that involve exploration/inquiry/discovery</li> </ul>	<ul style="list-style-type: none"> <li>Takes tentative steps toward learning something new or building on previously learned concepts; shows interest (may actively observe or listen) but does not actively engage in new activities without occasional adult direction</li> </ul>	<ul style="list-style-type: none"> <li>Shows interest in new activities; occasionally engages in new activity or exploration without adult direction</li> </ul>	<ul style="list-style-type: none"> <li>Independently seeks and engages in new activities; consistently engages in activities that are exploratory or inquiry-/discovery-based; challenges self with new goals that build on existing knowledge</li> </ul>
33. Engages in symbolic / imaginative play with self or peers	Examples of this indicator include: <ul style="list-style-type: none"> <li>Socio-dramatic play, such as "house" or "fire station"</li> </ul>	<ul style="list-style-type: none"> <li>Does not engage in symbolic play with peers or by her/himself</li> </ul>	<ul style="list-style-type: none"> <li>May engage in symbolic play alone or in parallel with peers (i.e., others may be engaged in symbolic play around the child, but the child is not engaged with others in symbolic play); beginning to involve imaginative play Example: Child picks up a phone and pretends to have a phone conversation.</li> </ul>	<ul style="list-style-type: none"> <li>Complex script for symbolic/imaginative play; involves peer interaction; objects used as symbols Example: A block is used to symbolize a phone.</li> </ul>	<ul style="list-style-type: none"> <li>Engages in cooperative imaginative/ symbolic play for an extended period of time with explicit roles and complex scripts; involves a group of peers and requires negotiation of roles and common purpose/goal of the symbolic play Example: Playing "house" and assigning roles, developing a story line, and using props.</li> </ul>

Readiness Indicator	Definition of Indicator	Not Yet Child does not yet demonstrate; cannot yet perform without adult assistance	Beginning Child is just beginning to demonstrate; needs significant or frequent adult assistance	In Progress Child demonstrates occasionally and somewhat competently; has room for improvement, needs minor or occasional assistance	Proficient Child demonstrates consistently and competently; performs independently
34. Engages with books	Examples of this indicator include: <ul style="list-style-type: none"> <li>➤ Child knows how to hold a book</li> <li>➤ Knows where a book starts</li> <li>➤ Pretends to read, using pictures as cues</li> <li>➤ Knows a book conveys information / tells a story</li> </ul>	➤ Shows no interest in books	➤ Rarely initiates engagement with books without adult direction	➤ Independently opens up books, but loses interest quickly; may flip through pages quickly and/or several pages at a time	➤ Independently engages with books; pretends to read through entire book; systematically looking at and flipping through each page while pretending to read (e.g., narrating a story based on the book's pictures)
35. Writes own first name	Examples of this indicator include: <ul style="list-style-type: none"> <li>➤ Write all letters of name correctly and facing right direction</li> </ul>	➤ Unable to produce anything legible/ resembling letters	➤ Attempts to write own name, but is not very legible. May mix letters and symbols. Letters may be scattered around page	➤ All letters are present and legible; Correct sequence of letters, but some may be facing the wrong direction	➤ All letters are present, legible, and facing in the correct direction

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Readiness Indicator	Definition of Indicator	Not Yet	Beginning	In Progress	Proficient
<p>▶ 36. Recognizes rhyming words</p>	<p>This indicator measures children's recognition of rhyming words. Each child is read a script that includes several examples from a <b>rhyming sequence</b> (shoe, glue, blue, dog, zoo, car). The first example in the sequence is a "give-away" to bring the child into the context of what is being assessed, but the remaining examples in the sequence are given to assess recognition. <b>Each child should be read two sequences, for a total of eight correct responses (1a,b,c,d and 2a,b,c,d).</b></p> <p>▶ Rhymes are words that sound the same. For instance,  <b>(1) Shoe rhymes with Glue.</b>  <i>a. Does Blue rhyme with Glue?</i> (Child should say or nod 'yes').  <i>b. Does Dog rhyme with Glue?</i> (Child should say 'no' or shake head 'no'.)  <i>c. Does Zoo rhyme with Glue?</i> (Child should say or nod 'yes').  <i>d. Does Car rhyme with Glue?</i> (Child should say 'no' or shake head 'no'.)</p> <p>▶ <b>(2) Cat rhymes with Hat.</b>  <i>a. Does Bat rhyme with Hat?</i> (Yes)  <i>b. Does Box rhyme with Hat?</i> (No)  <i>c. Does Mat rhyme with Hat?</i> (Yes)  <i>d. Does Red rhyme with Hat?</i> (No)</p> <p>▶ Rhyming sequences in Spanish include:  <b>(1) Ti rima con Mi.</b>  <i>a. Si rima con Mi?</i> (Si)  <i>b. Por rima con Mi?</i> (No)  <i>c. Di rima con Mi?</i> (Si)  <i>d. Voz rima con Mi?</i> (No)</p> <p><b>(2) Mes rima con Pez.</b>  <i>a. Tres rima con Pez?</i> (Si)  <i>b. Luz rima con Pez?</i> (No)  <i>c. Res rima con Pez?</i> (Si)  <i>d. Mar rima con Pez?</i> (No)</p>	<p>▶ Child is read the first rhyming sequence (<i>shoe/glue + blue + dog + zoo + car</i>) and a second rhyming sequence (<i>cat/hat + bat + box + mat + red</i>), and cannot correctly recognize any rhyming words or can recognize 1 to 2 in either sequence.</p> <p>Example: 0, 1, or 2 out of 8 correct:          (shoe/glue + blue+ dog + zoo + car)          (cat/hat + bat + box + mat + red)          OR          (shoe/glue + blue+ dog +zoo + car)          (cat/hat + bat + box + mat + red)          OR          (shoe/glue + blue+ dog + zoo + car)          (cat/hat + bat + box + mat + red)          OR          (shoe/glue + blue+ dog + zoo + car)          (cat/hat + bat + box + mat + red)</p>	<p>▶ Child is read the first rhyming sequence and may identify one or two of the examples (blue, dog). Child is then given a second rhyming sequence, and may identify one of the two rhyme examples (bat, box). In sum, the child identifies 3 to 4 rhyme examples across the two sequences.</p> <p>Example: 3 or 4 out of 8 correct:          (shoe/glue + blue+ dog +zoo + car)          (cat/hat + bat + box + mat + red)          OR          (shoe/glue + blue+ dog +zoo + car)          (cat/hat + bat + box + mat + red)</p>	<p>▶ Child is read both rhyming sequences and correctly identifies 5 to 6 rhyme examples from the eight given across the two rhyme sequences.</p> <p>Example: 5 or 6 out of 8 correct:          (shoe/glue + blue+ dog +zoo + car)          (cat/hat + bat + box + mat + red)          OR          (shoe/glue + blue+ dog +zoo + car)          (cat/hat + bat + box + mat + red)</p>	<p>▶ Child is read both rhyming sequences and correctly identifies 7 to 8 rhyme examples.</p> <p>Example: 7 or 8 out of 8 correct:          (shoe/glue + blue+ dog +zoo + car)          (cat/hat + bat + box + mat + red)          OR          (shoe/glue + blue+ dog +zoo + car)          (cat/hat + bat + box + mat + red)</p>
<p>▶ 37. Counts 10 objects correctly</p>	<p>Prompts for this indicator include:          ▶ "Please give Maria 10 crayons" or "Please put 10 blocks in the basket"</p>	<p>▶ Cannot count any objects</p>	<p>▶ Can count 1-5 objects</p>	<p>▶ Can count 6-9 objects</p>	<p>▶ Can count all 10 objects</p>

Readiness Indicator	Definition of Indicator	Not Yet Child does not yet demonstrate; cannot yet perform without adult assistance	Beginning Child is just beginning to demonstrate; needs significant or frequent adult assistance	In Progress Child demonstrates occasionally and somewhat competently; has room for improvement, needs minor or occasional assistance)	Proficient Child demonstrates consistently and competently; performs independently
▶ 38. Recognizes letters of the alphabet	Note: Present the letters out of sequence. Child may recognize letters as CAPs, lowercase or combination	✦ Cannot recognize any letters	✦ Can recognize 1-12 letters	✦ Can recognize 13-25 letters	✦ Can recognize all 26 letters
▶ 39. Recognizes basic colors	Basic 8: red, orange, yellow, green, blue, purple, brown, and black	✦ Cannot recognize any colors	✦ Can recognize 1-4 colors	✦ Can recognize 5-7 colors	✦ Can recognize all 8 colors
▶ 40. Recognizes primary shapes	Circle, triangle, square	✦ Cannot recognize any primary shapes	✦ Can recognize 1 shape	✦ Can recognize 2 shapes	✦ Can recognize all 3 shapes

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## Appendix 6 — Consent Letters

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**First 5 Alameda County School Readiness Study**

Fall 2010 School Readiness Assessment - APPENDICES



Dear Parent,

We have selected your child's class to be in a study of children as they enter kindergarten. The study will take place in several schools in Alameda County. The study results will help Alameda County learn more about how ready children are for school, and what kind of activities and supports may help children to be more ready for kindergarten.

Your child's teacher will complete a short, 2-page **observation form** for your child and all children in the class. On the observation form, the teacher notes how your child participates in activities such as circle time, classroom discussions and various learning activities.

In order to understand the backgrounds of the children in the study, the teacher will give you a **parent survey** to complete. Please fill in this survey immediately and return it to your child's teacher. To thank you for your time, your child will get a children's book to keep.

Your child's information in the study is very confidential. For instance:

- The observation form that the teacher completes for your child will NOT be used as part of your child's grade in the class.
- The observation form will NOT become part of your child's student record. It will be given back to the researchers.
- The researchers will NOT know the name of your child or any other personal information to identify your family, because there will be no names on any forms. (We will only collect your child's birthdate so that we can match your parent survey to the teacher's observation form on your child.)
- Finally, the researchers will never release your child's information to anyone.
- The information for the hundreds of children in the study will be looked at and summarized together in any reports.

If you agree to have your child be in this study, please sign this form below and return it to your child's teacher. **If you agree to let your child's teacher fill out a form for your child, but do not want to fill out the parent survey, we would still like you to sign this form to show that you agree to let your child be observed by the teacher.**

- YES**, I give my permission to have my child participate in the study and be observed by his/her teacher.
- NO**, I do NOT give my permission to have my child participate in the study and be observed by his/her teacher.

**Sign Below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your help!**

For more information about the study, please contact Applied Survey Research:

Kate Branscomb, 408-247-8319

Estimados Padres de Familia,

Applied Survey Research



Class# \_\_\_\_\_ Child# \_\_\_\_\_

El salón de clase de su hijo/a ha sido seleccionado para participar en un estudio con respecto a la preparación de los niños a kindergarten. El estudio se estará llevando a cabo en una serie de escuelas seleccionadas al azar en todo el condado de Alameda. Los resultados de este estudio serán utilizados para el desarrollo de nuevos programas que ayuden a los niños y sus familias a prepararse para el ingreso a la escuela al grado de kindergarten.

El estudio consiste en que la profesora o el profesor de kindergarten diligencie tanto para su hijo/a como para el resto de estudiantes del salón un **formulario de observación**. En el formulario de observación, la profesora o el profesor anotará que tan bien los niños pueden realizar ciertas cosas tales como: participar en actividades de grupo, hacer preguntas en clase y diferentes actividades de aprendizaje.

Con el fin de entender otras características, tanto de su hijo como de los demás niños, la profesora o el profesor le entregará a Ud. un **cuestionario para padres**. Por favor complete este cuestionario lo más pronto posible y devuélvalo a la profesora o profesor de su hijo. Como agradecimiento por habernos regalado un poco de su tiempo, su niño recibirá un libro infantil de regalo.

La información de su hijo/a será confidencial. Por ejemplo:

- El formulario de información que será llenado por la profesora o profesor para su hijo/a, **NO** será usado como parte de su nota.
- EL formulario de información **NO** será parte del registro de notas de su hijo/a ni de los estudiantes. Será entregado directamente a los investigadores.
- Los investigadores **NO** sabrán el nombre de su hijo/a y tampoco ninguna información personal que pueda identificar a su familia; recuerde que no habrán nombres en ninguna de las formas (solamente necesitaremos la fecha de nacimiento de su hijo/a para poder identificar el cuestionario de padres y adjuntarlo con el formulario de observación de la profesora o del profesor de su hijo/a).
- Finalmente, la información de su hijo/a provista a los investigadores, no será divulgada a nadie.
- La información de los cientos de niños que participaran en el estudio será analizada y resumida en un reporte.

Si está de acuerdo en que su hijo/a participe en este estudio, por favor sírvase a firmar este formulario y devuélvaselo a la profesora o profesor de su hijo/a. **Si accede a que la profesora o profesor de su hijo/a llene el formulario pero no desea llenar el formulario de los padres, de igual manera nos gustaría que firmara este formulario para confirmar su consentimiento para que la profesora o profesor de su hijo/a la/o observe.**

**SI**, autorizo a mi hijo/a que participe en el estudio de observación provisto por su profesora/o.

**NO** autorizo a mi hijo/a que participe en el estudio de observación provisto por su profesora/o.

**Firme a continuación:**

-----  
Firma

-----  
Fecha

**¡GRACIAS POR SU AYUDA Y COLABORACION!**

**Para más información sobre este estudio, por favor sírvase contactar a Applied Survey Research: Kate Branscomb, 408-247-8319**

Parent Consent Form  
(Spanish)



親愛的家長：

我們會正在進行學童就讀幼稚園的研究，您子女的班級獲選為研究對象。我們將在阿拉米達縣多個學校進行這項研究。其結果將有助於阿拉米達縣了解更多孩童準備就讀的程度，以及何種活動和支持可能有助於幫助孩童更進一步準備就讀幼稚園。

您子女的導師會為他們做好一份簡短的**2頁觀察表**，全班的孩子都有一份。在這觀察表上，導師會記錄您的孩子在團體活動、課堂討論和各種學習課程的參與表現。

為了解孩童的學習背景，導師會請您完成一份家長調查表。請立即填寫此表並交回給子女的導師。為感謝您花時間填寫表格，您的子女會獲得一本兒童圖書。

**您子女的資料是絕對保密。譬如：**

- 班導師為您子女完成的觀察表不會做為在班級成績的一部份。
- 此觀察表不會變成您孩子學生記錄的一部份我們會直接將該表交回給研究人員。
- 研究人員將無法得知您孩子的名字，也不能用其他個人資料來辨識您的家庭，因為任何表單上都不會有名字。(我們會只收集您孩子的生日，以便比對您的家長調查表與教師對您子女的觀察表。)
- 最後，研究人員將不會透露您子女的資料給任何人。
- 研究中將集中檢視上百名學童的資料，並在任何報告中提出總結式的資料。

如果您同意讓您的子女參加此項研究，請在這表格下方簽名，並交回給子女的導師。**如果您同意班導師為您的子女填表，但不願填寫家長調查，我們依然需要您簽名，以表示您同意導師觀察您的子女。**

是的，我允許讓子女參與研究，並讓他/她的老師觀察。

不，我不允許讓子女參與研究，或讓他/她的老師觀察。

請在下方簽名：

\_\_\_\_\_  
簽名

\_\_\_\_\_  
日期

**感謝您的協助！**

想了解更多有關此研究的資訊請連絡Applied Survey Research：  
Kate Branscomb，電話為408-247-8319



Parent Consent Form  
(Chinese)



Class# \_\_\_\_\_ Child# \_\_\_\_\_

First 5 Alameda County School Readiness Study

**Kính gửi Quý Vị Phụ Huynh:**

Chúng tôi đã chọn lớp học của con quý vị để thực hiện nghiên cứu về trẻ em bước vào mẫu giáo. Cuộc nghiên cứu sẽ được thực hiện ở một số trường tại Quận Hạt Alameda. Kết quả cuộc nghiên cứu sẽ giúp Quận Hạt Alameda tìm hiểu thêm về mức độ sẵn sàng để đi học của trẻ như thế nào, và những hoạt động và sự hỗ trợ nào có thể giúp các em sẵn sàng hơn để đi học mẫu giáo.

Giáo viên của con quý vị sẽ hoàn thành một **mẫu quan sát** ngắn gồm 2 trang về con quý vị và cũng như các em khác trong lớp. Trên mẫu quan sát này, giáo viên sẽ ghi lại cách em tham gia những hoạt động như tập trung sinh hoạt theo vòng tròn, thảo luận trong lớp và nhiều hoạt động học tập khác như thế nào.

Để hiểu thêm về lai lịch bản thân các em trong cuộc nghiên cứu này, giáo viên sẽ gửi cho quý vị một **bản khảo sát phụ huynh** để hoàn tất. Xin vui lòng điền ngay vào bản khảo sát này và gửi lại cho giáo viên của con quý vị. Để cảm ơn quý vị đã dành thời gian điền bản khảo sát này, các em sẽ được một cuốn sách mới.

Thông tin về con quý vị trong cuộc nghiên cứu này sẽ được bảo mật. Chẳng hạn như:

- Mẫu quan sát mà giáo viên hoàn tất sẽ **KHÔNG** được sử dụng làm điểm để chấm các em trong lớp học.
- Mẫu quan sát sẽ **KHÔNG** trở thành một phần hồ sơ học sinh của con quý vị. Nó chỉ được gửi lại cho nhà nghiên cứu.
- Các nhà nghiên cứu sẽ **KHÔNG** biết được tên của các em hoặc bất kỳ thông tin cá nhân nào khác để nhận dạng gia đình của quý vị, bởi vì sẽ không có tên trên bất kỳ mẫu đơn nào. (Chúng tôi sẽ chỉ thu thập ngày sinh của các em để có thể sắp xếp tương ứng bản khảo sát phụ huynh với mẫu quan sát của giáo viên.)
- Cuối cùng, các nhà nghiên cứu sẽ không bao giờ cung cấp thông tin về con quý vị cho bất kỳ người nào khác.
- Thông tin cho cả hàng trăm trẻ em trong cuộc nghiên cứu sẽ được tham khảo và đúc kết chung lại trong các bản tường trình.

Nếu quý vị đồng ý cho phép con mình tham gia cuộc nghiên cứu này, vui lòng ký tên phía bên dưới và gửi lại cho giáo viên của con quý vị. Nếu quý vị đồng ý để giáo viên điền bản khảo sát cho con quý vị, nhưng không muốn điền vào bản khảo sát phụ huynh, chúng tôi vẫn cần quý vị ký tên bên dưới để chứng tỏ rằng quý vị đồng ý để giáo viên thực hiện việc quan sát.

**VÂNG**, tôi cho phép con tôi tham gia cuộc nghiên cứu và được quan sát bởi giáo viên của em.

**KHÔNG**, tôi **KHÔNG** cho phép con tôi tham gia cuộc nghiên cứu và được quan sát bởi giáo viên của em.

**Ký Tên Bên Dưới:**

\_\_\_\_\_  
Chữ ký

\_\_\_\_\_  
Ngày

**Cám ơn sự giúp đỡ của quý vị!**

Để biết thêm thông tin về cuộc nghiên cứu, vui lòng liên hệ Bộ Phận Applied Survey Research:  
Kate Branscomb, 408-247-8319



Parent Consent Form  
(Vietnamese)



Class# \_\_\_\_\_ Child# \_\_\_\_\_

**First 5 Alameda County School Readiness Study****Mahal naming Magulang,**

Pinili namin ang klase ng inyong anak para sa pag-aaral sa mga bata sa kanilang pagpasok sa kindergarten. Isasagawa ang pag-aaral sa ilang mga paaralan sa Alameda County. Ang mga resulta sa pag-aaral ay makatutulong sa Alameda County na malaman ang maraming bagay tungkol sa kung gaano kahanda ang mga bata sa paaralan, at anong uri ng mga gawain at mga suporta ang maaaring makatulong sa mga bata na mas maging handa para sa kindergarten.

Ang guro ng inyong anak ay kukumpletuhin ang isang maikli, 2-pahinang **form ng obserbasyon** para sa inyong anak at sa lahat ng mga bata sa klase. Sa form ng obserbasyon, ilalagay ng guro paano sumasali ang inyong anak sa mga gawain tulad ng circle time, mga pag-uusap sa klase at iba't-ibang mga gawain sa pag-aaral.

Para maunawaan ang pinanggalingan ng mga batang pinag-aaralan, bibigyan kayo ng guro ng **survey para sa magulang** para sagutan. Mangyaring sagutan kaagad ang survey na ito at ibalik ito sa guro ng inyong anak. Bilang pasasalamat sa inyong oras, ang inyong anak ay makakakuha ng librong pambata.

Ang impormasyon ng inyong anak na pinag-aaralan ay lubos na kompidensyal. Gaya ng:

- Ang form ng obserbasyon na kinumpleto ng guro para sa inyong anak ay **HINDI** gagamitin bilang bahagi ng grado ng inyong anak sa klase.
- Ang form ng obserbasyon ay **HINDI** magiging bahagi ng talaan sa pag-aaral ng inyong anak. Ibalalik ito sa mga tagapagsaliksik.
- Ang mga tagapagsaliksik ay **HINDI** malalaman ang pangalan ng inyong anak o anumang personal na impormasyon upang matukoy ang inyong pamilya, sapagkat walang mga pangalan sa anumang mga porma. (Kokolektahin lamang namin ang araw ng kapanganakan ng inyong anak upang maitugma namin ang inyong survey para sa magulang sa form ng obserbasyon ng guro sa inyong anak.)
- Sa huli, ang mga tagapagsaliksik ay hind kailanman ilalabas ang impormasyon ng inyong anak kaninuman.
- Ang impormasyon para sa daan-daang mga batang pinag-aaralan ay titingnan at ibubuod ng sama-sama sa anumang mga ulat.

Kung sumang-ayon kayo na mapasama ang inyong anak sa pag-aaral na ito, mangyaring lagdaan ang form na ito sa ibaba at ibalik sa guro ng inyong anak. **Kung sumang-ayon kayo na payagan ang guro ng inyong anak na sagutan ang form para sa inyong anak, ngunit hindi nais na sagutan ang survey para sa magulang, nais pa rin namin na lagdaan ninyo ang form na ito upang ipakita na sumang-ayon kayo na ma-obserbahan ng guro ang inyong anak.**

**OO**, binibigay ko ang aking permiso na isali ang aking anak sa pinag-aaralan at inoobserbahan ng kanyang guro.

**HINDI**, **HINDI** ko binibigay ang aking permiso na isali ang aking anak sa pinag-aaralan at inoobserbahan ng kanyang guro.

**Lumagda sa Ibaba:**

Lagda \_\_\_\_\_

Petsa \_\_\_\_\_

**Salamat sa inyong pagtulong !**

Para sa karagdagang impormasyon tungkol sa pag-aaral, mangyaring makipag-ugnayan sa Applied Survey Research: Kate Branscomb, 408-247-8319



Parent Consent Form  
(Tagalog)



## Appendix 7 — Teacher & Classroom Characteristics

To gain a better understanding of the classrooms that new kindergarten students enter – as well as the teachers who are so integral to their successful transition into school – all kindergarten teachers participating in the assessment answered a series of survey questions about their kindergarten classrooms and their own backgrounds.

Most of the teachers in this study taught in full or extended day kindergarten classrooms, but 32% of teachers indicated that they taught in a half-day setting. About two-thirds of the classrooms (66%) did not include any instruction in a language other than English. Nearly one quarter of the participating teachers (23%) taught their classes using a bilingual program.

**Figure 1. Kindergarten Classroom Characteristics**

Classroom Characteristic	Percent
Length of school day	
Full or extended day	68%
Half-day	32%
Percentage of instruction in language other than English	
0%	66%
1-25%	10%
26-50	1%
51-75	1%
More than 75%	22%
Percent teaching with a bilingual program	23%

Source: Teacher Survey on Importance of Readiness Skills (2010).

Note: Sample size = 76, 74, 78. Percentages may not sum to 100 due to rounding.

Teachers also provided information about their own ethnic and linguistic backgrounds, as well as their experience in teaching in elementary grades and in early childhood education (ECE). Most of the teachers participating in the assessment were Caucasian (55%). The next most common racial/ethnic background was Hispanic/Latino (primarily of Mexican origin). Almost half (49%) of the teachers were bilingual, with most bilingual teachers speaking Spanish in addition to English (73% of bilingual teachers).

**Figure 2. Characteristics of Participating Kindergarten Teachers**

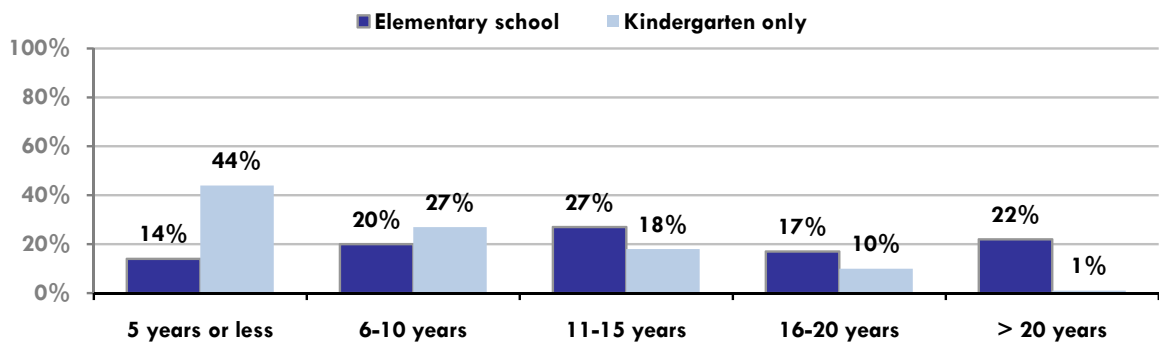
Teacher Characteristic	Percent
Race/ethnicity	
Caucasian	55%
Hispanic/Latino	18%
African American	10%
Asian	6%
Multi-ethnic	5%
Other	5%
Bilingual status	
Bilingual	49%
Not bilingual	51%
Languages spoken by bilingual teachers	
Spanish	73%
Cantonese or Mandarin	5%
Vietnamese	3%
Korean	3%
Other	16%

Source: Teacher Survey on Importance of Readiness Skills (2010).

Note: Sample size = 78, 78, and 37 (bilingual teachers who provided a response). Percentages may not sum to 100 due to rounding.

Teachers had a wide range of experience teaching elementary school and kindergarten. The following shows the number of years teachers had taught elementary school (mean = 14.63 years) and kindergarten (mean = 7.78 years). In addition, 39% had taught early childhood education in addition to their elementary school experience.

**Figure 3. Percentage of Teachers with Different Levels of Experience Teaching Elementary School**



Source: Teacher Survey on Importance of Readiness Skills (2010).

Note: Sample sizes = 78, 78.

Teachers indicated all levels of education they had completed. Thirty-one percent of teachers had attained an advanced degree. All but two teachers in the assessment had a full teaching credential; the remaining two teachers had an emergency permit.

**Figure 4. Teachers' Descriptions of Their Levels of Education Completed**

Education and Credentials	Percent
Degree(s) earned	
Associates degree	22%
Bachelor's degree	92%
Advanced degree	31%
Other degree	15%
Teachers who have a full credential	97%

Source: Teacher Survey on Importance of Readiness Skills (2010).

Note: Sample size = 78, 78. Total for degrees earned exceeds 100% because teachers were instructed to choose all that applied.

### A Closer Look at What Skills Are Most Important to Teachers

Teachers were asked to check five skills that they considered to be most critical for a smooth transition into kindergarten. More than half of the responding teachers prioritized the following skills: *Performs basic self-help/self-care tasks*, *Controls impulses and self-regulates*, and *Stays focused/pays attention during activities*. No teachers believed that having general coordination on the playground was one of the five most important skills that children needed upon kindergarten entry.

**Figure 5. Skills Selected As One of Five Most Important for Kindergarten Entry**

School Readiness Skills	Basic Building Block	Percent of teachers selecting
Performs basic self-help/self-care tasks	Self-Care & Motor Skills	72%
Controls impulses and self-regulates	Self-Regulation	56%
Stays focused/pays attention during activities	Self-Regulation	51%
Writes own first name	Kindergarten Academics	38%
Uses small manipulatives	Self-Care & Motor Skills	34%
Works and plays cooperatively with peers	Self-Regulation	29%
Appropriately expresses needs and wants verbally in primary language	Social Expression	29%
Follows one- to two-step directions	Self-Regulation	24%
Recognizes letters of the alphabet	Kindergarten Academics	22%
Participates successfully in circle time	Self-Regulation	20%
Expresses curiosity and eagerness for learning	Social Expression	19%
Handles frustration well	Self-Regulation	18%
Relates appropriately to adults other than parent/primary caregiver	Social Expression	15%
Comforts self using adult guidance when appropriate	Self-Regulation	13%
Counts 10 objects correctly	Kindergarten Academics	13%
Engages with books	Kindergarten Academics	9%
Recognizes basic colors	Kindergarten Academics	9%
Engages in symbolic/imaginative play with self or peers	Social Expression	8%
Negotiates with peers to resolve social conflicts using adult guidance when appropriate	Self-Regulation	5%
Has expressive abilities	Social Expression	5%
Recognizes primary shapes (circle, triangle square)	Kindergarten Academics	5%
Recognizes rhyming words	Kindergarten Academics	4%
Expresses empathy or caring for others	Social Expression	1%
Has general coordination on playground	Self-Care & Motor Skills	0%

Source: Teacher Survey on Importance of Readiness Skills (2010).

Note: Scores are based on 79 teachers.

### A Closer Look at What Skills Are Easiest to Impact

Teachers were also asked to check the five skills that they considered to be easiest to impact during the kindergarten year. Skills in the *Kindergarten Academics* cluster received the most top ratings, with teachers identifying the following skills as easiest to impact: *Counts 10 objects correctly*, *Recognizes basic colors*, and *Recognizes primary shapes*. Almost no teachers felt it was easy to impact skills related to performing self-help/self-care tasks or controlling impulses and self-regulating.

**Figure 6. Skills Selected As One of Top Five Easiest Skills to Impact**

School Readiness Skills	Basic Building Block	Percent of teachers selecting
Counts 10 objects correctly	Kindergarten Academics	53%
Recognizes basic colors	Kindergarten Academics	45%
Recognizes primary shapes (circle, triangle square)	Kindergarten Academics	45%
Engages with books	Kindergarten Academics	41%
Writes own first name	Kindergarten Academics	38%
Uses small manipulatives	Self-Care & Motor Skills	35%
Follows one- to two-step directions	Self-Regulation	33%
Participates successfully in circle time	Self-Regulation	24%
Recognizes letters of the alphabet	Kindergarten Academics	23%
Has general coordination on playground	Self-Care & Motor Skills	18%
Works and plays cooperatively with peers	Self-Regulation	15%
Expresses curiosity and eagerness for learning	Social Expression	14%
Recognizes rhyming words	Kindergarten Academics	14%
Stays focused/pays attention during activities	Self-Regulation	10%
Relates appropriately to adults other than parent/primary caregiver	Social Expression	10%
Expresses empathy or caring for others	Social Expression	10%
Comforts self using adult guidance when appropriate	Self-Regulation	9%
Handles frustration well	Self-Regulation	9%
Appropriately expresses needs and wants verbally in primary language	Social Expression	9%
Engages in symbolic/imaginative play with self or peers	Social Expression	9%
Negotiates with peers to resolve social conflicts using adult guidance when appropriate	Self-Regulation	8%
Has expressive abilities	Social Expression	8%
Controls impulses and self-regulates	Self-Regulation	6%
Performs basic self-help/self-care tasks	Self-Care & Motor Skills	5%

Source: Teacher Survey on Importance of Readiness Skills (2010).

Note: Scores are based on 78 teachers.

### A Closer Look at Where Teachers Spend the Most Time

Teachers were also asked to check the five skills on which they spent the most classroom time. More than half of teachers felt that they spent most of their time on skills relating to *Recognizing the letters of the alphabet*, and *Staying focused/paying attention during activities*. No teachers reported that the most time-consuming skills included development of general coordination or performing basic self-help tasks.

**Figure 7. Skills Selected as a Top Five on Which Teachers Spend the Most Time**

School Readiness Skills	Basic Building Block	Percent of teachers selecting
Recognizes letters of the alphabet	Kindergarten Academics	73%
Stays focused/pays attention during activities	Self-Regulation	63%
Engages with books	Kindergarten Academics	38%
Controls impulses and self-regulates	Self-Regulation	37%
Works and plays cooperatively with peers	Self-Regulation	35%
Participates successfully in circle time	Self-Regulation	35%
Recognizes rhyming words	Kindergarten Academics	30%
Follows one- to two-step directions	Self-Regulation	28%
Negotiates with peers to resolve social conflicts using adult guidance when appropriate	Self-Regulation	28%
Has expressive abilities	Social Expression	28%
Counts 10 objects correctly	Kindergarten Academics	24%
Uses small manipulatives	Self-Care & Motor Skills	20%
Writes own first name	Kindergarten Academics	16%
Appropriately expresses needs and wants verbally in primary language	Social Expression	9%
Handles frustration well	Self-Regulation	8%
Expresses curiosity and eagerness for learning	Social Expression	8%
Expresses empathy or caring for others	Social Expression	6%
Recognizes primary shapes (circle, triangle square)	Kindergarten Academics	4%
Comforts self using adult guidance when appropriate	Self-Regulation	1%
Relates appropriately to adults other than parent/primary caregiver	Social Expression	1%
Engages in symbolic/ imaginative play with self or peers	Social Expression	1%
Recognizes basic colors	Kindergarten Academics	1%
Has general coordination on playground	Self-Care & Motor Skills	0%
Performs basic self-help/self-care tasks	Self-Care & Motor Skills	0%

Source: Teacher Survey on Importance of Readiness Skills (2010). Note: Scores are based on 79 teachers.

## Appendix 8 — Defining Preschool in this Report

For purposes of this report, the term “preschool” is defined according to either parent or teacher reports. A child was considered to have preschool experience if at least one of the following were true: (1) the kindergarten teacher indicated that the child had participated in an state preschool or district Child Development Center (CDC), a Head Start program, or another licensed preschool/ child care center (NOT including a Summer Pre-K program); and / or (2) parents listed a preschool that was checked and verified against a 4Cs list of valid, licensed, child care centers. It is important to note that a measure of the quality of the preschool was not included in this study. In addition, we recognize that there are high-quality Family Child Care Homes (FCCH) that provide preschool-like experiences and that use quality curricula. However, because we could not validate which children were exposed to preschool-like settings within their Family Child Care Homes, children with FCCH experience were not included in the preschool category. (Recall too that a small percentage of the sample attended a FCCH during the year prior to kindergarten entry.)

Any child who was not confirmed as having preschool experience in one of these ways was not included in the calculation of the sample’s preschool rate. Thus, as the figure below shows, approximately three percent of the sample did not have enough information from either a teacher or parent report with which to determine their preschool status.

**Figure 8. State-funded, Head Start, or Licensed Preschool/Child Care Center Attendance**

Attended one of these preschool types?	Frequency	Percent of total	Percent of known
No	528	38%	39%
Yes	822	59%	61%
Cannot determine	44	3%	
<b>Total</b>	<b>1394</b>	<b>100%</b>	<b>100%</b>

Source: Kindergarten Observation Form I (2010) and Parent Information Form (2010).

## Appendix 9 — NEGP Scores for Each *Readiness Portrait*

Figure 9 shows the NEGP readiness scores as a function of students' *Readiness Portrait*.

**Figure 9. NEGP Scores by Readiness Portrait**

NEGP Dimension	Strong in all domains	Academically strong	Socially/emotionally strong	Needs in all domains
Physical Well-Being & Motor Development	3.83	3.29	3.35	2.42
Social & Emotional Development	3.79	2.79	3.36	1.89
Approaches to Learning	3.77	2.71	2.97	1.65
Communication & Language Usage	3.44	2.78	2.18	1.70
Cognition & General Knowledge	3.88	3.55	2.86	2.47
Coping Skills (Not from NEGP)	3.72	2.71	3.11	1.81

Source: Kindergarten Observation Form I (2010).

Note: Means can range from 1 to 4. Scale points are as follows: 1=not yet, 2=just beginning, 3=in progress, 4=proficient. Scores are based on 749-750 *Strong in all domains* students, 401-409 *Academically strong* students, 99-105 *Socially/emotionally strong* students, and 111-115 *Needs in all domains* students. Means for all four groups are significantly different from each other for each NEGP category, according to one-way ANOVAs and post hoc LSD tests ( $p < .05$ ), with one exception: for *Physical Well-Being & Motor Development*, *Academically strong* students and *Socially/emotionally strong* did not differ.



## Appendix 10 – Adjusted Means Comparing F5AC Program Recipients and Non-Recipients

Figures 10-13 display means and analysis of covariance results corresponding to Figure 81 of the main readiness report.

**Figure 10. Comparing Readiness Levels of Post-Partum Visit Recipients Versus Non-Recipients – Adjusted Means**

Readiness Domain	Post-Partum Visits	
	Non-recipients	Recipients
Self-Care & Motor Skills	3.52	3.56
Self-Regulation	3.22	3.16
Social Expression	3.32	3.36
Kindergarten Academics	3.28	3.27
Overall Readiness	3.30	3.30

Source: Kindergarten Observation Form I (2010).

Note: Means can range from 1 to 4. Scale points are as follows: 1=not yet, 2=just beginning, 3=in progress, 4=proficient. Scores are based on 155-156 post-partum visits program participants and 1045-1047 non-participants. None of the adjusted means were marginally or significantly different from each other, according to analyses of covariance. See report text for full ANCOVA model.

**Figure 11. Comparing Readiness Levels of Pediatric Development Screening Support Recipients Versus Non-Recipients – Adjusted Means**

Readiness Domain	Pediatric Development Screening Support	
	Non-recipients	Recipients
Self-Care & Motor Skills	3.52	3.53
Self-Regulation	3.23	3.06
Social Expression	3.33	3.08
<b>Kindergarten Academics*</b>	<b>3.29</b>	<b>3.00</b>
Overall Readiness	3.31	3.11

Source: Kindergarten Observation Form I (2010).

Note: Means can range from 1 to 4. Scale points are as follows: 1=not yet, 2=just beginning, 3=in progress, 4=proficient. Scores are based on 19-20 PDSS program participants and 1045-1047 non-participants. Significance levels for differences in mean scores are indicated as follows: \*  $p < .05$ , according to analyses of covariance. See report text for full ANCOVA model.

**Figure 12. Comparing Readiness Levels of Preschool with Mental Health Consultations Recipients Versus Non-Recipients – Adjusted Means**

Readiness Domain	Preschool with Mental Health Consultations	
	Non-recipients	Recipients
Self-Care & Motor Skills	3.52	3.59
<b>Self-Regulation*</b>	<b>3.23</b>	<b>2.85</b>
Social Expression	3.33	3.09
Kindergarten Academics	3.29	3.13
<b>Overall Readiness<sup>+</sup></b>	<b>3.31</b>	<b>3.08</b>

Source: Kindergarten Observation Form I (2010).

Note: Means can range from 1 to 4. Scale points are as follows: 1=not yet, 2=just beginning, 3=in progress, 4=proficient. Scores are based on 20-21 Preschool with Mental Health Consultations program participants and 1045-1047 non-participants; Significance levels for differences in mean scores are indicated as follows: \* p < .05; <sup>+</sup> p < .10, according to analyses of covariance. See report text for full ANCOVA model.

**Figure 13. Comparing Readiness Levels of Intensive Family Support Case Management Recipients Versus Non-Recipients – Adjusted Means**

Readiness Domain	Intensive Family Support Case Management	
	Non-recipients	Recipients
Self-Care & Motor Skills	3.52	3.58
<b>Self-Regulation <sup>+</sup></b>	<b>3.23</b>	<b>3.47</b>
<b>Social Expression <sup>+</sup></b>	<b>3.33</b>	<b>3.60</b>
Kindergarten Academics	3.29	3.41
<b>Overall Readiness <sup>+</sup></b>	<b>3.31</b>	<b>3.50</b>

Source: Kindergarten Observation Form I (2010).

Note: Means can range from 1 to 4. Scale points are as follows: 1=not yet, 2=just beginning, 3=in progress, 4=proficient. Scores are based on 25 Intensive Family Support Case Management program participants and 1045-1047 non-participants. Significance levels for differences in mean scores are indicated as follows: <sup>+</sup> p < .10, according to analyses of covariance. See report text for full ANCOVA model.

## Appendix 11 – Summary of Responses for All Assessment Forms

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These tables that follow contain raw data output. In some cases, numbers in the report may differ from numbers in these tables due to data recodes employed or use of multiple, combined variables to construct information for reporting (e.g., rates of preschool attendance). In cases of discrepancies between frequencies in report text versus these tables, please refer to frequencies as described in the report text.

### Kindergarten Observation Form

Age of child (combines teacher and parent information)

RESPONSE	FREQUENCY	PERCENT
Between 4 ½ and less than 5	307	22.3%
5 – less than 5 1/2	671	48.7%
5 ½ - less than 6	380	27.5%
6 or older	20	1.5%
Total	1378	100.0%

Child sex

RESPONSE	FREQUENCY	PERCENT
Male	667	47.9%
Female	725	52.1%
Total	1392	100.0%

In the year prior to kindergarten, was this child enrolled in a preschool program?

RESPONSE	FREQUENCY	PERCENT
Yes	798	72.8%
No	298	27.2%
Total	1096	100.0%

If yes, what type of preschool program was it?

RESPONSE	FREQUENCY	PERCENT
Licensed family child care home	74	10.4%
Head Start	85	11.9%
State funded	195	27.3%
Other licensed center	359	50.4%
Total	713	100.0%

In the summer prior to kindergarten, did this child participate in a First 5 summer pre-k program?

RESPONSE	FREQUENCY	PERCENT
Yes	93	10.9%
No	764	89.1%
Total	857	100.0%

Child indicated he/she was hungry

RESPONSE	FREQUENCY	PERCENT
Rarely or almost never	1172	84.5%
On some days	190	13.7%
On most days	21	1.5%
Just about every day	4	0.3%
Total	1387	100.0%

Child appeared tired in class

RESPONSE	FREQUENCY	PERCENT
Rarely or almost never	1127	81.4%
On some days	222	16.0%
On most days	29	2.1%
Just about every day	7	0.5%
Total	1385	100.0%

Child was sick or ill

RESPONSE	FREQUENCY	PERCENT
Rarely or almost never	1232	88.8%
On some days	147	10.6%
On most days	8	0.6%
Just about every day	0	0.0%
Total	1387	100.0%

Child was absent

RESPONSE	FREQUENCY	PERCENT
Rarely or almost never	1203	86.7%
On some days	178	12.8%
On most days	5	0.4%
Just about every day	1	0.1%
Total	1387	100.0%

Child was tardy

RESPONSE	FREQUENCY	PERCENT
Rarely or almost never	1179	85.0%
On some days	171	12.3%

On most days	28	2.0%
Just about every day	9	0.6%
Total	1387	100.0%

Did this child enter kindergarten with a designated Special Needs Status or an IEP?

RESPONSE	FREQUENCY	PERCENT
yes	45	3.3%
no	1339	96.7%
Total	1384	100.0%

If no, do you believe they have special needs?

RESPONSE	FREQUENCY	PERCENT
Yes	66	5.3%
No	1185	94.7%
Total	1251	100.0%

What is the child's primary race / ethnicity?

RESPONSE	FREQUENCY	PERCENT
Hispanic/Latino	581	43.0%
Pacific Islander	25	1.9%
Asian	112	8.3%
Multi-racial	113	8.4%
Native American	2	0.1%
Caucasian/White (inc Arabic/ Middle Eastern)	356	26.4%
Black	139	10.3%
Other	22	1.6%
Total	1350	100.0%

What is the child's primary language?

RESPONSE	FREQUENCY	PERCENT
English	716	52.5%
Spanish	491	36.0%
Filipino or Tagalog	23	1.7%
Farsi or Dari	8	0.6%
Vietnamese	8	0.6%
Chinese/Mandarin/Cantonese	49	3.6%
Punjabi or Hindi	13	1.0%
Other	40	2.9%
English and Spanish	12	0.9%
English and Filipino or Tagalog	0	0.0%
English Farsi or Dari	0	0.0%
English and Vietnamese	0	0.0%
English and Chinese/Mandarin/Cantonese	2	0.1%

English and Punjabi or Hindi	1	0.1%
Total	1363	100.0%

For a child of his / her age, how would you describe this child's progress in his/her primary language?

RESPONSE	FREQUENCY	PERCENT
Delayed	101	8.0%
On track	995	79.1%
Advanced	162	12.9%
Total	1258	100.0%

Is this child an English Language Learner?

RESPONSE	FREQUENCY	PERCENT
Yes	620	45.0%
No	759	55.0%
Total	1379	100.0%

How would you rate this child's skills in understanding English (receptive language skills)?

RESPONSE	FREQUENCY	PERCENT
Beginning	351	57.0%
Early Intermediate	161	26.1%
Intermediate	72	11.7%
Early Advanced	24	3.9%
Advanced	8	1.3%
Total	616	100.0%

How would you rate this child's skills in speaking English (expressive language skills)?

RESPONSE	FREQUENCY	PERCENT
Beginning	378	61.4%
Early Intermediate	151	24.5%
Intermediate	63	10.2%
Early Advanced	17	2.8%
Advanced	7	1.1%
Total	616	100.0%

Do you have any difficulty communicating with the child due to language differences?

RESPONSE	FREQUENCY	PERCENT
Yes	94	15.7%
No	503	84.3%
Total	597	100.0%

Will this child be assessed in his or her primary language?

RESPONSE	FREQUENCY	PERCENT
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Yes	331	56.9%
No	251	43.1%
Total	582	100.0%

Use of small manipulatives such as crayons, paintbrush, buttons, zippers, etc.

RESPONSE	FREQUENCY	PERCENT
Not yet	44	3.2%
Beginning	197	14.2%
In progress	456	32.9%
Proficient	687	49.6%
Don't know/not observed	0	0.0%
Total	1384	100.0%

Has general coordination on playground

RESPONSE	FREQUENCY	PERCENT
Not yet	7	0.5%
Beginning	111	8.1%
In progress	425	30.9%
Proficient	833	60.5%
Don't know/not observed	0	0.0%
Total	1376	100.0%

Performs basic self-help/self-care tasks

RESPONSE	FREQUENCY	PERCENT
Not yet	6	0.4%
Beginning	44	3.2%
In progress	231	16.8%
Proficient	1098	79.6%
Don't know/not observed	0	0.0%
Total	1379	100.0%

Comforts self

RESPONSE	FREQUENCY	PERCENT
Not yet	60	4.5%
Beginning	133	10.0%
In progress	469	35.3%
Proficient	667	50.2%
Don't know/not observed	0	0.0%
Total	1329	100.0%

## Stays focused / pays attention during activities

RESPONSE	FREQUENCY	PERCENT
Not yet	94	6.8%
Beginning	214	15.5%
In progress	475	34.3%
Proficient	600	43.4%
Don't know/not observed	0	0.0%
Total	1383	100.0%

## Controls impulses and self-regulates

RESPONSE	FREQUENCY	PERCENT
Not yet	107	7.7%
Beginning	198	14.3%
In progress	481	34.8%
Proficient	596	43.1%
Don't know/not observed	0	0.0%
Total	1382	100.0%

## Follows one- to two-step directions

RESPONSE	FREQUENCY	PERCENT
Not yet	63	4.6%
Beginning	201	14.6%
In progress	393	28.5%
Proficient	721	52.3%
Don't know/not observed	0	0.0%
Total	1378	100.0%

## Negotiates with peers to resolve social conflicts with adult guidance

RESPONSE	FREQUENCY	PERCENT
Not yet	109	8.2%
Beginning	191	14.3%
In progress	526	39.4%
Proficient	510	38.2%
Don't know/not observed	0	0.0%
Total	1336	100.0%



## Works and plays cooperatively with peers

RESPONSE	FREQUENCY	PERCENT
Not yet	53	3.8%
Beginning	163	11.8%
In progress	479	34.8%
Proficient	683	49.6%
Don't know/not observed	0	0.0%
Total	1378	100.0%

## Participates successfully in circle time

RESPONSE	FREQUENCY	PERCENT
Not yet	86	6.2%
Beginning	211	15.2%
In progress	454	32.8%
Proficient	635	45.8%
Don't know/not observed	0	0.0%
Total	1386	100.0%

## Handles frustration well

RESPONSE	FREQUENCY	PERCENT
Not yet	81	6.2%
Beginning	180	13.9%
In progress	429	33.0%
Proficient	609	46.9%
Don't know/not observed	0	0.0%
Total	1299	100.0%

## Relates appropriately to adults other than parent/primary caregiver

RESPONSE	FREQUENCY	PERCENT
Not yet	62	4.5%
Beginning	119	8.6%
In progress	416	30.2%
Proficient	780	56.6%
Don't know/not observed	0	0.0%
Total	1377	100.0%

## Appropriately expresses needs and wants verbally in primary language

RESPONSE	FREQUENCY	PERCENT
Not yet	48	3.7%
Beginning	127	9.7%
In progress	362	27.7%
Proficient	768	58.9%
Don't know/not observed	0	0.0%
Total	1305	100.0%

## Expresses empathy or caring for others

RESPONSE	FREQUENCY	PERCENT
Not yet	69	5.3%
Beginning	140	10.8%
In progress	438	33.6%
Proficient	655	50.3%
Don't know/not observed	0	0.0%
Total	1302	100.0%

## Has expressive abilities

RESPONSE	FREQUENCY	PERCENT
Not yet	97	7.2%
Beginning	206	15.3%
In progress	413	30.7%
Proficient	630	46.8%
Don't know/not observed	0	0.0%
Total	1346	100.0%

## Expresses curiosity and eagerness for learning

RESPONSE	FREQUENCY	PERCENT
Not yet	73	5.3%
Beginning	158	11.5%
In progress	448	32.7%
Proficient	689	50.4%
Don't know/not observed	0	0.0%
Total	1368	100.0%

## Engages in symbolic / imaginative play with self or peers

RESPONSE	FREQUENCY	PERCENT
Not yet	25	1.9%
Beginning	125	9.5%
In progress	428	32.4%
Proficient	744	56.3%
Don't know/not observed	0	0.0%
Total	1322	100.0%

## Engages with books

RESPONSE	FREQUENCY	PERCENT
Not yet	47	3.4%
Beginning	176	12.8%
In progress	484	35.2%
Proficient	667	48.5%
Don't know/not observed	0	0.0%
Total	1374	100.0%

## Writes own first name

RESPONSE	FREQUENCY	PERCENT
Not yet	94	6.9%
Beginning	140	10.2%
In progress	371	27.0%
Proficient	767	55.9%
Don't know/not observed	0	0.0%
Total	1372	100.0%

## Recognize rhyming words

RESPONSE	FREQUENCY	PERCENT
Not yet	520	40.8%
Beginning	230	18.1%
In progress	202	15.9%
Proficient	322	25.3%
Don't know/not observed	0	0.0%
Total	1274	100.0%

## Counts 10 objects correctly

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Not yet	61	4.5%
Beginning	139	10.2%
In progress	175	12.9%
Proficient	982	72.4%
Don't know/not observed	0	0.0%
<b>Total</b>	<b>1357</b>	<b>100.0%</b>

## Recognizes the letters of the alphabet

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Not yet	87	6.3%
Beginning	359	26.2%
In progress	500	36.4%
Proficient	426	31.0%
Don't know/not observed	0	0.0%
<b>Total</b>	<b>1372</b>	<b>100.0%</b>

## Recognizes basic colors

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Not yet	23	1.7%
Beginning	53	3.8%
In progress	186	13.4%
Proficient	1121	81.1%
Don't know/not observed	0	0.0%
<b>Total</b>	<b>1383</b>	<b>100.0%</b>

## Recognizes primary shapes

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Not yet	48	3.5%
Beginning	113	8.2%
In progress	110	8.0%
Proficient	1111	80.4%
Don't know/not observed	0	0.0%
<b>Total</b>	<b>1382</b>	<b>100.0%</b>

## Kindergarten Observation Form II

How smooth was this child's transition into school?

RESPONSE	FREQUENCY	PERCENT
Very smooth	535	38.9%
Smooth	433	31.4%
Somewhat smooth	282	20.5%
Not smooth	127	9.2%
Total	1377	100.0%

How nervous does this child seem in school?

RESPONSE	FREQUENCY	PERCENT
Not nervous	789	57.5%
Somewhat nervous	420	30.6%
Nervous	112	8.2%
Very nervous	51	3.7%
Total	1372	100.0%

How often does this child participate in classroom discussion?

RESPONSE	FREQUENCY	PERCENT
Very often	459	34.0%
Often	364	26.9%
Now and then	360	26.6%
Hardly ever	168	12.4%
Total	1351	100.0%

How much does this child seem to enjoy school?

RESPONSE	FREQUENCY	PERCENT
Enjoys very much	675	49.3%
Enjoys	524	38.3%
Enjoys somewhat	157	11.5%
Does not enjoy	13	0.9%
Total	1369	100.0%

## Parent Information Form

### 1. Relationship to Child

RESPONSE	FREQUENCY	PERCENT
Mother	1056	84.0%
Father	123	9.8%
Grandparent	13	1.0%
Foster Parent	4	0.3%
Other	7	0.6%
Multiple answers	54	4.3%
Total	1257	100.0%

### 3. Is this child a boy or a girl? (see KOF responses for combined KOF/PIF)

RESPONSE	FREQUENCY	PERCENT
Boy	601	48.5%
Girl	639	51.5%
Total	1240	100.0%

### 4. Thinking about the last year, who usually provided child care for your child in a typical work week?

RESPONSE	FREQUENCY	PERCENT
Spouse/partner care	797	67.0%
Relative/neighbor	206	17.3%
Babysitter or nanny	85	7.1%
Licensed home childcare	46	3.9%
Center care or preschool	565	47.5%

Multiple response question with 1,189 respondents offering 1699 responses.

## Spousal care: How many hours per week?

RESPONSE	FREQUENCY	PERCENT
.00	92	11.6%
1-20	91	11.5%
21-30	70	8.8%
31-40	70	8.8%
41+	469	59.2%
Total	792	100.0%

## Relative or neighbor: How many hours per week?

RESPONSE	FREQUENCY	PERCENT
.00	2	1.0%
1-20	125	61.0%
21-30	29	14.1%
31-40	24	11.7%
41+	25	12.2%
Total	205	100.0%

## Babysitter or nanny: How many hours per week?

RESPONSE	FREQUENCY	PERCENT
.00	1	1.2%
1-20	52	61.2%
21-30	14	16.5%
31-40	12	14.1%
41+	6	7.1%
Total	85	100.0%

## Licensed childcare in someone's home: How many hours per week?

RESPONSE	FREQUENCY	PERCENT
.00	1	2.2%
1-20	11	23.9%
21-30	9	19.6%
31-40	19	41.3%
41+	6	13.0%
Total	46	100.0%

## Licensed child care in a center or preschool: How many hours per week?

RESPONSE	FREQUENCY	PERCENT
.00	21	3.8%
1-20	228	40.8%
21-30	100	17.9%
31-40	145	25.9%
41+	65	11.6%
Total	559	100.0%

## 5. In the past year, what languages were spoken in the places where your child received care?

RESPONSE	FREQUENCY	PERCENT
English	945	78.1%
Spanish	494	40.8%
Chinese/Cantonese/Mandarin	48	4.0%
Vietnamese	7	0.6%
Filipino	35	2.9%
Korean	9	0.7%
Farsi/Dari	9	0.7%
Other	59	4.9%

Multiple response question with 1,210 respondents offering 1606 responses.

## General information about how to develop skills needed for kindergarten

RESPONSE	FREQUENCY	PERCENT
No	281	24.3%
Yes	877	75.7%
Total	1158	100.0%

## Who provided?

RESPONSE	FREQUENCY	PERCENT
Preschool provided	652	74.3%
Elementary school provided	157	17.9%
Another source provided	165	18.8%

## Specific information about how your child was ready for kindergarten

RESPONSE	FREQUENCY	PERCENT
No	362	31.5%
Yes	786	68.5%
Total	1148	100.0%



## Who provided?

RESPONSE	FREQUENCY	PERCENT
Preschool provided	626	79.7%
Elementary school provided	102	13.0%
Another source provided	86	11.0%

## General information about child development and parenting

RESPONSE	FREQUENCY	PERCENT
No	363	32.9%
Yes	740	67.1%
Total	1103	100.0%

## Who provided?

RESPONSE	FREQUENCY	PERCENT
Preschool provided	412	55.8%
Elementary school provided	71	9.6%
Another source provided	319	43.2%

## Information about when and how to register your child for school

RESPONSE	FREQUENCY	PERCENT
No	236	20.8%
Yes	900	79.2%
Total	1136	100.0%

## Who provided?

RESPONSE	FREQUENCY	PERCENT
Preschool provided	422	46.9%
Elementary school provided	352	39.2%
Another source provided	195	21.7%

7. Which of these things did you do before the first day of school?

RESPONSE	FREQUENCY	PERCENT
Attended a parent meeting or orientation	721	58.3%
Visited the school with your child	944	76.3%
Met your child's kinder teacher	551	44.5%
Worked with your child on school skills	780	63.1%
Had your child attend summer pre-k program	313	25.3%
Read books or watched videos about kinder with child	459	37.1%
Read books or articles about your child's transition to school	371	30.0%
Asked child care provider/preschool about kinder	465	37.6%
Asked preschool whether child was ready	574	46.4%
Other	133	10.8%
None of the above	63	5.1%

Multiple response question with 1,237 respondents offering 5374 responses.

8. How strongly do you agree or disagree with the following statements

	DISAGREE VERY STRONGLY	DISAGREE	DISAGREE JUST A LITTLE	AGREE JUST A LITTLE	AGREE	AGREE VERY STRONGLY
I like to spend time at my child's school when I can	0.7%	1.6%	1.1%	7.0%	44.1%	45.4%
	9	19	14	86	539	554
Most of a child's success in school depends on the classroom teacher	25.9%	31.2%	6.6%	12.0%	15.9%	8.3%
	309	372	79	143	189	99
It's important that I let the teacher know about things that concern my child	1.1%	0.6%	0.3%	2.1%	36.5%	59.4%
	13	7	4	26	447	728
I don't know how to help my child make good grades in school	34.5%	35.3%	6.2%	7.8%	11.5%	4.8%
	412	422	74	93	137	57
I make a significant difference in my child's school performance	1.5%	2.2%	1.7%	7.0%	43.7%	43.9%
	18	26	20	84	523	526
If I try hard, I can help my child learn, even when he/she has difficulty understanding	0.7%	0.2%	1.1%	5.0%	40.4%	52.6%
	9	3	13	61	497	647

9. How would you rate your child's readiness for kindergarten in terms of...

	<b>NOT READY YET</b>	<b>BEGINNING TO BE READY</b>	<b>MOSTLY READY</b>	<b>VERY READY</b>
Your child's physical well-being and coordination skills	0.5%	3.2%	11.6%	84.7%
	6	40	144	1048
Language skills	2.0%	7.1%	24.5%	66.4%
	25	88	302	820
Academic skills	1.1%	9.9%	25.6%	63.3%
	14	122	316	781
Social and emotional skills	1.0%	9.1%	30.5%	59.4%
	12	113	378	735

Read for more than five minutes (times per week)

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
.00 -2.00	164	13.6%
3.00-4.00	303	25.1%
5.00-6.00	394	32.6%
7.00 +	348	28.8%
Total	1209	100.0%

Tell stories or sing songs together (times per week)

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
.00-2.00	256	21.2%
3.00-4.00	327	27.0%
5.00-6.00	305	25.2%
7.00 +	321	26.6%
Total	1209	100.0%

Involve your child in household chores like cooking, cleaning, setting the table, or caring for pets (times per week)

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
.00-2.00	235	19.4%
3.00-4.00	317	26.2%
5.00-6.00	282	23.3%
7.00 +	375	31.0%
Total	1209	100.0%

## Play games or do puzzles with your child (times per week)

RESPONSE	FREQUENCY	PERCENT
.00-2.00	378	31.3%
3.00-4.00	397	32.9%
5.00-6.00	252	20.9%
7.00 +	181	15.0%
Total	1208	100.0%

## Do arts or crafts with your child (times per week)

RESPONSE	FREQUENCY	PERCENT
.00-2.00	615	50.9%
3.00-4.00	341	28.2%
5.00-6.00	157	13.0%
7.00 +	96	7.9%
Total	1209	100.0%

## Play a sport or exercise together

RESPONSE	FREQUENCY	PERCENT
.00-2.00	395	32.7%
3.00-4.00	387	32.0%
5.00-6.00	255	21.1%
7.00 +	171	14.2%
Total	1208	100.0%

## Eat family meals together (times per week)

RESPONSE	FREQUENCY	PERCENT
.00-2.00	53	4.4%
3.00-4.00	111	9.2%
5.00-6.00	254	21.1%
7.00+	784	65.2%
Total	1202	100.0%

## Follow a routine when putting your child to bed at night

RESPONSE	FREQUENCY	PERCENT
.00-2.00	58	4.8%
3.00-4.00	65	5.4%
5.00-6.00	354	29.5%
7.00+	725	60.3%
Total	1202	100.0%

## 12. Bedtime

RESPONSE	FREQUENCY	PERCENT
before 8pm	81	6.5%
8pm	210	16.7%
8:30pm	354	28.2%
9pm	363	28.9%
9:30pm	143	11.4%
10pm	78	6.2%
10:30pm	18	1.4%
11pm	6	0.5%
after 11pm	2	0.2%
Total	1255	100.0%

## 13. How many days during a typical school week does child eat breakfast?

RESPONSE	FREQUENCY	PERCENT
0 days	43	3.5%
1 day	8	0.6%
2 days	31	2.5%
3 days	67	5.4%
4 days	62	5.0%
5 days	1031	83.0%
Total	1242	100.0%

## 14. On mornings eats breakfast, where does he/she eat breakfast?

RESPONSE	FREQUENCY	PERCENT
At home	1023	87.8%
On the way to school	25	2.1%
At school	106	9.1%
At another location	11	0.9%
Total	1165	100.0%

## 15. Total screen time in minutes

RESPONSE	FREQUENCY	PERCENT
.00-30.00	147	12.1%
31.00 – 60.00	214	17.7%
61.00 – 90.00	174	14.3%
91.00 – 120.00	306	25.2%
121.00 – 180.00	233	19.2%
181.00- 240.00	91	7.5%
241.00 +	48	4.0%
Total	1213	100.0%

16. What kinds of parenting programs, services, or supports have you received?

RESPONSE	FREQUENCY	PERCENT
Reg med checkups while pregnant	976	78.7%
WIC	588	47.4%
Home visits from nurse	119	9.6%
Info from child care provider	407	32.8%
Parent ed classes	280	22.6%
Parent support group	144	11.6%
Info or programs at church	133	10.7%
Help from extended family	537	43.3%
Help from neighbors or friends	390	31.5%
None of the above	82	6.6%

Multiple response question with 1,240 respondents offering 3656 responses.

17. In the past year, what types of local family resources have you used?

RESPONSE	FREQUENCY	PERCENT
Comm clinic	186	15.0%
Local museums	407	32.8%
Libraries	867	70.0%
Arts/music programs	226	18.2%
local parks	1033	83.4%
recreational activities	609	49.2%
other	45	3.6%
none of the above	82	6.6%

Multiple response question with 1,239 respondents offering 3455 responses.

18. Please tell us the extent to which the following statements are true for you

	DEFINITELY TRUE FOR ME	SOMEWHAT TRUE FOR ME	NOT VERY TRUE FOR ME	NOT AT ALL TRUE FOR ME
There is someone I can count on when need to run errand	39.5%	34.3%	14.3%	11.8%
	491	426	178	147
...when I need a break	44.5%	33.8%	12.1%	9.6%
	549	418	150	118
...when I need advice about how to raise my child	51.9%	29.1%	9.9%	9.0%
	638	358	122	111

19. Thinking about the past month, how much of the time have you felt...

	<b>NONE OF THE TIME</b>	<b>SOME OF THE TIME</b>	<b>MOST OF THE TIME</b>	<b>ALL OF THE TIME</b>
That your child was much harder to care for...	71.1%	24.3%	3.2%	1.3%
	877	300	40	16
That your child does things that really bother you	46.6%	50.2%	2.3%	1.0%
	572	616	28	12
You were giving up too much of your life to meet child's needs	74.2%	18.9%	4.2%	2.7%
	903	230	51	33

20. How much have the following things been a concern for you in the last year

	<b>NOT A BIG CONCERN</b>	<b>SOMEWHAT OF A CONCERN</b>	<b>A BIG CONCERN</b>
Money and paying bills	25.1%	45.3%	29.6%
	307	553	361
Health or health care issues	50.2%	34.9%	15.0%
	606	421	181
Work related problems	48.8%	36.9%	14.3%
	586	443	171
Problems with spouse or partner	72.4%	18.9%	8.6%
	864	226	103

21. Did child weigh less than 5lb 8oz at birth?

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
No	1074	90.1%
Yes	118	9.9%
Total	1192	100.0%

22. Does your child have a regular doctor or pediatric provider or clinic?

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
No	31	2.5%
Yes	1204	97.5%
Total	1235	100.0%

23. Does child have a regular dentist?

<b>RESPONSE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
No	142	11.5%
Yes	1094	88.5%
Total	1236	100.0%

## 24. Has child had dental exam in past year?

RESPONSE	FREQUENCY	PERCENT
No	110	8.9%
Yes	1127	91.1%
Total	1237	100.0%

## 25. What type of health insurance does child have?

RESPONSE	FREQUENCY	PERCENT
No insurance	34	2.8%
Medi-Cal	419	34.8%
Healthy Families	126	10.5%
Other private insurance	626	52.0%
Total	1205	100.0%

## 26. In the past year, has your child received any of the following screenings?

RESPONSE	FREQUENCY	PERCENT
Hearing	926	90.2%
Vision	945	92.0%
Developmental	498	48.5%

Multiple response question with 1,027 respondents offering 2369 responses.

## 27. Does child have special needs that might effect participation in kindergarten, such as vision, hearing, chronic illness, behavior, ADHD??

RESPONSE	FREQUENCY	PERCENT
No	1118	93.0%
Yes	84	7.0%
Total	1202	100.0%

## 27b. How did you learn that your child has special needs?

RESPONSE	FREQUENCY	PERCENT
Diagnosed by pediatrician or other doctor	33	58.9%
Another professional	12	21.4%
Your own assessment/diagnosis	8	14.3%
Other	3	5.4%
Total	56	100.0%



## Age at identification of special need

RESPONSE	FREQUENCY	PERCENT
Birth to 2 years old	22	32.0%
Just over 2 years to 3 years old	16	23.0%
Just over 3 years to 4 years old	15	22.0%
Just over 4 years or older	16	23.0%
Total	69	100.0%

## 27d. Has child received professional help for need?

RESPONSE	FREQUENCY	PERCENT
No	15	19.7%
Yes	61	80.3%
Total	76	100.0%

## 28. Do you consider yourself to be a single parent?

RESPONSE	FREQUENCY	PERCENT
No	951	78.1%
Yes	267	21.9%
Total	1218	100.0%

## 29. Have you or any other primary parent/guardian lost job in past year?

RESPONSE	FREQUENCY	PERCENT
No	893	74.7%
Yes	302	25.3%
Total	1195	100.0%

## Number of children ages 0-5 living in your household

RESPONSE	FREQUENCY	PERCENT
0.00	1	0.1%
1.00	669	55.0%
2.00	451	37.1%
3.00	81	6.7%
4.00	11	0.9%
5.00	3	0.2%
Total	1216	100.0%

## Number of children ages 6-17 living in your household

RESPONSE	FREQUENCY	PERCENT
0	545	44.9%
1	419	34.5%
2	183	15.1%
3	51	4.2%
4	10	0.8%
5	4	0.3%
6	2	0.2%
Total	1214	100.0%

## Number of adults (ages 18+) living in your household

RESPONSE	FREQUENCY	PERCENT
1.00	192	15.8%
2.00	783	64.4%
3.00	128	10.5%
4.00	81	6.7%
5.00	19	1.6%
6.00	6	0.5%
7.00	4	0.3%
8.00	1	0.1%
9.00	2	0.2%
Total	1216	100.0%

## 25. How many addresses have you had since your kindergarten child was born?

RESPONSE	FREQUENCY	PERCENT
1	525	44.6%
2	319	27.1%
3	200	17.0%
4	85	7.2%
5	40	3.4%
6	5	0.4%
7	1	0.1%
11	1	0.1%
Total	1176	100.0%

## 32. What is the language you use MOST often with your child at home?

RESPONSE	FREQUENCY	PERCENT
English	618	56.3%
Spanish	392	35.7%
Vietnamese	6	0.5%
Filipino	4	0.4%
Korean	4	0.4%
Cantonese/Mandarin	47	4.3%
Hindi/Punjabi	6	0.5%
Farsi/Dari/Arabic	6	0.5%
Other	15	1.4%
Total	1098	100.0%

## 33. How well do you speak English?

RESPONSE	FREQUENCY	PERCENT
Very well, English is my primary language	587	48.1%
Very well, but English is not my first language	223	18.3%
Somewhat well	163	13.3%
Not very well	182	14.9%
Not at all well	66	5.4%
Total	1221	100.0%

## 34. What is the highest education level the child's mother has completed?

RESPONSE	FREQUENCY	PERCENT
Less than 6th grade	30	2.5%
6th grade	67	5.5%
7th or 8th grade	58	4.8%
High school	298	24.6%
Some college	303	25.0%
AA/AS	103	8.5%
BA/BS	189	15.6%
Advanced degree	163	13.5%
Total	1211	100.0%

## 36. What is your child's primary ethnicity?

RESPONSE	FREQUENCY	PERCENT
Mexican	325	26.6%
Cuban/Puerto Rican	1	0.1%
Central American	42	3.4%
Hispanic or Latino	90	7.4%
Caucasian/White	266	21.8%
African American	104	8.5%
Native American	4	0.3%
Middle Eastern	9	0.7%
African	9	0.7%
Pacific Islander	9	0.7%
East Asian	66	5.4%
Filipino	41	3.4%
Other Southeast Asian	12	1.0%
South Asian	25	2.0%
Multi-ethnic	201	16.4%
Other	18	1.5%
Total	1222	100.0%

## 37. What is your approximate family income per year?

RESPONSE	FREQUENCY	PERCENT
\$0-\$14,999	259	21.8%
\$15,000-\$34,000	306	25.8%
\$35,000-\$49,999	142	12.0%
\$50,000-\$74,999	143	12.0%
\$75,000-\$99,999	91	7.7%
\$100,000 plus	247	20.8%
Total	1188	100.0%

## 29. Mother's age at childbirth

RESPONSE	FREQUENCY	PERCENT
Under 20	89	7.6%
20 – 29	552	47.3%
30 - 39	478	41.0%
40 or older	48	4.1%
Total	1167	100.0%

## Kindergarten Teacher Survey on Importance of Readiness Skills

1. Use of small manipulatives such as crayons, paintbrush, buttons, zippers, etc.

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	12	15.2%
In progress	49	62.0%
Proficient	18	22.8%
Total	79	100.0%

2. Has general coordination on playground (e.g., kicking balls, running, climbing)

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	24	30.4%
In progress	48	60.8%
Proficient	6	7.6%
Total	79	100.0%

3. Performs basic self-help / self-care tasks (e.g., toileting, eating, washing hands)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	1	1.3%
In progress	16	20.3%
Proficient	62	78.5%
Total	79	100.0%

4. Comforts self, using adult guidance when appropriate (e.g., goes to quiet area when upset; identifies emotion s/he is feeling)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	5	6.4%
In progress	58	74.4%
Proficient	15	19.2%
Total	78	100.0%

## 5. Stays focused / pays attention during activities

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	6	7.6%
In progress	45	57.0%
Proficient	28	35.4%
Total	79	100.0%

## 6. Controls impulses and self-regulates (e.g., is not disruptive of others or class)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	3	3.8%
In progress	47	59.5%
Proficient	29	36.7%
Total	79	100.0%

## 7. Follows one- to two-step directions

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	9	11.4%
In progress	44	55.7%
Proficient	25	31.6%
Total	79	100.0%

## 8. Negotiates with peers to resolve social conflicts, using adult guidance when appropriate (e.g., engages in problem-solving)

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	19	24.4%
In progress	52	66.7%
Proficient	6	7.7%
Total	78	100.0%

## 9. Works and plays cooperatively with peers (e.g., takes turns and shares, works cooperatively to complete some game or project)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	9	11.4%
In progress	51	64.6%
Proficient	19	24.1%
Total	79	100.0%

## 10. Participates successfully in circle time (e.g., listens, focuses, sits still, engages)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	9	11.4%
In progress	52	65.8%
Proficient	18	22.8%
Total	79	100.0%

## 11. Handles frustration well (e.g., does not act out, asks for help, does not withdraw/ become unresponsive)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	5	6.4%
In progress	53	67.9%
Proficient	20	25.6%
Total	78	100.0%

## 12. Relates appropriately to adults other than parent/primary caregiver (e.g., converses with, seeks help from)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	8	10.1%
In progress	47	59.5%
Proficient	24	30.4%
Total	79	100.0%

## 13. Appropriately expresses needs and wants verbally in primary language

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	13	16.5%
In progress	34	43.0%
Proficient	32	40.5%
Total	79	100.0%

## 14. Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	23	29.1%
In progress	50	63.3%
Proficient	6	7.6%
Total	79	100.0%

## 15. Has expressive abilities (e.g., tells about a story or experience in response to a prompt)

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	26	32.9%
In progress	42	53.2%
Proficient	10	12.7%
Total	79	100.0%

## 16. Expresses curiosity and eagerness for learning (e.g., tries new activities, asks questions)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	16	20.3%
In progress	45	57.0%
Proficient	18	22.8%
Total	79	100.0%

## 17. Engages in symbolic / imaginative play with self or peers (e.g., plays house, fire station)

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	13	16.5%
In progress	48	60.8%
Proficient	17	21.5%
Total	79	100.0%

## 18. Engages with books

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	22	27.8%
In progress	34	43.0%
Proficient	22	27.8%
Total	79	100.0%

## 19. Writes own first name

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	10	12.8%
In progress	39	50.0%
Proficient	28	35.9%
Total	78	100.0%



## 20. Recognizes rhyming words

RESPONSE	FREQUENCY	PERCENT
Not yet	23	29.5%
Beginning	33	42.3%
In progress	19	24.4%
Proficient	3	3.8%
Total	78	100.0%

## 21. Counts 10 objects

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	20	25.3%
In progress	36	45.6%
Proficient	23	29.1%
Total	79	100.0%

## 22. Recognizes letters of the alphabet

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	23	29.1%
In progress	47	59.5%
Proficient	9	11.4%
Total	79	100.0%

## 23. Recognizes primary colors (Basic 8: red, orange, yellow, green, blue, purple, brown, black)

RESPONSE	FREQUENCY	PERCENT
Not yet	0	0.0%
Beginning	12	15.2%
In progress	23	29.1%
Proficient	44	55.7%
Total	79	100.0%

## 24. Recognizes primary shapes (circle, triangle square)

RESPONSE	FREQUENCY	PERCENT
Not yet	1	1.3%
Beginning	12	15.2%
In progress	24	30.4%
Proficient	42	53.2%
Total	79	100.0%

## A. 5 most important skills for K entry

RESPONSE	FREQUENCY	PERCENT
Uses small manipulatives (e.g. effectively uses pencil and scissors)	27	34.2%
Has general coordination on playground (e.g., kicks or catches balls, runs smoothly, hops on one foot)	0	0.0%
Performs basic self-help / self-care tasks (e.g., independently eats and uses toilet)	57	72.2%
Comforts self, using adult guidance when appropriate (e.g., initiates strategies to soothe themselves)	10	12.7%
Stays focused / pays attention during activities (e.g., stays focused in large group, completes tasks in small group)	40	50.6%
Controls impulses and self-regulates (e.g., follows class rules, is not disruptive of others)	44	55.7%
Follows one- to two-step directions (e.g., "Please hang-up your jacket, and go sit on the rug")	19	24.1%
Negotiates with peers to resolve social conflicts, using adult guidance when appropriate (e.g., engages in problem-solving)	4	5.1%
Works and plays cooperatively with peers (e.g., takes turns and shares, helps others)	23	29.1%
Participates successfully in circle time (e.g., listens, focuses, sits still, engages)	16	20.3%
Handles frustration well (e.g., does not act out, asks for help, does not withdraw / become unresponsive)	14	17.7%
Relates appropriately to adults other than parent / primary caregiver (e.g., converses with, seeks help from)	12	15.2%
Appropriately expresses needs and wants verbally in primary language	23	29.1%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	1	1.3%
Has expressive abilities (e.g., tells about a story or experience in response to a prompt)	4	5.1%
Expresses curiosity and eagerness for learning (e.g., tries new activities, asks questions)	15	19.0%
Engages in symbolic / imaginative play with self or peers (e.g., plays house, fire station)	6	7.6%
Engages with books (e.g., knows how to hold a book, knows where a book starts, pretends to read, knows a book conveys information)	7	8.9%
Writes own first name (e.g., spelling and writing all letters correctly)	30	38.0%
Recognizes rhyming words ( <i>shoe/glue + blue + dog + zoo + car</i> ) and ( <i>cat/hat + bat + box + mat + red</i> )	3	3.8%
Counts 10 objects correctly ("Please give Maria 10 crayons" or "Please put 10 blocks in the basket")	10	12.7%
Recognizes letters of the alphabet (note: out of sequence, letters may be in CAPs, lowercase or combination)	17	21.5%
Recognizes basic colors (Basic 8: red, orange, yellow, green, blue, purple, brown, black)	7	8.9%
Recognizes primary shapes (circle, triangle square)	4	5.1%

Multiple response question with 79 respondents offering 393 responses.

## B. 5 easiest to impact skills

RESPONSE	FREQUENCY	PERCENT
Uses small manipulatives (e.g. effectively uses pencil and scissors)	27	34.6%
Has general coordination on playground (e.g., kicks or catches balls, runs smoothly, hops on one foot)	14	17.9%
Performs basic self-help / self-care tasks (e.g., independently eats and uses toilet)	4	5.1%
Comforts self, using adult guidance when appropriate (e.g., initiates strategies to soothe themselves)	7	9.0%
Stays focused / pays attention during activities (e.g., stays focused in large group, completes tasks in small group)	8	10.3%
Controls impulses and self-regulates (e.g., follows class rules, is not disruptive of others)	5	6.4%
Follows one- to two-step directions (e.g., "Please hang-up your jacket, and go sit on the rug")	26	33.3%
Negotiates with peers to resolve social conflicts, using adult guidance when appropriate (e.g., engages in problem-solving)	6	7.7%
Works and plays cooperatively with peers (e.g., takes turns and shares, helps others)	12	15.4%
Participates successfully in circle time (e.g., listens, focuses, sits still, engages)	19	24.4%
Handles frustration well (e.g., does not act out, asks for help, does not withdraw / become unresponsive)	7	9.0%
Relates appropriately to adults other than parent / primary caregiver (e.g., converses with, seeks help from)	8	10.3%
Appropriately expresses needs and wants verbally in primary language	7	9.0%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	8	10.3%
Has expressive abilities (e.g., tells about a story or experience in response to a prompt)	6	7.7%
Expresses curiosity and eagerness for learning (e.g., tries new activities, asks questions)	11	14.1%
Engages in symbolic / imaginative play with self or peers (e.g., plays house, fire station)	7	9.0%
Engages with books (e.g., knows how to hold a book, knows where a book starts, pretends to read, knows a book conveys information)	32	41.0%
Writes own first name (e.g., spelling and writing all letters correctly)	30	38.5%
Recognizes rhyming words ( <i>shoe/glue + blue + dog + zoo + car</i> ) and ( <i>cat/hat + bat + box + mat + red</i> )	11	14.1%
Counts 10 objects correctly ("Please give Maria 10 crayons" or "Please put 10 blocks in the basket")	41	52.6%
Recognizes letters of the alphabet (note: out of sequence, letters may be in CAPs, lowercase or combination)	18	23.1%
Recognizes basic colors (Basic 8: red, orange, yellow, green, blue, purple, brown, black)	35	44.9%
Recognizes primary shapes (circle, triangle square)	35	44.9%

Multiple response question with 78 respondents offering 384 responses.

## C. 5 skills spend most time on

RESPONSE	FREQUENCY	PERCENT
Uses small manipulatives (e.g. effectively uses pencil and scissors)	16	20.3%
Has general coordination on playground (e.g., kicks or catches balls, runs smoothly, hops on one foot)	0	0.0%
Performs basic self-help / self-care tasks (e.g., independently eats and uses toilet)	0	0.0%
Comforts self, using adult guidance when appropriate (e.g., initiates strategies to soothe themselves)	1	1.3%
Stays focused / pays attention during activities (e.g., stays focused in large group, completes tasks in small group)	50	63.3%
Controls impulses and self-regulates (e.g., follows class rules, is not disruptive of others)	29	36.7%
Follows one- to two-step directions (e.g., "Please hang-up your jacket, and go sit on the rug")	22	27.8%
Negotiates with peers to resolve social conflicts, using adult guidance when appropriate (e.g., engages in problem-solving)	22	27.8%
Works and plays cooperatively with peers (e.g., takes turns and shares, helps others)	28	35.4%
Participates successfully in circle time (e.g., listens, focuses, sits still, engages)	28	35.4%
Handles frustration well (e.g., does not act out, asks for help, does not withdraw / become unresponsive)	6	7.6%
Relates appropriately to adults other than parent / primary caregiver (e.g., converses with, seeks help from)	1	1.3%
Appropriately expresses needs and wants verbally in primary language	7	8.9%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	5	6.3%
Has expressive abilities (e.g., tells about a story or experience in response to a prompt)	22	27.8%
Expresses curiosity and eagerness for learning (e.g., tries new activities, asks questions)	6	7.6%
Engages in symbolic / imaginative play with self or peers (e.g., plays house, fire station)	1	1.3%
Engages with books (e.g., knows how to hold a book, knows where a book starts, pretends to read, knows a book conveys information)	30	38.0%
Writes own first name (e.g., spelling and writing all letters correctly)	13	16.5%
Recognizes rhyming words ( <i>shoe/glove + blue + dog + zoo + car</i> ) and ( <i>cat/hat + bat + box + mat + red</i> )	24	30.4%
Counts 10 objects correctly ("Please give Maria 10 crayons" or "Please put 10 blocks in the basket")	19	24.1%
Recognizes letters of the alphabet (note: out of sequence, letters may be in CAPs, lowercase or combination)	58	73.4%
Recognizes basic colors (Basic 8: red, orange, yellow, green, blue, purple, brown, black)	1	1.3%
Recognizes primary shapes (circle, triangle square)	3	3.8%

Multiple response question with 79 respondents offering 392 responses.

49. Is your kindergarten class full-day or half-day?

RESPONSE	FREQUENCY	PERCENT
Full-day	49	64.5%
Half-day	24	31.6%
Extended day	3	3.9%
Total	76	100.0%

50. What percent of your curriculum instruction is done in a language other than English?

RESPONSE	FREQUENCY	PERCENT
0	49	66.2%
1	1	1.4%
2	3	4.1%
5	1	1.4%
15	1	1.4%
20	1	1.4%
50	1	1.4%
70	1	1.4%
80	8	10.8%
85	1	1.4%
90	4	5.4%
99	1	1.4%
100	2	2.7%
Total	74	100.0%

51. Do you teach using a bilingual program?

RESPONSE	FREQUENCY	PERCENT
Yes	18	23.1%
No	60	76.9%
Total	78	100.0%

52. Are you bilingual?

RESPONSE	FREQUENCY	PERCENT
Yes	38	48.7%
No	40	51.3%
Total	78	100.0%

52a. If yes, in what language other than English?

RESPONSE	FREQUENCY	PERCENT
Spanish	27	73.0%
Cantonese OR Mandarin	2	5.4%
Vietnamese	1	2.7%
Filipino	0	0.0%
Korean	1	2.7%
Farsi or Dari	0	0.0%
Other	6	16.2%
Total	37	100.0%

53. Including this year, how many years have you taught elementary school?

RESPONSE	FREQUENCY	PERCENT
0-5	11	14.1%
6-10	16	20.5%
11-15	21	26.9%
16-20	13	16.7%
21 +	17	21.8%
Total	78	100.0%

54. Of these years, how many years have you spent teaching kindergarten?

RESPONSE	FREQUENCY	PERCENT
0-5	34	43.6%
6-10	21	26.9%
11-15	14	18.0%
16-20	8	10.2%
21 +	1	1.3%
Total	78	100.0%

55. Levels of education completed

RESPONSE	FREQUENCY	PERCENT
Associate degree (e.g., AA)	17	21.8%
Bachelor's degree (e.g., BA or BS)	72	92.3%
Advanced degree (e.g., MA, PhD)	24	30.8%
Other	12	15.4%

Multiple response question with 78 respondents offering 125 responses.

## 56. Type of teaching credential

RESPONSE	FREQUENCY	PERCENT
Full credential	76	97.4%
Emergency permit	2	2.6%

Multiple response question with 78 respondents offering 78 responses.

## 57. How many years have you taught Early Childhood Education (ECE)?

RESPONSE	FREQUENCY	PERCENT
0	43	61.4%
1-5	21	30.0%
5-10	3	4.3%
10-15	2	2.9%
16+	1	1.4%
Total	70	100.0%

## 58. How many ECE units have you earned?

RESPONSE	FREQUENCY	PERCENT
0	32	69.6%
8	3	6.5%
9	1	2.2%
12	3	6.5%
15	1	2.2%
16	1	2.2%
18	1	2.2%
21	1	2.2%
24	1	2.2%
45	1	2.2%
90	1	2.2%
Total	46	100.0%

## 59. What race/ethnicity do you consider yourself to be?

RESPONSE	FREQUENCY	PERCENT
Mexican	10	12.8%
Other Hispanic/ Latino	4	5.1%
White	43	55.1%
African American	8	10.3%
East Asian	3	3.8%
Other Southeast Asian	1	1.3%
South Asian	1	1.3%
Multi-ethnic	4	5.1%
Some other race	4	5.1%
Total	78	100.0%