

ECERS

TEACHER INTERVIEW QUESTIONNAIRE

Directions to Lead Teacher:

- Please enter your information and answer the following questions below. When applicable, please mark **YES** or **NO** and fill in the blanks. *Incomplete responses will impact your final ECERS score.*
- Please attach a copy of your daily schedule.
- Please hand completed packet to the ECERS Assessor **at the beginning** on the day of your assessment site visit.
- Please type or write legibly in blue or black ink. Do not write on the back of the forms – attach additional sheets if necessary.
- If you have any questions, please contact (insert contact name and phone number/email address here of county ERS/CLASS Lead Anchor or Manager).

Agency and Site Name: _____

Session ID# _____

Lead Teacher: _____ Asst. Teacher: _____

Room: _____

Max. # children allowed in classroom at one time: _____

Birth date of oldest child: _____ Birth date of youngest child: _____

If children are present with an identified disability, please list their first names and special needs below. Additionally, please complete questions 38-40 at the end of the form.

FIRST NAME	SPECIAL NEED

ITEM #4

7.3 Are there any additional materials that you add to the interest centers? **YES NO**

ITEM #5

7.2 Do you set up activities for one or two children to use in a private space, away from general group activities? **YES NO** Please give examples.

ITEM #7

5.3 Is there any indoor space that you use for gross motor play, especially in bad weather?
YES NO Please describe.

ITEM #9

Could you describe what happens each day when the children and parents arrive and leave?

ITEM #10

1.5,3.5, 5.4 What do you do if children have food allergies or families have dietary restrictions?

ITEM #11

3.3 How is supervision handled during naptime?

3.4, 7.2 What do you do if children are tired before naptime, have trouble settling down, or wake up early?

5.3 How far apart are cots or mats placed?

ITEM #13

3.4 Do you have rules for excluding children with contagious illnesses? **YES NO**
Please describe.

3.4 Are staff required to have TB tests? **YES NO** How often?

7.2 Do children brush their teeth? **YES NO** How is this handled?

ITEM #14

5.3 Do you talk about safety with children? **YES NO**
What kind of things do you discuss?

ITEM #15

7.3 Are there any other books used with the children? **YES NO**
How is this handled?

7.3 How do you choose books that relate to current classroom activities or themes?

ITEM #18

5.4 What are the manipulatives and other fine motor materials accessible for children to use?

5.4 Do you use any fine motor materials with children? **YES NO**
How is this handled?

ITEM #20

5.2 How do you choose what to put on the bulletin board?

7.1 Are three-dimensional art materials such as clay or wood for gluing ever used?
YES NO If so, how often?

7.2 How do you choose what art activities to offer the children?

7.3 Do children (four and older) have opportunities to extend an art activity over several days? **YES**
NO
Please give examples.

ITEM #21

3.2 How often do you do music with the children?

3.3 Do children ever do movement or dance activities? **YES NO**
About how often is this done?

5.4 During free play, can children access CDs/tapes and use the CD/tape player by themselves?
YES NO

7.2 What kinds of music do you use with the children?

7.3 Do children have opportunities to extend their understanding of music? **YES NO**
(make instruments, guests invited to play an instrument, etc.) Please describe.

ITEM #22

3.3 How often is block play available? About how long are the blocks available for play?

7.3 Do the children play with blocks outdoors? **YES NO** Please describe.

ITEM #23

3.1 Do you use sand or water with the children? **YES NO** How is this handled?
How often? Where is this available?

3.2 Are there any toys for children to use with sand or water play? **YES NO**
Please describe.

7.2 Do you change the activities children do with sand and water? **YES NO**
Please describe.

ITEM #24

7.2 Are there any other dramatic play props children can use? **YES NO**
Please describe.

7.3 Are props ever used outside or in a larger indoor space? **YES NO**

7.4 Is there anything you do to extend children's dramatic play? **YES NO**
Please describe.

ITEM #25

3.3 Do children bring in nature or science things to share? **YES NO**
How do you handle this?

7.1 Can you provide some examples of nature/science activities you do with the children in addition to what I've seen?

YES NO How often are these activities done?

_____per month
(# of times)

7.2 Do you use nature/science books or AV materials with the children? **YES NO**
Please describe.

ITEM #26

7.1 Could you provide some examples of math activities you do with the children in addition what I've seen?

YES NO

About how often are these activities done?

_____per month
(# of times)

7.2 Are there any other math materials used with the children? **YES NO**
Please describe.

ITEM #27

1.1, 3.1, 5.1, 7.1

How do you choose the TV, video, or computer materials to use with the children?

Are staff members familiar with the content of materials before allowing use in the program?

YES NO

Are requirements for appropriateness considered before showing material brought from home?

YES NO

1.2, 3.2 Are other activities available to children while TV or videos are used?

YES NO

3.3 How often are TV, video, or computers used with the children? Is there a time limit? For what length of time are these available?

Frequency of Use	Time Limit (if any)	Length of time available

5.3 Do any of the materials encourage active involvement by the children?

YES NO Please give some examples.

7.2 Do you use TV, video or the computer related to topics or themes in the classroom?

YES NO Please explain.

ITEM #28

3.1 Could you give me examples of the types of music you use with the children?

3.3 What do you do if a child or adult shows prejudice?

7.2 Are any activities used to help children understand the variety of people in our country and in the world? **YES NO**
Please describe.

ITEM #29

5.3 What happens when children have difficulty using equipment?

ITEM #31

1.1 Do you ever find it necessary to use strict discipline? **YES NO**
Please describe the methods you use.

7.2 Do you use activities with the children that encourage them to get along well with each other? **YES NO** If so, please explain.

7.3 What do you do if you have a child with a very difficult behavior problem? Do you seek advice from other professionals concerning behavior issues?

YES NO

ITEM #33

5.4 Are there any activities you use that encourage children to work together?

YES NO

Could you give me some examples?

ITEM #38

1.1, 3.1 Is any written information about the program given to parents?

YES NO

What is included in this information?

1.2, 3.3, 5.4 Are there any ways that parents can be involved in their child's classroom?

YES NO

Please give some examples.

3.2, 5.3 Do you and the parents ever share information about the children?
YES NO How is this done?

3.4 What is your relationship with the parents usually like? Please describe.

5.1 Are parents able to visit before their child is enrolled? **YES NO**
How is this handled?

7.1 Do parents take part in evaluating the program? **YES NO** How is this done?
About how often?

7.2 What do you do when parents seem to be having difficulties? Do you refer them to other
professionals for help? **YES NO**

7.3 Do parents take part in making decisions about the program? **YES NO**
How is this handled?

ITEM #39

1.2, 3.4, 5.3

Do you get time off during the day (a break) when you can be away from the
children? **YES NO**

When does this happen?

3.3, 5.2 Where do you usually store your personal things, such as your coat or purse? How does this work out?

ITEM #40

1.1, 3.1 Do you have access to a telephone? **YES** **NO** Where?

1.2, 3.2, 5.1 Do you have access to any file and storage place? **YES** **NO** Please describe.

1.3, 3.3, 5.3, 7.2 Is there any space you can use for parent/teacher conferences or for adult group meetings when the children are present? **YES** **NO**
Please describe.

5.2, 7.1 Is there an office for the program? **YES** **NO** Please describe.

ITEM #41

1.1, 3.1, 5.1 Do you have a chance to share information about the children with the other staff that with your group? **YES** **NO** When and how often does this happen?
What kind of things do you talk about?

7.1 Do you have any planning time with your co-teacher(s)? **YES NO** About how often?

7.2 How do you and your co-teacher(s) decide what each of you will do?

7.3 Does the program ever organize events that you and other staff participate in together?
YES NO Could you give me some examples?

ITEM #42

1.1, 3.1, 5.1, 5.2 Is your work supervised in any way? **YES NO** How is this done?

1.2, 3.2, 5.2, 7.3 Are you ever given any feedback about your performance? **YES NO**
How is this handled? How often?

5.4 If improvement is needed, how is this handled?

7.1 Do you ever participate in self-evaluation? **YES NO**

ITEM #43

1.1, 3.1, 3.2, 5.1, 5.2 Is training provided to staff? **YES NO**
Please describe this training.
What is done with new staff?

1.2, 3.3, 5.3 Do you ever have staff meetings? **YES NO** About how often?
What is usually handled at these meetings?

5.4, 7.2 Are there any resources on-site that you can use for new ideas? **YES NO**
What is included?

7.1 Is there any support provided so you can attend conferences or courses? **YES NO** Please
describe what is available.

7.2 Are there any requirements for staff with less than an AA degree to continue their formal
education? **YES NO** Please describe the requirements.

ITEM #37

Only answer the following questions if there is at least one child in the session with an identified disability.

8 Do you have any information from assessments on the children? **YES NO** How is it used?

9 Are you and the children's parents involved in helping to decide how to meet the children's needs? **YES NO**
Please describe.

10 Are you involved in the children's assessments or in the development of intervention plans? **YES** **NO**
What is your role?

Please sign and date below.

Signature_____Date_____