

Parent Gauge

Initial Questions

Thank you for agreeing to participate in this interview. I am interested in learning about your and your child’s experiences with our program I will ask you questions about starting in the program, your relationship with your child, your role in your child’s education, your family’s health and well-being, and your experiences with the staff here at the program. I will ask you how you currently feel about your readiness and skills as a parent and also ask you about how the program may have affected you. We would like you to reflect on your experience since the beginning of the program year. Do you have any questions before we begin? **Start recording:** I’m going to start the recording now if that’s okay with you.

Opening Question:

Let’s get started. Tell me about your experiences so far with Head Start/Early Head Start. Tell me about how the program has helped you and your family.

(If needed, prompt: Tell me about what the staff did to get to know you and your family.)

I. Family Engagement in Transitions

Thank you for sharing your story. I will now read you statements on different topics and ask you how much you agree with each statement. In addition, throughout the interview, there will be a chance for you to share your thoughts about each topic in your own words. The first statements are about when you started with the program and about getting your child ready to enter Head Start or school. Please tell me how much you agree with each statement. The options are Not at all, Not Very Much, Somewhat, Mostly, or Very Much.

	Not at all	Not very much	Somewhat	Mostly	Very much
If this is the family’s first year with your program, ask the following question. If not, skip.					
1. When I started with the program, the staff tried to learn about my family’s interests and concerns.					

If the child will be transitioning to Head Start or school for the next school year, ask the next question. If not, skip.

	Not at all	Not very much	Somewhat	Mostly	Very much
1a/c. I participate in activities that have helped me get my child ready for Head Start or school.					

Please tell me more about how the program worked with you specifically when you started the program.

(If needed, prompt: How did the program staff try to learn about you and your family?)

Now, please tell me more about how the program has affected how you helped your child get ready for school.

(If needed, prompt: Tell me more about how the activities the program offered helped you and your child get ready for school.)

II. Building Positive Child-Parent Relationships

The next questions are about your relationship with your child and how the program may have contributed to it. How much do you agree with the following statements? The options are Not at all, Not Very Much, Somewhat, Mostly, or Very Much.

	Not at all	Not very much	Somewhat	Mostly	Very much
2. I have daily routines with my child.					
3. I have goals for my child's development and learning.					

4. I have discipline strategies that improve my child's behavior.					
5. I know how to help my child meet and play with other children.					
6. I understand how to help my child manage his or her emotions.					
7. I am gaining new knowledge and skills about parenting.					
	Not at all	Not very much	Somewhat	Mostly	Very much
8. My child and I can communicate well with each other.					
If the child has an IEP/IFSP, ask the next four questions. If not, skip these questions.					
D1. I understand how my child's disability affects his or her development.					
D2. I have access to resources that help me support my child with his or her disability.					

Now, please tell me more about how the program has affected how you and your child communicate.

(If needed, prompt: How has the program changed the way you and your child talk and spend time together?)

III. Families as Lifelong Learners and Advocates and Leaders

The next questions are about your role in your child's education. How much do you agree with the following statements? The options are Not at all, Not Very Much, Somewhat, Mostly, or Very Much.

	Not at all	Not very much	Somewhat	Mostly	Very much
9. I set aside time to read with my child.					
10. I make sure that my child is in class every day.					
If the child is enrolled in a home visiting program, ask question 11. If not, skip.					
11. I make sure my child and I have our weekly home visit.					
12. I am learning how to speak up for my child's educational needs.					

Now, please tell me more about how the program has affected your involvement in your child's education.

(If needed, prompt: What have you learned about how to ask for the things your child needs to be successful in school?)

IV. Family Growth and Stability

The next questions are about setting goals and connectedness to other parents and adults. How much do you agree with the following statements? The options are Not at all, Not Very Much, Somewhat, Mostly, or Very Much.

	Not at all	Not very much	Somewhat	Mostly	Very much
13. I feel connected to other parents and adults.					
14. I set goals for myself and my family.					

Please tell me more about how the program has affected how you set goals for your entire family.

(If needed, prompt: Please tell me more about how the program has affected the way you plan for your family's future.)

V. Health and Nutrition

The next questions are about you and your child's health and well-being. How much do you agree with the following statements? The options are Not at all, Not Very Much, Somewhat, Mostly, or Very Much.

	Not at all	Not very much	Somewhat	Mostly	Very much
15. I make sure my child receives regular medical care.					
16. I make sure my child receives regular dental care.					
17. I understand the effects of emotional and mental well-being on me and my family.					
18. I try to have healthy habits for me and my family.					

Now, please tell me more about how the program has affected the healthy habits you have for yourself and your family.

(If needed, prompt: Please tell me more about how the program has affected what you do to keep yourself and your family healthy.)

Feedback Question

What could the program do differently to better help you and your family?

(If needed, prompt: Is there anything that you and your family need that the program has not provided?)

Final Question

Is there anything else you would like me to know about your experiences with the program?

Thank you for taking the time to speak with me today!