

Ready to Learn Initiative

Observation Tool

and

Assessment Battery

This material was part of the *Ready to Learn Initiative* evaluation study, conducted from January–June 2009 by Education Development Center, Inc.'s Center for Children and Technology and SRI International's Center for Technology in Learning, and funded by the U.S. Department of Education and the Corporation for Public Broadcasting, in partnership with the Public Broadcasting Service. For more information, contact Shelley Pasnik, director, EDC/CTL (sp@edc.org), or William Penuel, director of evaluation research, SRI/CTL (william.penuel@sri.com).

Raising Readers
Early Language & Literacy Classroom Observation Record

Important note: Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box. Use block printing when you complete any text or numeric responses. If you wish to change a response, please mark the correct response and CIRCLE it.

Observer name: (first)

(last)

School District / Parent Organization name:

Center name:

Lead Teacher name: (first)

(last)

Observation date:

(month/day/year) / /

Start time:

(hour:minute) : AM PM

End time:

(hour:minute) : AM PM

Number

of adults:

Number

of girls:

Number

of boys:

Percentage of time English was spoken by teacher(s) during group activities:

 %

Percentage of time English was spoken by teacher(s) to individual children:

 %

Languages other than English that were used by teachers during the observation: (Mark [X] all that apply.)

Spanish Mandarin Vietnamese Other (please specify):

Score Form

(Circle the score for each item and enter that score in the boxes to the right of each)

28702



Section III: The Language Environment					
8. Discourse climate					<input type="checkbox"/>
5	4	3	2	1	
9. Opportunities for extended conversations					<input type="checkbox"/>
5	4	3	2	1	
10. Efforts to build vocabulary					<input type="checkbox"/>
5	4	3	2	1	
11. Phonological awareness					<input type="checkbox"/>
5	4	3	2	1	

Subtotal

Section IV: Books and Book Reading					
12. Organization of book area					<input type="checkbox"/>
5	4	3	2	1	
13. Characteristics of books					<input type="checkbox"/>
5	4	3	2	1	
14. Books for learning					<input type="checkbox"/>
5	4	3	2	1	
15. Approaches to book reading					<input type="checkbox"/>
5	4	3	2	1	
16. Quality of book reading					<input type="checkbox"/>
5	4	3	2	1	0

Subtotal

Section V: Print and Early Writing					
17. Early writing environment					<input type="checkbox"/>
5	4	3	2	1	
18. Support for children's writing					<input type="checkbox"/>
5	4	3	2	1	
19. Environmental print					<input type="checkbox"/>
5	4	3	2	1	

Subtotal

Overall rating of early language and literacy classroom environment: (Mark [X] one only.)	
<input type="checkbox"/> high level	<input type="checkbox"/> moderate level <input type="checkbox"/> low level

NOTES:

NAME LETTERS (page 1 of 2)

Warm Up Administration:

- Said, "As [NAME OF TEACHER] said, my name is [YOUR FIRST NAME]. I have some activities we can do together. I'll ask you questions as we work. At the end, we'll read a story together. Does that sound all right?"
- If the child indicated she or he was willing to proceed, asked the following questions:
 - "OK. What's your name?"
 - "How old are you?"
 - "When is your birthday?"
 - "What is your teacher's name here at school?"
 - "What is your favorite thing about your school?"
- If the child was able to answer questions without difficulty, proceeded to the Name Letters task.

OR

- In the unlikely case that you were unable to establish rapport:
 - Said, "You don't seem like you want to work on these activities now. That's OK. Let's take a break now. We can try the activities again later today. Thank you for talking with me."
 - Returned the child to the teacher and turned to the next child on my roster. Gave each child that wasn't able to participate the first time at least ONE additional opportunity to complete the assessment.

Materials:

- Magnetic letter set(s)
- Metal tray

<p><u>Name Letters Administration:</u></p> <p>ITEM 1</p> <ul style="list-style-type: none"><input type="checkbox"/> Said, "Will you tell me your name again?"<ul style="list-style-type: none"><input type="radio"/> If the child answered, proceeded.	<p>Assign 1 point if the child responded with her or his name. 0 <input type="checkbox"/> 1 <input type="checkbox"/></p>
<p>ITEM 2</p> <ul style="list-style-type: none"><input type="checkbox"/> Said, "Thank you! Can you tell me any of the letters that are in your name?"<input type="checkbox"/> If the child did not respond within 10 seconds, proceeded to the next item.<input type="checkbox"/> If the child responded but wasn't able to provide all the letters, said, "Can you think of any other letters that are in your name?" [Provided this prompt ONLY ONCE.] If the child answered, proceeded.	<p>Assign 1 point if the child said some letters of her or his name. 0 <input type="checkbox"/> 1 <input type="checkbox"/></p> <hr/> <p>Used prompt? No <input type="checkbox"/> Yes <input type="checkbox"/></p>



NAME LETTERS (page 2 of 2)

ITEM 3

- Placed the tray and letters on the table. The tray contained the FIRST 3 letters in the child's name, plus 3 randomly selected letters. The letters were placed randomly but neatly in a row.

OR

If the child's name contained only 2 letters, randomly selected 2 additional letters.

- Said, "**Here are some letters that might be in your name. When I point to them, tell me if they are in your name or if they are not in your name.**"
- Pointed to each letter in turn. If the child did not respond within 10 seconds, proceeded to the next letter.

Number of letters correctly identified by child out of 3?
 0
 1
 2
 3

OR _____

Number of letters correctly identified by child out of 2?
 0
 1
 2

ITEM 4

- Placed the letters of the child's name in random order on the tray.
- Said, "**OK. Your name is [CHILD'S NAME]. Here are the letters that I think are in your name. What letter do you think comes at the start of your name?**"
- If the child did not respond within 30 seconds, said, "**Can you pick up the letter you think might come at the start of your name?**" [Provided this prompt ONLY ONCE.]
- If the child made a selection, proceeded to ITEM 5.
- If the child WAS NOT able to make a selection, proceeded to the Sound Awareness assessment on the next page.

Assign 1 point if the child correctly identified the first letter of her or his name.
 0
 1

Used prompt?
 No
 Yes

Proceeded to Item 5?
 No
 Yes

ITEM 5

- Once the child made a selection, placed the remaining letters after the letter the child has chosen randomly so they DO NOT spell out the name.
- Said, "**OK. Take a look at these letters all together. Do these letters spell your name?**"
- If the child indicated that this was the correct spelling of his/her name, proceeded to the Sound Awareness assessment on the next page.
- If the child indicated that this WAS NOT the correct spelling of his/her name, proceeded.

Assign 1 point if the child knew the spelling was incorrect.
 0
 1

Proceeded to Item 6?
 No
 Yes

ITEM 6

- Arranged the letters to spell the child's name on the tray.
- Said, "**OK. Take a look at the letters all together now. Do these letters spell your name?**"
- If the child indicated that the spelling was incorrect, said, "**OK. Show me where you think the letters should be to spell your name.**"
- When the child said yes or indicated the task was complete, said, "**Thank you! You're working really hard.**" and proceeded to the Sound Awareness assessment on the next page.

Assign 1 point if the child knew the spelling was correct.
 0
 1



Materials:

- Used the timer.

Training Administration:

- Said, "I am going to say a word and we will listen for the beginning sound. The beginning sound is the sound the word starts with when you say the word. I want you to tell me the beginning sound. We will do a few together first."
- Used variations for each item: "We are going to listen for how the word starts." OR "We are listening for what sound the word starts with." OR "What sound do you hear coming out of your mouth at the beginning of the word _____?"
- Showed the child the picture of the man and said, "The first word is *man*. Say the word *man* with me. *Mmman*. I feel my mouth make an /m/ sound at the beginning when I say the word *mmman*. Watch my lips: *mmman*. Now you say it: *mmman*. Can you feel the /m/ sound on your lips when you say the first sound of the word *man*? Say the first sound with me: /m/. The word *man* starts with the /m/ sound." Placed the picture of the man on the table.
- Showed the child the picture of the sock and said, "This is a picture of a sock. Say: *sssock*. What sound does *sssock* begin with? *Ssssock* starts with a /s/ sound. Say it with me: /s/. I feel a /s/ sound in my mouth when I say the beginning of the word *sssock*. *Ssssock* starts with the /s/ sound." Placed the picture of the sock on the table next to the picture of the man. Said, "I am going to put *sock* next to *man* because *sssock* starts differently than *mmman*. *Sock* starts with /s/."
- Showed the child the picture of the bag and said, "This is a picture of a *bag*. Say it with me: *bag*. What sound do you feel on your lips when you start to say the word *bag*? I feel a /b/ sound when I start to say the word *bag*. *Bag* starts with a /b/ sound. Say the sound with me: /b/. *Bag*. The first sound in *bag* is /b/." Placed the picture of the bag on the table next to the picture of the sock. Said, "I am going to put *bag* next to *sock* and *man* because *bag* starts differently than *sssock* and *mmman*. *Bag* starts with the /b/ sound. *Sock* starts with the /s/ sound. *Man* starts with /m/."
- Showed the child the picture of the sink and said, "This is a picture of a *sink*. Say it with me: *sssink*. What sound do you feel in your mouth when you start to say the word *sink*? I feel a /s/ sound in my mouth. *Sssink* starts with a /s/ sound. Say the sound with me: /s/." The first sound in *sink* is /s/. Placed the picture of the sink on the table below the picture of the sock. Said, "I am going to put the picture of the *sink* below the picture of the *sock* because they both start with the same sound. *Sssink* and *sssock* both start with /s/."

Scoring Notes:

Score the child's first oral response. A correct response is either the letter sound or the letter name. If the child responds with the letter name, model the letter sound by saying, "That's right. Bird does begin with a B. Bird starts with a /b/ sound."



Correctly sorted picture cards



Test Administration:

- 1. Said, "This is a picture of *milk*. Say the word *milk*. What sound do you feel on your lips when you start to say the word *mmmilk*? What sound does *mmmilk* start with?" Score the child's first oral response. "*Mmmilk* begins with a /m/ sound, so I'll put it with the picture of the *man*. *Mmmilk* and *mmman* both start with the /m/ sound."
- 2. Said, "This is a picture of a *ball*. Say the word *ball*. What sound do you feel on your lips when you start to say the word *ball*? What sound does *ball* start with?" Score the child's first oral response. "*Ball* begins with a /b/ sound, so I'll put it with the picture of the *bag*. *Ball* and *bag* both start with the /b/ sound."
- 3. Said, "This is a picture of the number *six*. Say the word *six*. What sound do you feel in your mouth when you say the word *sssix*? What sound does *sssix* start with?" Score the child's first oral response. "*Sssix* starts with a /s/ sound, so I'll put it with the picture of the *sink*. *Sssix* and *sssink* both start with the /s/ sound."
- 4. Said, "This is a picture of a *bird*. Say the word *bird*. What sound do you feel on your lips when you start to say the word *bird*? What sound does *bird* start with?" Score the child's first oral response. "*Bird* begins with a /b/ sound, so I'll put it with the picture of the *ball*. *Bird* and *ball* both start with the /b/ sound."
- 5. Said, "This is a picture of a *map*. Say the word *map*. What sound do you feel on your lips when you start to say the word *mmmap*? What sound does *mmmap* start with?" Score the child's first oral response. "*Mmmmap* starts with a /m/ sound, so I'll put it with the picture of the *milk*. *Mmmmap* and *mmmilk* both start with the /m/ sound."
- 6. Said, "This is a picture of someone who is *sick*. Say the word *sick*. What sound do you feel in your mouth when you start to say the word *sssick*? What sound does *sssick* start with?" Score the child's first oral response. "*Sssick* starts with a /s/ sound, so I'll put it with the picture of the *six*. *Sssix* and *sssick* both start with the /s/ sound."
- 7. Said, "This is a picture of *meat*. Say the word *meat*. What sound do you feel on your lips when you start to say the word *mmmeat*? What sound does *mmmeat* start with?" Score the child's first oral response. "*Mmmeat* starts with a /m/ sound, so I'll put it with the picture of the *map*. *Mmmeat* and *mmmap* both start with the /m/ sound."
- 8. Said, "This is a picture of a *bear*. Say the word *bear*. What sound do you feel on your lips when you start to say the word *bear*? What sound does *bear* start with?" Score the child's first oral response. "*Bear* starts with a /b/ sound, so I'll put it with the picture of the *bird*. *Bear* and *bird* both start with the /b/ sound."
- 9. Said, "This is a picture of a *mop*. Say the word *mop*. What sound do you feel on your lips when you start to say the word *mmmop*? What does *mmmop* start with?" Score the child's first oral response. "*Mmmop* starts with a /m/ sound, so I'll put it with the picture of the *meat*. *Mmmop* and *mmmeat* both start with the /m/ sound."



PALS BEGINNING SOUND AWARENESS (page 4 of 4)

- 10. Said, "This is a picture of someone who is *sad*. Say the word *sad*. What sound do you feel in your mouth when you start to say the word *sssad*? What does *sssad* start with?" Score the child's first oral response. "*Sssad* starts with a /s/ sound, so I'll put it with the picture *sick*. *Sssad* and *sssick* both start with the /s/ sound."
- Provided general praise during and after the task (e.g., "You're working really hard!")
- Recorded the time and the number of beginning sounds identified correctly.

	Incorrect	Correct
1. milk	0 <input type="checkbox"/>	1 <input type="checkbox"/>
2. ball	0 <input type="checkbox"/>	1 <input type="checkbox"/>
3. six	0 <input type="checkbox"/>	1 <input type="checkbox"/>
4. bird	0 <input type="checkbox"/>	1 <input type="checkbox"/>
5. map	0 <input type="checkbox"/>	1 <input type="checkbox"/>
6. sick	0 <input type="checkbox"/>	1 <input type="checkbox"/>
7. meat	0 <input type="checkbox"/>	1 <input type="checkbox"/>
8. bear	0 <input type="checkbox"/>	1 <input type="checkbox"/>
9. mop	0 <input type="checkbox"/>	1 <input type="checkbox"/>
10. sad	0 <input type="checkbox"/>	1 <input type="checkbox"/>

Sound Awareness Total Correct: / 10

Total Time: :
 (minutes:seconds):
 Round to nearest second.



Materials:

- Used the timer.
- Used the cover sheet.

PART A: Upper-Case Alphabet Recognition

Test Administration:

- Covered the probe with the cover sheet.
- Said **"I'm going to show you some letters. I would like for you to point to each letter and tell me the name of the letter. Ready?"**
- Lowered the cover sheet to reveal the first row of letters.
- Said **"Put your finger on the first letter** (point to first letter at the top left), **and go across the page** (touch each letter in the top row moving from left to right). **If you come to a letter that you don't know its name, you may say 'I don't know' and go to the next letter. Okay?"**
- Helped the child point to the first letter at the top left. Said, **"What is this letter?"**
- Started the timer.
- Assisted the child as needed to point to each letter across the row.
- Marked [X] the box to the left of any letter correctly identified.
- Marked a slash through any letter not identified correctly.
- Circled any self-corrected errors.
- Prompted with **"What is this letter?"** if the child failed to answer within 3 seconds.
- Skipped to the next letter if the child did not respond to the previous prompt within an additional 2 seconds. (Scored letter as incorrect).
- Lowered the cover sheet to reveal the next row of letters and assisted the child as needed to point to each letter across the row. Repeated through the last row OR until child gave 8 consecutive incorrect answers.
- Stopped the timer.
- Provided general praise after the task (e.g., **"You're working really hard!"**).
- Recorded the time and the number of letters identified correctly.



PART A: Upper-Case Alphabet Recognition

<input type="checkbox"/> M	<input type="checkbox"/> G	<input type="checkbox"/> S	<input type="checkbox"/> I
<input type="checkbox"/> B	<input type="checkbox"/> X	<input type="checkbox"/> L	<input type="checkbox"/> Q
<input type="checkbox"/> H	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> R
<input type="checkbox"/> J	<input type="checkbox"/> C	<input type="checkbox"/> O	<input type="checkbox"/> V
<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> D	<input type="checkbox"/> U
<input type="checkbox"/> A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Z
<input type="checkbox"/> K	<input type="checkbox"/> E		

Upper-Case Total Correct: / 26

Total Time: :
(minutes:seconds):
Round to nearest second.



PART C: Letter Sounds

Training Administration:

- Said "I'm going to show you some more letters and this time I want you to tell me the **sound each letter makes. Let's do some together first.**"
- Displayed the sample page.
- Pointed to the letter M. Said "This is the letter 'M.' I say /*mmmm*/ because that is the **sound the letter makes.**"
 - Said "mmmmm," not "muh."
- Said, "Now, you tell me the **sound this letter makes**" to prompt the child to say /*m*/.
- Pointed to the letter 'A.' Said "What **sound does this letter make?**"
 - The child said / *ă* / = Said "That's right, 'A' sounds like / *ă* / as in apple."
 - The child said / *ā* / = Said "That's right, 'A' sounds like / *ā* / as in able but 'A' has another sound. Vowels like the letter 'A' have two sounds. The letter 'A' also sounds like / *ă* / as in apple." Prompted the child to say / *ă* /.
 - The child said nothing/an incorrect sound = Said "The letter 'A' sounds like / *ă* / as in apple." Prompted the child to say / *ă* /.

Test Administration:

- Covered the probe with the cover sheet.
- Said "Here are some more letters. This time I want you to tell me the **sound the letters make. Point to each letter and tell me the sound the letter makes. Ready?**"
- Lowered the cover sheet to reveal the first row of letters.
- Said "Put your finger on the first letter (point to first letter at the top left), and go across the page (touch each letter in the top row moving from left to right). If you come to a letter that you don't know the **sound it makes, you may say 'I don't know' and go to the next letter. Okay?**"
- Helped the child point to the first letter at the top left. Said, "What sound does this letter make?"
- Started the timer.
- Assisted the child as needed to point to each letter across the row.
- Used the pronunciation guide to score letter sounds. [Scored only short vowel sounds and hard consonant sounds for the letters *g* or *c* as correct.]
- Marked [X] the box to the left of any letter sounds correctly identified.
- Marked a slash through any letter sounds not identified correctly.
- Circled any self-corrected errors.
- Provided the following prompts as needed:
 - Prompted with "What sound does this letter make?" if the child failed to answer within 3 seconds. Skipped to the next letter if the child did not respond to the previous prompt within an additional 2 seconds. (Scored letter sound as incorrect).
 - Prompted with "Tell me the **sound that this letter makes**" if the child named the letter. [Used this prompt only once per letter.]
 - Prompted with "What other **sound does this letter make?**" if the child gave a long vowel sound or a soft consonant sound for *g* or *c*.
- Lowered the cover sheet to reveal the next row of letters and assisted the child as needed to point to each letter across the row. Repeated through the last row.
- Stopped the timer.
- Provided general praise after the task (e.g., "You're working really hard!")
- Recorded the time and the number of letter sounds identified correctly.



PART C: Letter Sounds

<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> F	<input type="checkbox"/> W
<input type="checkbox"/> T	<input type="checkbox"/> O	<input type="checkbox"/> J	<input type="checkbox"/> A	<input type="checkbox"/> H
<input type="checkbox"/> K	<input type="checkbox"/> Sh	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
<input type="checkbox"/> Z	<input type="checkbox"/> L	<input type="checkbox"/> C	<input type="checkbox"/> Th	<input type="checkbox"/> U
<input type="checkbox"/> E	<input type="checkbox"/> D	<input type="checkbox"/> Y	<input type="checkbox"/> G	<input type="checkbox"/> N
<input type="checkbox"/> Ch				

Pronunciation Guide

A as in apple not ape

E as in etch not each

I as in igloo not ice

O as in octopus not oak

U as in umbrella not unicorn

C as in cat not city

G as in gas not giraffe

Y as in you not fly

Letter Sounds Total Correct: / 26

Total Time: :
(minutes:seconds):
Round to nearest second.

STORY AND PRINT CONCEPTS (page 1 of 6)

Materials:

- Used *Where's My Teddy? And Other Stories*.

Test Administration:

- Said "**Now I'm going to show you a book and then we'll read it. As I'm reading, I'm going to ask you some questions.**"
- Read the script and followed the directions exactly. DID NOT ADD OR OMIT WORDS.
- Wrote a description of the child's response in the spaces provided.
 - Wrote any word said in the verbal responses box or NA if none.
 - Wrote description of any action taken in the nonverbal responses box or NA if none.
- Scored each item as directed.

Item 1

- Hand the book to the child upside down & backwards.
- Say "**Show me the front of the book.**"
 - If the child turns to the first page, ask "**Is there anything that comes before this?**"

Item 2

- Say "**Now open it up for us to read. Remember, I'm going to be asking you some questions as I read.**"

Item 3

- Say "**I'll read this story and you help me. Show me where to start reading. Where do I begin?**"
 - If the child does not respond within 5 seconds, say "**Where should I begin reading this book? Show me where I should begin.**" [Provide this prompt ONLY ONCE.]

Item 4

- Read page 1 to the child tracking with your finger under each word as you read.
- Stop at the top of page 3 (Begins "He lost him...") and say "**Show me where to start.**"

Item 5

- Point to "He" and say "**I should start here. Which way do I go from here?**"
 - If the child does not respond within 5 seconds, point to "He" and say "**Show me where I should read from here.**" [Provide this prompt ONLY ONCE.]



STORY AND PRINT CONCEPTS (page 2 of 6)

ITEM 1

Assign 1 point if the child turns the book over and displays the front cover with the spine to the left and the text right-side up.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 2

Assign 1 point if child opens the book to the title page or the first page of the story.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 3

Assign 1 point if child indicates any text (*not the picture*).

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 4

Assign 1 point if the child indicates the top left section of text.

(NOTE: Items 4 - 6 can be scored together if multiple movements are demonstrated in one response.)

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 5

Assign 1 point if child indicates left to right progression.

0 1

**Verbal
Response**

**Nonverbal
Response**



STORY AND PRINT CONCEPTS (page 3 of 6)

Item 6

- Read "**He lost him in the woods somewhere**" tracking with your finger under each word as you read.
- Stop reading and keep your finger under the word "**somewhere**"
- Say "**Now, where do I go after this? Where should I read now?**"

Item 7

- Say "**Now you point to each word while I read it.**"
 - If child does not point to "It's" to begin, put your finger under "It's" and say "**Point to each word while I read it.**"
- Read "**It's dark and horrible in there**" slowly, but fluently.

Item 8

- Read page 4 ("**Help!** said Eddie...I want my teddy.")
- Say "**Point to the boy.**" Help the child find the boy as needed.
- Say "**How do you think the boy feels about going into the woods.**"

Item 9

- Read pages 5-18 ("**A BEAR!** screamed Eddie.")
- At the end of page 18, point to Eddie and ask "**Why do you think Eddie screamed?**"

Item 10

- Read through to page 24 (last page) [it shows Eddie in a bed with his teddy Freddie].
- Point to Eddie. Ask "**What do you think Eddie is doing now?**"



STORY AND PRINT CONCEPTS (page 4 of 6)

ITEM 6

Assign 1 point if child indicates returning to the left (*2nd line*).

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 7

Assign 1 point if the child matches the text exactly word by word as you read.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 8

Assign 1 point if the child answers: "*scared*" / "*frightened*" / "*upset*" / "*he wants to go home*" or another related answer.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 9

Assign 1 point if child answers: "*because he's scared of the bear*" / "*because the bear is big and has sharp teeth*" / "*because the bear will eat you up*" / or another related answer.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 10

Assign 1 point if child answers: "*going to sleep*" / "*hiding in his bed (under the covers)*" / "*holding his teddy bear*" / "*being scared*" / or another related answer.

0 1

**Verbal
Response**

**Nonverbal
Response**



Item 11

- Say "**That's the end of this story.**"
- Hand the book to the child with the cover facing right-side up. Say "**This book is called *Where's My Teddy?* Where do you think it says that?**"

Item 12

- Point to the author's name. Say "**Right here it says *Jez Alborough***" while running your fingers under the name. [Pronounced as Jehz All-bor-oh]
- Ask "**What did he do?**"

Item 13

- Say "**Tell me what happened in the story.**"
 - If the child names only 1-2 part, say "**Tell me what else happened in the story.**"

Item 14

- Give the book to the child. Say "**Good job. Now, look at the pictures in the book and tell me again what happened in the story.**" Allow the child to look through the book.
 - If child repeats what he/she said previously (in Question 13), say "**What else happened in the story?**"



STORY AND PRINT CONCEPTS (page 6 of 6)

ITEM 11

Assign 1 point if child points to any print on the front cover.
Assign 2 points if the child points to any part of the title.

0 1 2

Verbal Response

Nonverbal Response

ITEM 12

Assign 1 point if child answers: "wrote the book" / "made up the book" / "is the author" or another related answer.

0 1

Verbal Response

Nonverbal Response

ITEM 13

Assign 1 point for each correct story part given up to 3 points.
See correct story parts below.

0 1 2 3

Verbal Response

Nonverbal Response

ITEM 14

Assign 1 point for any additional correct story parts not given in item 13 up to 3 points. *See correct story parts below.*

0 1 2 3

Verbal Response

Nonverbal Response

**Story and Print
Concepts Total Correct:**

Story Parts:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Eddie lost his teddy in the woods. 2. Eddie's teddy is named Freddie. 3. Eddie was scared to go in the woods. 4. Eddie found a large teddy bear. 5. The large teddy was too big for Eddie. | <ol style="list-style-type: none"> 6. A large bear (real) was in the woods. 7. The large bear had Freddie (small teddy). 8. The bear & Eddie exchanged teddies. 9. The bear & Eddie scared each other. 10. The bear & Eddie ran to their beds with their teddies. |
|---|--|



(End of assessment)



BARCODE LABEL
(staff only)

ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PBS KIDS Early Literacy Project
Literacy Assessment Posttest Guide & Record Form



Important note:

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

Posttest Assessor name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Assessment: (MM/DD/YYYY)

--	--	--	--	--	--	--	--

Center name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Lead Teacher name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Class name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify class this child is in: (Mark [X] one only.) a.m. p.m. full day

Notes: (Record any difficulties encountered in the testing process or procedural changes made to the order or presentation of the measures)

Administer the assessments in the order specified below, checking each box for the assessment completed. You may discontinue this battery of assessments at the conclusion of any one assessment for reasons such as fatigue, lack of time, uncooperativeness, etc. After ALL of this assessment battery has been administered, return this form to SRI for processing.

Assessments: (Mark [X] all that apply.)

- Name Letters (Page 2)
- PALS Beginning Sound Awareness (Page 4)
- PALS Alphabet Knowledge (Page 8)
- Story and Print Concepts (Page 12)



NAME LETTERS (page 1 of 2)

Warm Up Administration:

- Said, "**As [NAME OF TEACHER] said, my name is [YOUR FIRST NAME]. I have some activities we can do together. I'll ask you questions as we work. At the end, we'll read a story together. Does that sound all right?**"

- If the child indicated she or he was willing to proceed, asked the following questions:
 - "OK. What's your name?"**
 - "How old are you?"**
 - "When is your birthday?"**
 - "What is your teacher's name here at school?"**
 - "What is your favorite thing about your school?"**

- If the child was able to answer questions without difficulty, proceeded to the Name Letters task.

OR

- In the unlikely case that you were unable to establish rapport:
 - Said, "**You don't seem like you want to work on these activities now. That's OK. Let's take a break now. We can try the activities again later today. Thank you for talking with me.**"
 - Returned the child to the teacher and turned to the next child on my roster. Gave each child that wasn't able to participate the first time at least ONE additional opportunity to complete the assessment.

Materials:

- Magnetic letter set(s)
- Metal tray

<p><u>Name Letters Administration:</u></p> <p>ITEM 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Said, "Will you tell me your name again?" <ul style="list-style-type: none"> <input type="radio"/> If the child answered, proceeded. 	<p>Assign 1 point if the child responded with her or his name. 0 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p>
<p>ITEM 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Said, "Thank you! Can you tell me any of the letters that are in your name?" <input type="checkbox"/> If the child did not respond within 10 seconds, proceeded to the next item. <input type="checkbox"/> If the child responded but wasn't able to provide all the letters, said, "Can you think of any other letters that are in your name?" [Provided this prompt ONLY ONCE.] If the child answered, proceeded. 	<p>Assign 1 point if the child said some letters of her or his name. 0 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <hr/> <p>Used prompt? No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>



NAME LETTERS (page 2 of 2)

ITEM 3

- Placed the tray and letters on the table. The tray contained the FIRST 3 letters in the child's name, plus 3 randomly selected letters. The letters were placed randomly but neatly in a row.

OR

If the child's name contained only 2 letters, randomly selected 2 additional letters.

- Said, "**Here are some letters that might be in your name. When I point to them, tell me if they are in your name or if they are not in your name.**"
- Pointed to each letter in turn. If the child did not respond within 10 seconds, proceeded to the next letter.

Number of letters correctly identified by child out of 3?
 0
 1
 2
 3

OR _____

Number of letters correctly identified by child out of 2?
 0
 1
 2

ITEM 4

- Placed the letters of the child's name in random order on the tray.
- Said, "**OK. Your name is [CHILD'S NAME]. Here are the letters that I think are in your name. What letter do you think comes at the start of your name?**"
- If the child did not respond within 30 seconds, said, "**Can you pick up the letter you think might come at the start of your name?**" [Provided this prompt ONLY ONCE.]
- If the child made a selection, proceeded to ITEM 5.
- If the child WAS NOT able to make a selection, proceeded to the Sound Awareness assessment on the next page.

Assign 1 point if the child correctly identified the first letter of her or his name.
 0
 1

Used prompt?
 No
 Yes

Proceeded to Item 5?
 No
 Yes

ITEM 5

- Once the child made a selection, placed the remaining letters after the letter the child has chosen randomly so they DO NOT spell out the name.
- Said, "**OK. Take a look at these letters all together. Do these letters spell your name?**"
- If the child indicated that this was the correct spelling of his/her name, proceeded to the Sound Awareness assessment on the next page.
- If the child indicated that this WAS NOT the correct spelling of his/her name, proceeded.

Assign 1 point if the child knew the spelling was incorrect.
 0
 1

Proceeded to Item 6?
 No
 Yes

ITEM 6

- Arranged the letters to spell the child's name on the tray.
- Said, "**OK. Take a look at the letters all together now. Do these letters spell your name?**"
- If the child indicated that the spelling was incorrect, said, "**OK. Show me where you think the letters should be to spell your name.**"
- When the child said yes or indicated the task was complete, said, "**Thank you! You're working really hard.**" and proceeded to the Sound Awareness assessment on the next page.

Assign 1 point if the child knew the spelling was correct.
 0
 1



Materials:

- Used the timer.
- Picture cards

Training Administration:

- Said, "I am going to say a word and we will listen for the beginning sound. The beginning sound is the sound the word starts with when you say the word. I want you to tell me the beginning sound. We will do a few together first."
- Used variations for each item: "We are going to listen for how the word starts." OR "We are listening for what sound the word starts with." OR "What sound do you hear coming out of your mouth at the beginning of the word _____?"
- Showed the child the picture of the man and said, "The first word is *man*. Say the word *man* with me. *Mmman*. I feel my mouth make an /m/ sound at the beginning when I say the word *mmman*. Watch my lips: *mmman*. Now you say it: *mmman*. Can you feel the /m/ sound on your lips when you say the first sound of the word *man*? Say the first sound with me: /m/. The word *man* starts with the /m/ sound." Placed the picture of the man on the table.
- Showed the child the picture of the sock and said, "This is a picture of a sock. Say: *sssock*. What sound does *sssock* begin with? *Sssock* starts with an /s/ sound. Say it with me: /s/. I feel an /s/ sound in my mouth when I say the beginning of the word *sssock*. *Sssock* starts with the /s/ sound." Placed the picture of the sock on the table next to the picture of the man. Said, "I am going to put *sock* next to *man* because *sssock* starts differently than *mmman*. *Sock* starts with /s/."
- Showed the child the picture of the bag and said, "This is a picture of a *bag*. Say it with me: *bag*. What sound do you feel on your lips when you start to say the word *bag*? I feel a /b/ sound when I start to say the word *bag*. *Bag* starts with a /b/ sound. Say the sound with me: /b/. *Bag*. The first sound in *bag* is /b/." Placed the picture of the bag on the table next to the picture of the sock. Said, "I am going to put *bag* next to *sock* and *man* because *bag* starts differently than *sssock* and *mmman*. *Bag* starts with the /b/ sound. *Sock* starts with the /s/ sound. *Man* starts with /m/."
- Showed the child the picture of the sink and said, "This is a picture of a *sink*. Say it with me: *sssink*. What sound do you feel in your mouth when you start to say the word *sink*? I feel an /s/ sound in my mouth. *Sssink* starts with an /s/ sound. Say the sound with me: /s/." The first sound in *sink* is /s/. Placed the picture of the sink on the table below the picture of the sock. Said, "I am going to put the picture of the *sink* below the picture of the *sock* because they both start with the same sound. *Sssink* and *sssock* both start with /s/."

Scoring Notes:

Score the child's first oral response. A correct response is either the letter sound or the letter name. If the child responds with the letter name, model the letter sound by saying, "That's right. Bird does begin with a B. Bird starts with a /b/ sound."



Correctly sorted picture cards



Test Administration:

- 1. Said, "This is a picture of *milk*. Say the word *milk*. What sound do you feel on your lips when you start to say the word *mmmilk*? What sound does *mmmilk* start with?" Score the child's first oral response. "*Mmmilk* begins with a /m/ sound, so I'll put it with the picture of the *man*. *Mmmilk* and *mmman* both start with the /m/ sound."
- 2. Said, "This is a picture of a *ball*. Say the word *ball*. What sound do you feel on your lips when you start to say the word *ball*? What sound does *ball* start with?" Score the child's first oral response. "*Ball* begins with a /b/ sound, so I'll put it with the picture of the *bag*. *Ball* and *bag* both start with the /b/ sound."
- 3. Said, "This is a picture of the number *six*. Say the word *six*. What sound do you feel in your mouth when you say the word *sssix*? What sound does *sssix* start with?" Score the child's first oral response. "*Sssix* starts with an /s/ sound, so I'll put it with the picture of the *sink*. *Sssix* and *sssink* both start with the /s/ sound."
- 4. Said, "This is a picture of a *bird*. Say the word *bird*. What sound do you feel on your lips when you start to say the word *bird*? What sound does *bird* start with?" Score the child's first oral response. "*Bird* begins with a /b/ sound, so I'll put it with the picture of the *ball*. *Bird* and *ball* both start with the /b/ sound."
- 5. Said, "This is a picture of a *map*. Say the word *map*. What sound do you feel on your lips when you start to say the word *mmmap*? What sound does *mmmap* start with?" Score the child's first oral response. "*Mmmmap* starts with a /m/ sound, so I'll put it with the picture of the *milk*. *Mmmmap* and *mmmilk* both start with the /m/ sound."
- 6. Said, "This is a picture of someone who is *sick*. Say the word *sick*. What sound do you feel in your mouth when you start to say the word *sssick*? What sound does *sssick* start with?" Score the child's first oral response. "*Sssick* starts with an /s/ sound, so I'll put it with the picture of the *six*. *Sssix* and *sssick* both start with the /s/ sound."
- 7. Said, "This is a picture of *meat*. Say the word *meat*. What sound do you feel on your lips when you start to say the word *mmmeat*? What sound does *mmmeat* start with?" Score the child's first oral response. "*Mmmeat* starts with a /m/ sound, so I'll put it with the picture of the *map*. *Mmmeat* and *mmmap* both start with the /m/ sound."
- 8. Said, "This is a picture of a *bear*. Say the word *bear*. What sound do you feel on your lips when you start to say the word *bbbear*? What sound does *bbbear* start with?" Score the child's first oral response. "*Bbbear* starts with a /b/ sound, so I'll put it with the picture of the *bird*. *Bbbear* and *bbbird* both start with the /b/ sound."
- 9. Said, "This is a picture of a *mop*. Say the word *mop*. What sound do you feel on your lips when you start to say the word *mmmop*? What does *mmmop* start with?" Score the child's first oral response. "*Mmmop* starts with a /m/ sound, so I'll put it with the picture of the *meat*. *Mmmop* and *mmmeat* both start with the /m/ sound."



PALS BEGINNING SOUND AWARENESS (page 4 of 4)

- 10. Said, "This is a picture of someone who is *sad*. Say the word *sad*. What sound do you feel in your mouth when you start to say the word *sssad*? What does *sssad* start with?" Score the child's first oral response. "*Sssad* starts with an /s/ sound, so I'll put it with the picture *sick*. *Sssad* and *sssick* both start with the /s/ sound."
- Provided general praise during and after the task (e.g., "You're working really hard!")
- Recorded the time and the number of beginning sounds identified correctly.

	Incorrect	Correct
1. milk	0 <input type="checkbox"/>	1 <input type="checkbox"/>
2. ball	0 <input type="checkbox"/>	1 <input type="checkbox"/>
3. six	0 <input type="checkbox"/>	1 <input type="checkbox"/>
4. bird	0 <input type="checkbox"/>	1 <input type="checkbox"/>
5. map	0 <input type="checkbox"/>	1 <input type="checkbox"/>
6. sick	0 <input type="checkbox"/>	1 <input type="checkbox"/>
7. meat	0 <input type="checkbox"/>	1 <input type="checkbox"/>
8. bear	0 <input type="checkbox"/>	1 <input type="checkbox"/>
9. mop	0 <input type="checkbox"/>	1 <input type="checkbox"/>
10. sad	0 <input type="checkbox"/>	1 <input type="checkbox"/>

Sound Awareness Total Correct: / 10

Total Time: :

(minutes:seconds):

Round to nearest second.



Materials:

- Used the timer.
- Used the cover sheet.

PART A: Upper-Case Alphabet Recognition

Test Administration:

- Covered the probe with the cover sheet.
- Said **"I'm going to show you some letters. I would like for you to point to each letter and tell me the name of the letter. Ready?"**
- Lowered the cover sheet to reveal the first row of letters.
- Said **"Put your finger on the first letter** (point to first letter at the top left), **and go across the page** (touch each letter in the top row moving from left to right). **If you come to a letter that you don't know its name, you may say 'I don't know' and go to the next letter. Okay?"**
- Helped the child point to the first letter at the top left. Said, **"What is this letter?"**
- Started the timer.
- Assisted the child as needed to point to each letter across the row.
- Scored the child's initial response by marking [X] INCORRECT or CORRECT in the boxes to the left of each letter.
- If an initial error was self-corrected, marked [X] CORRECT and circled the correct box. If possible, use white out tape at a later time to cover the mark [X] in the INCORRECT box.
- Prompted with **"What is this letter?"** if the child failed to answer within 3 seconds.
- Skipped to the next letter if the child did not respond to the previous prompt within an additional 2 seconds. (Scored letter as incorrect).
- Lowered the cover sheet to reveal the next row of letters and assisted the child as needed to point to each letter across the row. Repeated through the last row OR until child gave 8 consecutive incorrect answers.
- Stopped the timer.
- Provided general praise after the task (e.g., **"You're working really hard!"**).
- Recorded the time and the number of letters identified correctly.



PART A: Upper-Case Alphabet Recognition

Mark Incorrect (0) or Correct (1) (for each letter)

<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ M	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ G	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ S	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ I
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ B	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ X	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ L	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Q
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ H	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ W	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ T	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ R
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ J	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ C	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ O	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ V
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ P	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ F	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ D	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ U
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ A	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Y	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ N	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Z
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ K	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ E		

Were you able to ask the child about each letter, that is, all 26?

No Yes

Upper-Case Total Correct: / 26

Total Time: :

(minutes:seconds):

Round to nearest second.



PART C: Letter Sounds

Training Administration:

- Said "I'm going to show you some more letters and this time I want you to tell me the **sound each letter makes. Let's do some together first.**"
- Displayed the sample page.
- Pointed to the letter M. Said "This is the letter 'M.' I say /mmmm/ because that is the **sound the letter makes.**"
 - Said "mmmmm," not "muh."
- Said, "Now, you tell me the **sound this letter makes**" to prompt the child to say /m/.
- Pointed to the letter 'A.' Said "What **sound does this letter make?**"
 - The child said / ă / = Said "That's right, 'A' sounds like / ă / as in apple."
 - The child said / ā / = Said "That's right, 'A' sounds like / ā / as in able but 'A' has another sound. Vowels like the letter 'A' have two sounds. The letter 'A' also sounds like / ă / as in apple." Prompted the child to say / ă /.
 - The child said nothing/an incorrect sound = Said "The letter 'A' sounds like / ă / as in apple." Prompted the child to say / ă /.

Test Administration:

- Covered the probe with the cover sheet.
- Said "Here are some more letters. This time I want you to tell me the **sound the letters make. Point to each letter and tell me the sound the letter makes. Ready?**"
- Lowered the cover sheet to reveal the first row of letters.
- Said "Put your finger on the first letter (point to first letter at the top left), and go across the page (touch each letter in the top row moving from left to right). If you come to a letter that you don't know the **sound it makes, you may say 'I don't know' and go to the next letter. Okay?**"
- Helped the child point to the first letter at the top left. Said, "What sound does this letter make?"
- Started the timer.
- Assisted the child as needed to point to each letter across the row.
- Used the pronunciation guide to score letter sounds. [Scored only short vowel sounds and hard consonant sounds for the letters *g* or *c* as correct.]
- Scored the child's initial response by marking [X] INCORRECT or CORRECT in the boxes to the left of each letter.
- If an initial error was self-corrected, marked [X] CORRECT and circled the correct box. (If possible, use white out tape at a later time to cover the mark [X] in the INCORRECT box.)
- Provided the following prompts as needed:
 - Prompted with "What sound does this letter make?" if the child failed to answer within 3 seconds. Skipped to the next letter if the child did not respond to the previous prompt within an additional 2 seconds. (Scored letter sound as incorrect).
 - Prompted with "Tell me the **sound that this letter makes**" if the child named the letter. [Used this prompt only once per letter.]
 - Prompted with "What other **sound does this letter make?**" if the child gave a long vowel sound or a soft consonant sound for *g* or *c*.
- Lowered the cover sheet to reveal the next row of letters and assisted the child as needed to point to each letter across the row. Repeated through the last row or until child gave 8 consecutive incorrect answers.
- Stopped the timer.
- Provided general praise after the task (e.g., "You're working really hard!")
- Recorded the time and the number of letter sounds identified correctly.



PART C: Letter Sounds

Mark Incorrect (0) or Correct (1) (for each sound)

<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ B	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ S	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ R	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ F	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ W
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ T	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ O	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ J	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ A	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ H
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ K	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Sh	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ V	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ I	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ P
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Z	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ L	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ C	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Th	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ U
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ E	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ D	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Y	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ G	<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ N
<input type="checkbox"/> ⁰ / <input type="checkbox"/> ¹ Ch				

Pronunciation Guide

- A as in apple not ape
- E as in etch not each
- I as in igloo not ice
- O as in octopus not oak
- U as in umbrella not unicorn
- C as in cat not city
- G as in gas not giraffe
- Y as in you not yfly

Were you able to ask the child about each letter, that is, all 26?

No Yes

Letter Sounds Total Correct: / 26

Total Time: :

(minutes:seconds):
Round to nearest second.



STORY AND PRINT CONCEPTS (page 1 of 6)

Materials:

- Used *Gossie & Gertie*.

Test Administration:

- Said "**Now I'm going to show you a book and then we'll read it. As I'm reading, I'm going to ask you some questions.**"
- Read the script and followed the directions exactly. DID NOT ADD OR OMIT WORDS.
- Wrote a description of the child's response in the spaces provided.
 - Wrote any word said in the verbal responses box or NA if none.
 - Wrote description of any action taken in the nonverbal responses box or NA if none.
- Scored each item as directed.

Item 1

- Hand the book to the child upside down & backwards.
- Say "**Show me the front of the book.**"
 - If the child turns to the first page, ask "**Is there anything that comes before this?**"

Item 2

- Say "**Now open it up for us to read. Remember, I'm going to be asking you some questions as I read.**"

Item 3

- Open book to page 1 if needed. Say "**I'll read this story and you help me. Show me where to start reading. Where do I begin?**"
 - If the child does not respond within 5 seconds, say "**Where should I begin reading this book? Show me where I should begin.**" [Provide this prompt ONLY ONCE.]

Item 4

- Read page 1-2 to the child tracking with your finger under each word as you read.
- Turn to page 3 (Begins "Gossie wears bright...") and say "**Show me where to start.**"

Item 5

- Point to "Gossie" and say "**I should start here. Which way do I go from here?**"
 - If the child does not respond within 5 seconds, point to "Gossie" and say "**Show me where I should read from here.**" [Provide this prompt ONLY ONCE.]



STORY AND PRINT CONCEPTS (page 2 of 6)

ITEM 1

Assign 1 point if the child turns the book over and displays the front cover with the spine to the left and the text right-side up.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 2

Assign 1 point if child opens the book to the first page of the story.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 3

Assign 1 point if child indicates any text (*not the picture*).

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 4

Assign 1 point if the child indicates the top left section of text.

(NOTE: Items 4 - 6 can be scored together if multiple movements are demonstrated in one response.)

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 5

Assign 1 point if child indicates left to right progression.

0 1

**Verbal
Response**

**Nonverbal
Response**



STORY AND PRINT CONCEPTS (page 3 of 6)

Item 6

- Read "**Gossie wears bright red boots.**" tracking with your finger under each word as you read.
- Stop reading and keep your finger under the word "**boots**"
- Say "**Now, where do I go after this? Where should I read now?**"

Item 7

- Say "**Now you point to each word while I read it.**"
 - If child does not point to "Gertie" to begin, put your finger under "Gertie" and say "**Point to each word while I read it.**"
- Read "**Gertie wears bright blue boots.**" slowly, but fluently.

Item 8

- Read pages 4-23 (**But Gertie followed a butterfly. "Follow me!" shouted Gossie.**)
- Say "**Point to Gossie.**" Help the child find Gossie, as needed.
- Say "**How do you think Gossie feels?**"

Item 9

- Read pages 24-28 ("**Gossie followed.**")
- At the end of page 28, point to Gossie and ask "**Why do you think Gossie followed Gertie?**"

Item 10

- Read through to page 24 (last page) [it shows Gossie & Gertie eating].
- Point to Gossie & Gertie. Ask "**What do you think they are doing now?**"



STORY AND PRINT CONCEPTS (page 4 of 6)

ITEM 6

Assign 1 point if child indicates returning to the left (*2nd line*).

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 7

Assign 1 point if the child matches the text exactly word by word as you read.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 8

Assign 1 point if the child answers: "*mad*" / "*she's angry*" / "*she wants Gertie to follow her*" / or another related answer.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 9

Assign 1 point if child answers: "*because it's dinnertime*" / "*she wants to eat*" / "*because Gertie told Gossie to follow her*" / or another related answer.

0 1

**Verbal
Response**

**Nonverbal
Response**

ITEM 10

Assign 1 point if child answers: "*eating dinner/supper*" / or another related answer.

0 1

**Verbal
Response**

**Nonverbal
Response**



STORY AND PRINT CONCEPTS (page 5 of 6)

Item 11

- Say "**That's the end of this story.**"
- Hand the book to the child with the cover facing right-side up. Say "**This book is called *Gossie & Gertie*. Where do you think it says that?**"

Item 12

- Point to the author's name. Say "**Right here it says *Olivier Dunrea***" [pronounced as DUN-ray] while running your fingers under the name.
- Ask "**What did he do?**"

Item 13

- Say "**Tell me what happened in the story.**"
 - If the child names only 1-2 part, say "**Tell me what else happened in the story.**"

Item 14

- Give the book to the child. Say "**Good job. Now, look at the pictures in the book and tell me again what happened in the story.**" Allow the child to look through the book.
 - If child repeats what he/she said previously (in Question 13), say "**What else happened in the story?**"



STORY AND PRINT CONCEPTS (page 6 of 6)

ITEM 11

Assign 1 point if child points to any print on the front cover.
Assign 2 points if the child points to any part of the title.

0 1 2

Verbal Response

Nonverbal Response

ITEM 12

Assign 1 point if child answers: "wrote the book" / "made up the book" / "is the author" or another related answer.

0 1

Verbal Response

Nonverbal Response

ITEM 13

Assign 1 point for each correct story part given up to 3 points.
See correct story parts below.

0 1 2 3

Verbal Response

Nonverbal Response

ITEM 14

Assign 1 point for any additional correct story parts not given in item 13 up to 3 points. *See correct story parts below.*

0 1 2 3

Verbal Response

Nonverbal Response

Story and Print Concepts Total Correct:

--	--

Story Parts:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Gossie wears bright red boots. 2. Gertie wears bright blue boots. 3. Gossie & Gertie are (best) friends. 4. Gossie & Gertie splash in the rain, play hide-and-seek, dive in the pond, watch in the night, and play in the haystacks. (count each answer) 5. Everywhere Gossie goes, Gertie follows. | <ol style="list-style-type: none"> 6. Gossie said/shouted, "Follow me!". 7. Gertie follows Gossie to the barn. 8. Gossie & Gertie sneaked to the sheep. 9. Gertie didn't follow Gossie into the mud. 10. Gertie followed a frog, butterfly, beetle, and/or trail of grain. (count each answer) 11. Gertie said, "Follow me! It's dinnertime!" 12. Gossie followed Gertie & they ate dinner. |
|---|---|



(End of assessment)



BARCODE LABEL
(staff only)

ID:

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PBS Kids Early Literacy Project

**Class Log SS/SW/BTL 2009
Weeks 1 through 4**



WEEK 1 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Jack & the Beanstalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. O videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Find cover of Jack and the Beanstalk writing OPEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Jamaica Louise James	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Dr. Seuss' ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

--	--

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.

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WEEK 2 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 1 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 2 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children view last week on their own or with you (teacher) present?

(Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Jack & the Beanstalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. O videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Find cover of Jack and the Beanstalk, writing OPEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Jamaica Louise James	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?

(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? *(Mark [X] one only per row.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Dr. Seuss' ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 2 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Little Red Hen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. S & P videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Read "Not I", Find O in CORN, writing STOP, Change sentence/moo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 3 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 2 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 3 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Little Red Hen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. S & P videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Read "Not I", Find O in CORN, writing STOP, Change sentence/moo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 3 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Jack & the Beanstalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. N videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing OPEN, Super Letter S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The Camel Dances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Dr. Seuss' ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 4 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 3 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 4 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. Jack & the Beanstalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. N videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing OPEN, Super Letter S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The Camel Dances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? *(Mark [X] one only per row.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Dr. Seuss' ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 4 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Frog Prince	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. F & R videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find N in WAND, Super Letter S, Spell FROG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mole and the Baby Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Mole and the Baby Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



BARCODE LABEL
(staff only)



ID:

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PBS Kids Early Literacy Project

Class Log SS/SW/BTL 2009
Weeks 5 through 11

WEEK 5 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 4 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 5 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Frog Prince	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. F & R videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find N in WAND, Super Letter S, Spell FROG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mole and the Baby Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Mole and the Baby Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 5 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Little Red Hen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. T videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Read "Not I", Find O R N in CORN, writing STOP, Change sentence/mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Knuffle Bunny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Knuffle Bunny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 6 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 5 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 6 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Little Red Hen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. T videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Read "Not I", Find O R N in CORN, writing STOP, Change sentence/moo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Knuffle Bunny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Knuffle Bunny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 6 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Hansel & Gretel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find F R T in Alphabet, Spell RAFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to Be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: How to Be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

--	--

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.

--	--



PBS Kids Early Literacy Project

Class Log SS/SW/BTL 2009 - Weeks 5 through 11



Important note: Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box. Use block printing when you complete any text or numeric responses. If you wish to change a response, please mark the correct response and CIRCLE it.

WEEK 7 - BASIC VISIT INFORMATION

Coach name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Center name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of teacher most involved in coaching:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Number of additional teachers involved in coaching (mark [X] one):

- 0
 1
 2
 3 or more

Classroom name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If applicable, mark [X] one:

- AM class
 PM class

If a visit was planned for this week, was it completed as planned? (Mark [X] one only.)

- No visit planned for this week
 Planned but not completed
 Completed as planned

If yes - Visit date: (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

Length of visit: (HH/MM)

--	--	--	--	--

What was the purpose of this week's visit? (Mark [X] one only.)

- Model new activities
- Colead new activities with the classroom teacher
- Provide extra help as requested
- Provide extra help that I initiated
- Observe activities

If no - Why was the visit not completed as planned?



WEEK 7 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 6 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 7 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Hansel & Gretel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find F R T in Alphabet, Spell RAFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to Be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: How to Be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 7 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Frog Prince	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. G videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find A N in WAND, Super Letters T, R, A & S, Spell FROG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are You a Snail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Knuffle Bunny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 8 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 7 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 8 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Frog Prince	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. G videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find A N in WAND, Super Letters T, R, A & S, Spell FROG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are You a Snail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Knuffle Bunny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 8 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Tortoise & the Hare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. B & L videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find G O in alphabet, Write BELL, Super Letters N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worm Paints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Who Stole the Cookie?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

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Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.

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WEEK 9 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 8 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 9 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Tortoise & the Hare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. B & L videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find G O in alphabet, Write BELL, Super Letters N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worm Paints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Who Stole the Cookie?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 9 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Hansel & Gretel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I & X videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find F R T in Alphabet, Spell FIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 10 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 9 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

	Names:	Mon	Tue	Wed	Thu	Fri
1	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 10 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Hansel & Gretel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I & X videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find F R T in Alphabet, Spell FIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Bee-bim Bop!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 10 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. Tortoise & the Hare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. E videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find G O in Alphabet, Write BELL, Super Letters N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worm Paints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which literacy activities were completed during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Book: Who Stole the Cookie?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 11 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of SW! (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of SS, SW or BTL (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sesame Street videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Super Why videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Between the Lions videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. Tortoise & the Hare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. E videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Videos from previous week(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find G O in Alphabet, Write BELL, Super Letters N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worm Paints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? (Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing



WEEK 11 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which activities did children in this classroom complete last week on their own or with you present? (Mark [X] one only per row.)

	Completed with teacher	Completed without teacher	Did not complete
a. Book: Who Stole the Cookie?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any barriers to completing the planned activities this week? *Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.*

BARCODE LABEL
(staff only)



WEEK 1 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. My Mushy Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exploring Small Spaces; Collecting and Sorting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the games were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 2 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 1 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:	Mon	Tue	Wed	Thu	Fri
1 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 2 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children view last week on their own or with you (teacher) present?

(Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. My Mushy Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exploring Small Spaces; Collecting and Sorting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?

(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 2 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. My Shrinking Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Growing Seeds Investigation; Hand-Me-Down Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



PBS Kids Early Literacy Project

Class Log Sid/KE/Peep 2009 - Weeks 1 through 4



Important note: Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box. Use block printing when you complete any text or numeric responses. If you wish to change a response, please mark the correct response and CIRCLE it.

WEEK 3 - BASIC VISIT INFORMATION

Coach name:

--

Center name:

--

Name of teacher most involved in coaching:

--

Number of additional teachers involved in coaching (mark [X] one):

- 0
 1
 2
 3 or more

Classroom name:

--

If applicable, mark [X] one:

- AM class
 PM class

If a visit was planned for this week, was it completed as planned? *(Mark [X] one only.)*

- No visit planned for this week
 Planned but not completed
 Completed as planned

If yes - Visit date: *(MM/DD/YYYY)*

Length of visit: *(HH/MM)*

		/			/			
--	--	---	--	--	---	--	--	--

		:		
--	--	---	--	--

What was the purpose of this week's visit? *(Mark [X] one only.)*

- Model new activities
- Colead new activities with the classroom teacher
- Provide extra help as requested
- Provide extra help that I initiated
- Observe activities

If no - Why was the visit not completed as planned?

--



WEEK 3 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 2 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 3 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. My Shrinking Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Growing Seeds Investigation; Hand-Me-Down Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? *(Mark [X] one only.)*

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 3 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. My Mushy Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exploring Small Spaces; Collecting and Sorting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 4 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 3 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:	Mon	Tue	Wed	Thu	Fri
1 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 4 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. My Mushy Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exploring Small Spaces; Collecting and Sorting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 4 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. My Ice Pops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Frozen Fruit Investigation; Freezing Melting Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Watching Water Move Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fish Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

--	--

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.

--	--



BARCODE LABEL
(staff only)



ID:

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PBS Kids Early Literacy Project

**Class Log Sid/KE/Peep 2009
Weeks 5 through 11**



WEEK 5 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 4 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 5 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? (Mark [X] one only per row.)

	Viewed with teacher	Viewed without teacher	Did not view
a. My Ice Pops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Frozen Fruit Investigation; Freezing Melting Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Watching Water Move Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fish Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos?
(Mark [X] one only.)

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? (Mark [X] one only.)

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 5 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. My Shrinking Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Growing Seeds Investigation; Hand-Me-Down Shoes; Freezing Melting Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

--	--

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.

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WEEK 6 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 5 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 6 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. My Shrinking Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Growing Seeds Investigation; Hand-Me-Down Shoes; Freezing Melting Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? *(Mark [X] one only.)*

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 6 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. The Perfect Pancake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Freezing Melting Game; Fab Lab: Applesauce Investigation; Pancake Clip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

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Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.

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WEEK 7 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 6 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/

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Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:	Mon	Tue	Wed	Thu	Fri
1 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 7 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. The Perfect Pancake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Freezing Melting Game; Fab Lab: Applesauce Investigation; Pancake Clip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? *(Mark [X] one only.)*

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 7 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. My Ice Pops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Frozen Fruit Investigation; Freezing Melting Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fish Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

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Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.

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WEEK 8 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 7 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

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Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:	Mon	Tue	Wed	Thu	Fri
1 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 8 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. My Ice Pops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Frozen Fruit Investigation; Freezing Melting Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fish Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? *(Mark [X] one only.)*

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 8 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. No More Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation; Fab Lab: Applesauce Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Painting with Water; Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 9 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 8 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 9 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. No More Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation; Fab Lab: Applesauce Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Painting with Water; Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? *(Mark [X] one only.)*

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 9 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. The Perfect Pancake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Applesauce Investigation; Freezing Melting Game; Pancake Clip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 10 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES

At the beginning of the visit, ask the following questions of the teacher about use of week 9 materials provided. If you are not visiting the classroom this week, call the teacher to complete this section.

Check here if you did not visit the classroom this week and called the teacher to complete this section.

Date of call to complete this section: (MM/DD/YYYY)

/ /

Print the name of each child in the evaluation on the rows below and mark [X] the boxes in each row to indicate the day(s) that the teacher reported the child attended last week.

Names:		Mon	Tue	Wed	Thu	Fri
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? (Mark [X] one only per row.)

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? (Mark [X] one for each show.)

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



WEEK 10 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. The Perfect Pancake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Applesauce Investigation; Freezing Melting Game; Pancake Clip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peep Plants a Seed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? *(Mark [X] one only.)*

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEEK 10 - ACTIVITIES COMPLETED DURING THE VISIT

Complete immediately following the visit.

Check here if you did not visit the classroom this week and cannot complete this section.

Which videos were shown during the visit? (Mark [X] one in each row for the two columns on the left. Mark [X] one in each row for the three columns on the right if some or all of the videos were shown.)

	Some or all shown	None shown	Coach showed videos	Coach and teacher showed videos	Teacher showed videos
a. No More Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation; Fab Lab: Applesauce Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Painting with Water; Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any computer games completed during the visit? (Mark [X] one for the two columns on the left. Mark [X] one for the three columns on the right if some or all of the activities were completed.)

	Some or all completed	None completed	Coach led activity	Coach and teacher led activity	Teacher led activity
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the teacher was present for any of the activities, how engaged was the teacher in the activities? (Mark [X] all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Engaged in another activity in the room | <input type="checkbox"/> Led or directed part of the activity |
| <input type="checkbox"/> Observed the activity | <input type="checkbox"/> Not applicable as teacher was not present for any of the activities |
| <input type="checkbox"/> Participated in the activity alongside the children | |

Describe any interactions you had with the teacher (or teachers) before or after the session with the children. Describe any questions you answered or guidance you provided, as well as the content of the interaction.

Describe any barriers to completing the planned activities this week? Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.



WEEK 11 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

How much time last week did you spend compared to the suggested schedule on each of the following aspects of the project (including when I was present)? *(Mark [X] one only per row.)*

	More time than suggested	The amount of time suggested	Less time than suggested	Did not do
a. Doing a warm-up (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing whole episodes of Sid (35 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing videos of Sid, Kids Explore or Peep (75 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doing a hands-on follow up activity (60 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing computer game (10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Doing a review (5 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did children in this classroom view videos from the DVD[s] provided to you? *(Mark [X] one for each show.)*

a. Days Sid videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Days Kids Explore videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Days Peep videos were viewed:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Which videos did children in this classroom view last week on their own or with you present? *(Mark [X] one only per row.)*

	Viewed with teacher	Viewed without teacher	Did not view
a. No More Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fab Lab: Decayed Pumpkin Investigation; Fab Lab: Applesauce Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Painting with Water; Experimenting with Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you viewed videos last week with the children, did you talk about the videos? *(Mark [X] one only.)*

- Did not view the videos
- Viewed but did not talk about the videos
- Talked about the videos before viewing
- Talked about the videos while viewing
- Talked about the videos after viewing



WEEK 11 - WEEKLY MEDIA VIEWING AND LITERACY ACTIVITIES (cont.)

Did the children in this classroom complete any games last week on their own or with you present? *(Mark [X] one only.)*

	Completed with teacher	Completed without teacher	Did not complete
a. Computer game(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any barriers to completing the planned activities this week? *Potential barriers include missing or damaged materials, problems with DVD player, television, or DVD, or insufficient time available for the activities.*

BARCODE LABEL
 (staff only)



Coach Weekly Update: 3/16/09 to 3/20/09

1. INTRODUCTION

This is a weekly online update to be completed by coaches in the PBS KIDS Project. You have clicked on the link to connect to the update for the week of Monday, March 16, to Friday, March 20. Please provide information in relation to only those dates as you complete this update. You should have reported information for the previous week using the connecting link previously provided. You must complete this update by Sunday at midnight. Complete all required items; if the item is not applicable, type "n/a". Be sure to click on "Done" at the end of the survey to submit your responses. If you are connected to the wrong week or experience any technical difficulties, please contact Bowye Gong at 650.859.6465 or bowyee.gong@sri.com.

2. SCHEDULE

* NAME:

* STATE:

CA

NY

* 1. For how many classes are you a coach?

* 2. The rows below list the likely stage of implementation of the classes for which you are the coach. For each row, type in the box to the right the names of the classes (including center name) that are at that stage of implementation.

Orientation	<input type="text"/>
Week 1	<input type="text"/>
Week 2	<input type="text"/>
Week 3	<input type="text"/>
Week 4	<input type="text"/>
Week 5	<input type="text"/>
Week 6	<input type="text"/>
Week 7	<input type="text"/>

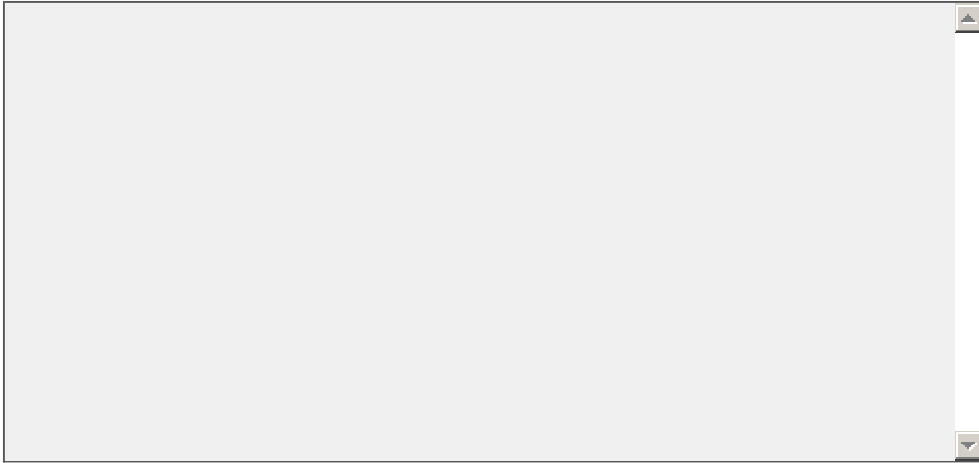
* 3. How many class visits did you have planned for this week?

* 4. How many of those were completed?

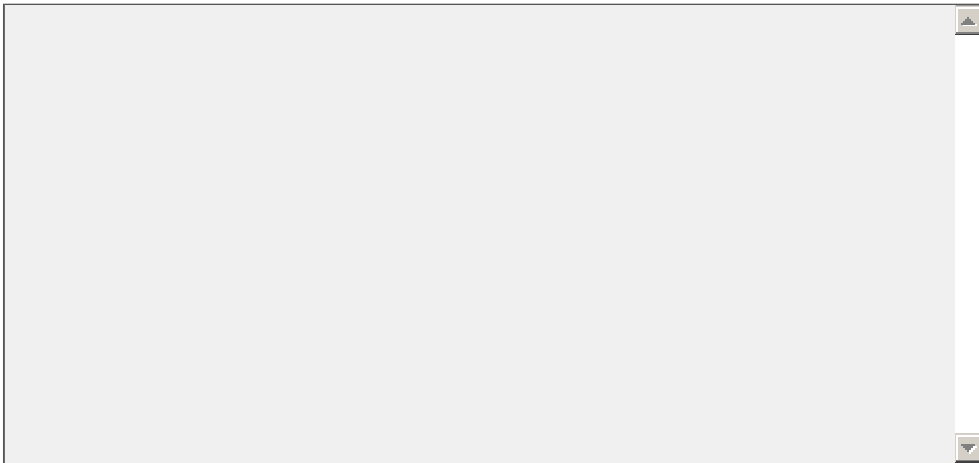
* 5. For what reason(s) were any planned visits not completed?

Coach Weekly Update: 3/16/09 to 3/20/09

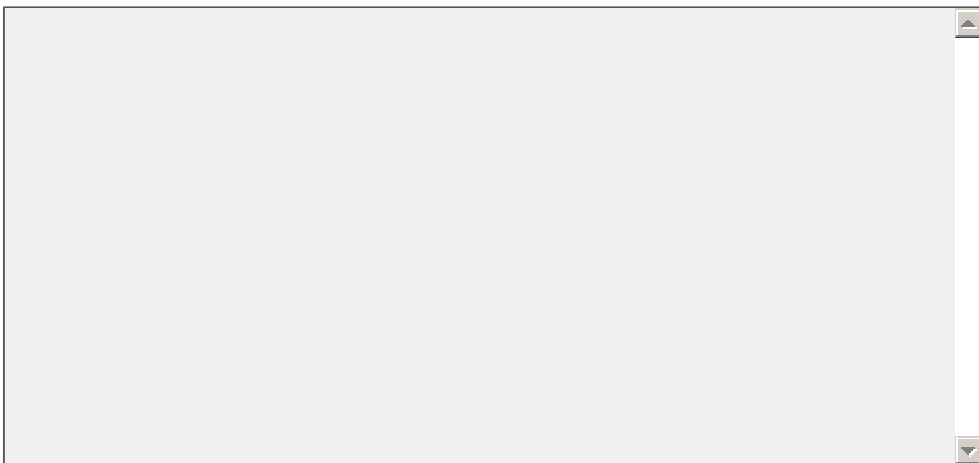
- * 6. For the classes you visited this week, what were the reasons for visiting those classes?

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- * 7. For the classes you did NOT visit this week, what were the reasons for NOT visiting those classes?

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- * 8. For the classes you did NOT visit but planned to call this week, were those calls completed? For what reason(s) were any planned calls not completed?

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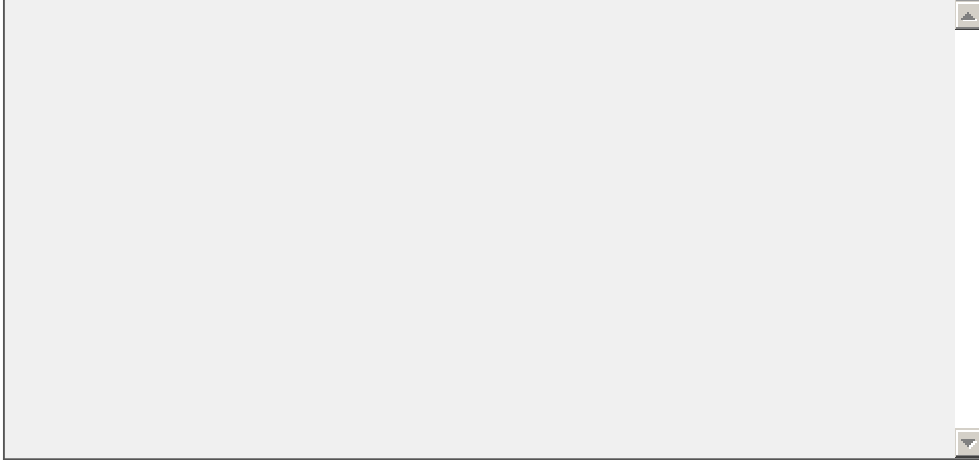
Coach Weekly Update: 3/16/09 to 3/20/09

* 9a. Do you foresee any problems in completing visits as planned in coming weeks?

Yes

No

* 9b. If so, what are they?



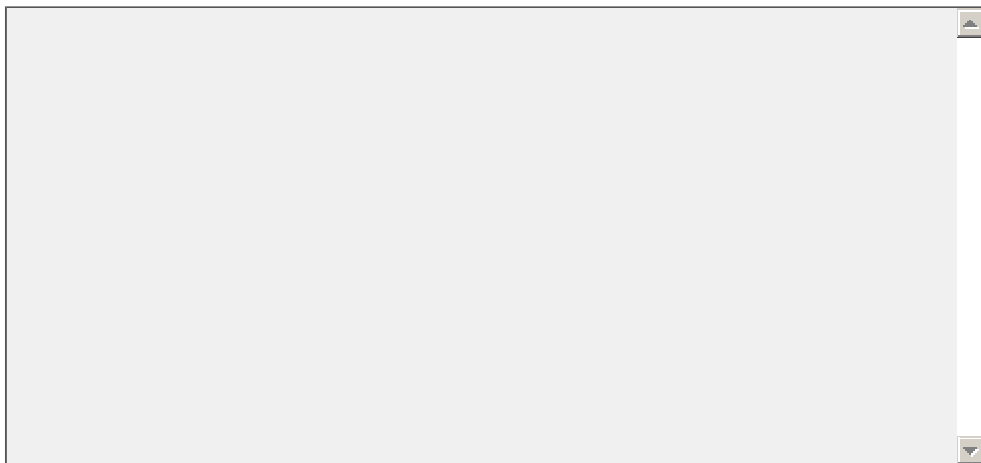
3. CO-FACILITATION

* 10a. For the classes you visited this week, were there any teachers who were not able to facilitate or co-facilitate the week's activities (video, games, books, hands-on activities)?

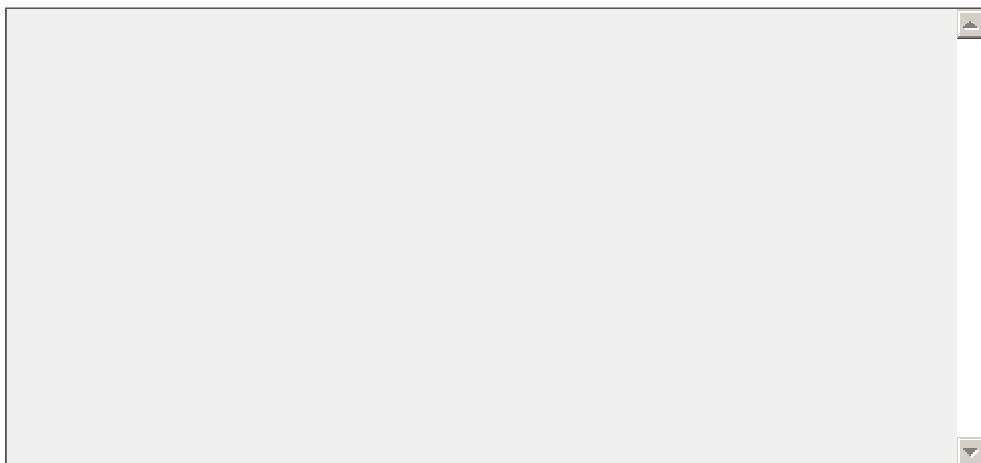
Yes

No

* 10b. If yes, please name the center/class and describe: how much stepping in you needed to do, your assessment of the teacher's competence in facilitating the activities, and any follow-up steps or visits you will need to do.



* 11. Looking back on this week's class visits, what was your sense of the level of teacher engagement in your visits, including helping you complete the weekly class logs and observing you model new activities?

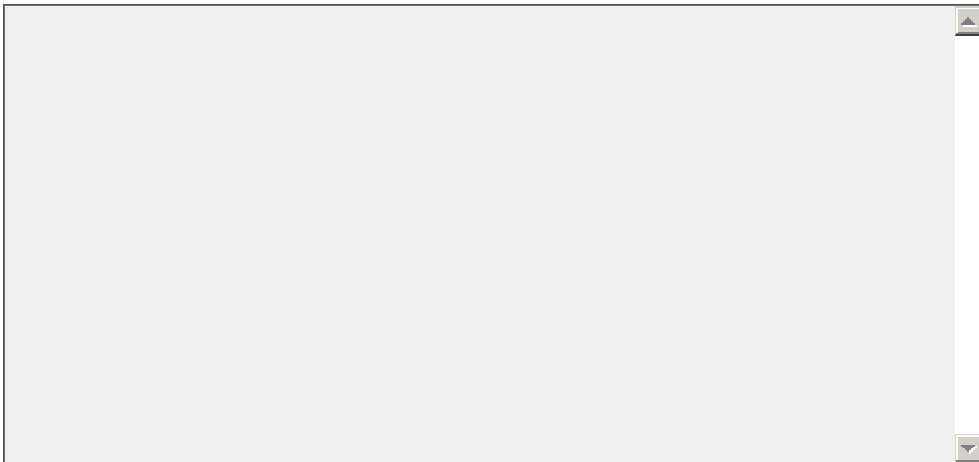


4. CLASS CONTEXT AND PROGRESS

- * 12. Did you encounter any major changes in the classes you visited this week in terms of the teaching staff, the children attending, the class schedule, or the center or class program or curriculum? If so, please describe and name the center(s) and class(es) involved.

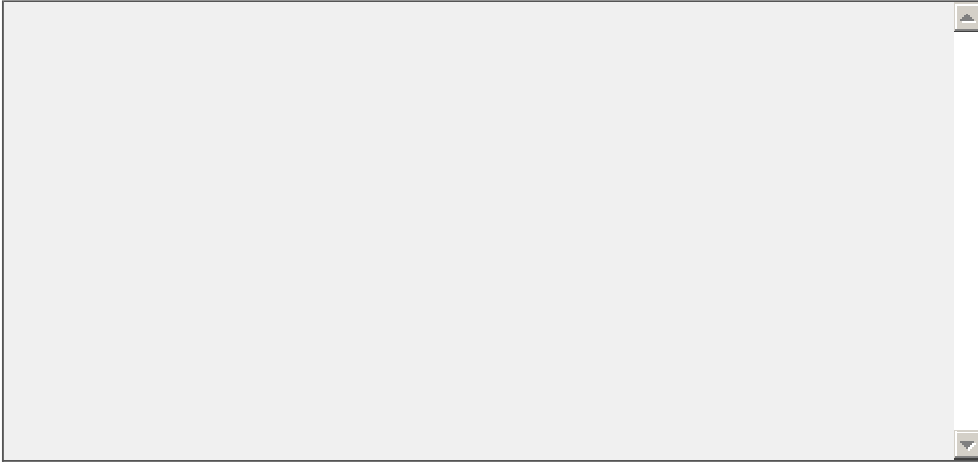
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- * 13. Were there any classes you visited this week that appeared to be doing particularly well in implementing the PBS KIDS Project? If yes, please describe and name the center(s) and class(es) involved.

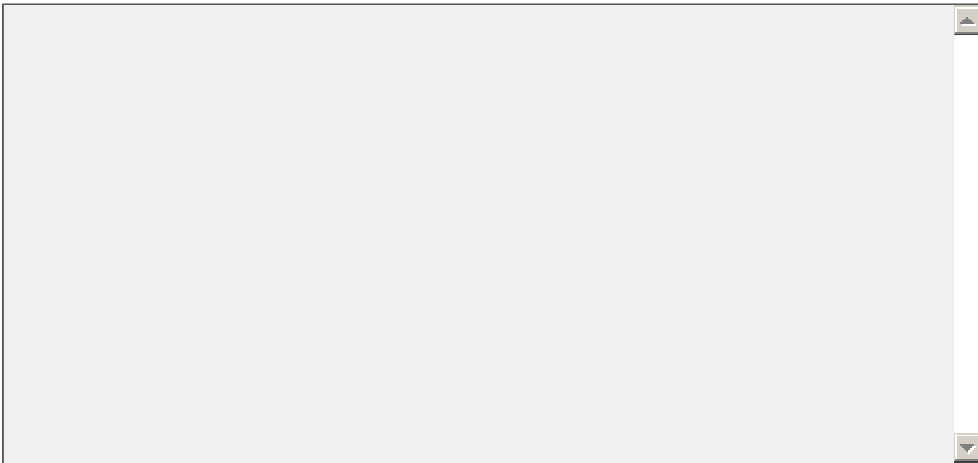
A large, empty rectangular text box with a light gray background and a thin black border. It is positioned below question 13 and is intended for the respondent to describe any classes that were particularly successful in implementing the PBS KIDS Project.

Coach Weekly Update: 3/16/09 to 3/20/09

- * 14. Were there any classes you visited this week that appeared to be dealing with exceptional challenges in relation to the PBS KIDS Project? If yes, please describe and name the center(s) and class(es) involved.

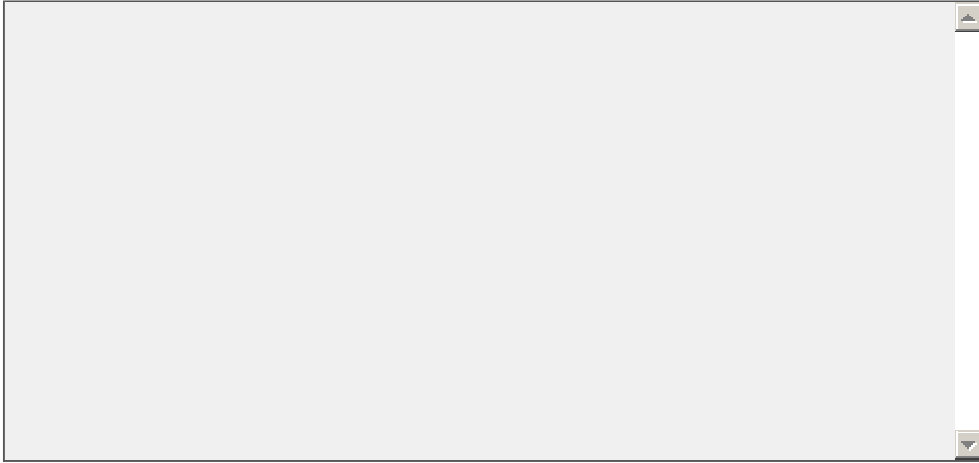


- * 15. Do you have anything to report, based on your class visits this week, about the value or impact (positive or negative) of the PBS KIDS Project on children's learning? If yes, please describe and name the center(s) and class(es) involved.

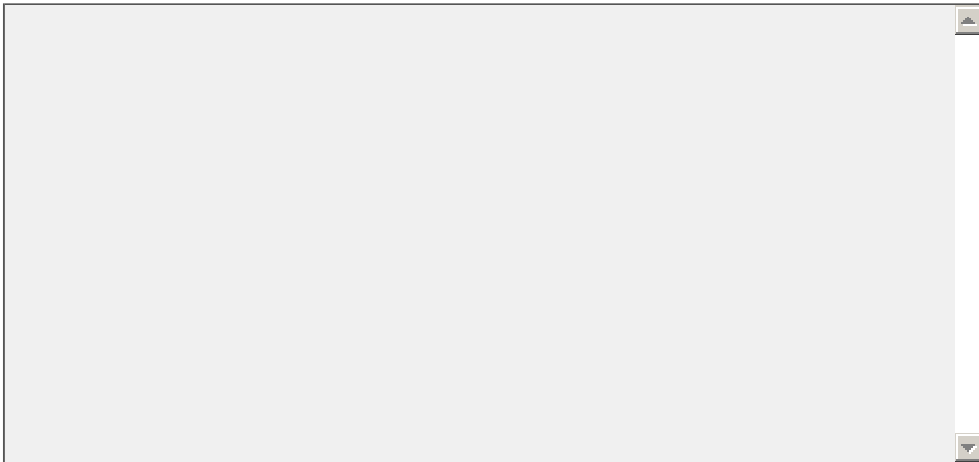


5. ISSUES AND CONCERNS

* 16. Did you have any experiences in classes this week that may be common to other coaches and classes and should be reviewed by the project leadership team in order to avoid problems for the study?


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* 17. Many centers have had technology problems ranging from broken computers, to no DVD slot in the computer, to low level sound from laptops used for playing videos. Do you have any technology problems or updates to report for the classes you visited this week? If yes, please describe and name the center(s) and class(es) involved.

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Coach Weekly Update: 3/16/09 to 3/20/09

- * 18. Centers may emphasize literacy skills as part of their program. Have you observed teachers adding literacy practices during use of PBS KIDS materials? If so, please describe and name the center(s) and class(es) involved. (Note that we should not interfere in their use of these practices.)



3. Who does the child live with? Mark [X] one.

- Mother
- Father
- Mother and father
- Relative other than mother or father
- Other (specify):
- [DON'T READ] Refused

[READ] The following questions ask about the child's mother or female guardian.

4. What was the last grade of school that the child's mother or female guardian finished? Mark [X] one.

- No formal schooling
- Less than 8th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- GED
- High School Diploma
- Some college or technical school (but no diploma)
- Associate's Degree (AA, AS) or Technical Degree
- Bachelor's Degree (BA, BS)
- Graduate or Professional Degree
- [DON'T READ] Don't Know
- [DON'T READ] Refused

5. Is the child's mother or female guardian employed for pay? Mark [X] one.

- No, stays at home
- No, disabled and cannot work
- No, unemployed but can work
- Yes, up to 20 hours per week
- Yes, up to 40 hours per week
- Yes, more than 40 hours per week
- [DON'T READ] Don't Know
- [DON'T READ] Refused

6. Is the child's mother or female guardian Spanish/Hispanic/Latino? Mark [X] one.

- No
- Yes

7. What is the racial background of the child's mother or female guardian? Mark [X] all that apply.

- American Indian or Alaskan Native
- Black/African American
- White
- Asian
- Native Hawaiian or Pacific Islander
- Other (specify):
- [DON'T READ] Refused

[READ] The following questions ask about the child's father or male guardian.

8. What was the last grade of school that the child's father or male guardian finished? Mark [X] one.

- | | |
|--|--|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> Some college or technical school (but no diploma) |
| <input type="checkbox"/> Less than 8th grade | <input type="checkbox"/> Associate's Degree (AA, AS) or Technical Degree |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Bachelor's Degree (BA, BS) |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> Graduate or Professional Degree |
| <input type="checkbox"/> 10th grade | <input type="checkbox"/> <i>[DON'T READ]</i> Don't Know |
| <input type="checkbox"/> 11th grade | <input type="checkbox"/> <i>[DON'T READ]</i> Refused |
| <input type="checkbox"/> 12th grade | |
| <input type="checkbox"/> GED | |
| <input type="checkbox"/> High School Diploma | |

9. Is the child's father or male guardian employed for pay? Mark [X] one.

- | | |
|---|---|
| <input type="checkbox"/> No, stays at home | <input type="checkbox"/> Yes, up to 40 hours per week |
| <input type="checkbox"/> No, disabled and cannot work | <input type="checkbox"/> Yes, more than 40 hours per week |
| <input type="checkbox"/> No, unemployed but can work | <input type="checkbox"/> <i>[DON'T READ]</i> Don't Know |
| <input type="checkbox"/> Yes, up to 20 hours per week | <input type="checkbox"/> <i>[DON'T READ]</i> Refused |

10. Is the child's father or male guardian Spanish/Hispanic/Latino? Mark [X] one.

- No
- Yes

11. What is the racial background of the child's father or male guardian? Mark [X] all that apply.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> White | <input type="checkbox"/> <i>[DON'T READ]</i> Refused |
| <input type="checkbox"/> Asian | |

[READ] The following questions ask about the child.

12. Is the child a boy or a girl? Mark [X] one.

- Boy
- Girl

13. What is the child's birth date? (MM/DD/YYYY)

/ /

[DON'T READ] Interviewer should ask question 14 only if the child lives with an unrelated guardian.

14. Is the child Spanish/Hispanic/Latino? Mark [X] one.

- No
- Yes

[DON'T READ] Interviewer should ask question 15 only if the child lives with an unrelated guardian.

15. What is the child's racial background? Mark [X] all that apply.

- American Indian or Alaskan Native
- Black/African American
- White
- Asian
- Native Hawaiian or Pacific Islander
- Other (specify):
- [DON'T READ] Refused

[READ] The following questions ask about books, games, computers, and TV at home.

16. Do you have any children's books or comic books in your home? Mark [X] one for no/yes. If yes, print a number from 0 to 999.

- No
- Yes

If yes, about how many?

17. Do you have any toys or games that are designed to teach letters or reading in your home? Mark [X] one.

- No
- Yes

18. Do you have any toys or games that focus on science or nature in your home? Mark [X] one.

- No
- Yes

19. At your home, do you regularly receive any magazines or newspapers? Mark [X] one.

- No
- Yes

20. In a typical month, does the child go to the library? If yes, about how many times in a typical month? Include all trips to the library, whether with the child's family or friends, or with the child's school. Mark [X] one for no/yes. If yes, print a number from 0 to 99.

No

Yes

If yes, about how many?

21. Does the child use a computer at home to play games or visit websites?

No (If no, skip to question 28.)

Yes

22. In a typical week, on how many days does the child use the Internet at home? Mark [X] one.

0 1 2 3 4 5 6 7

23. On a typical day, for how many hours does the child use the Internet at home? Print a number from 0 to 24.

24. In a typical week, on how many days does the child play games on the computer at home that focus on reading, writing or learning letters? Mark [X] one.

0 1 2 3 4 5 6 7

25. On a typical day, for how many hours does the child play games on the computer at home that focus on reading, writing, or learning letters? Print a number from 0 to 24.

26. In a typical week, on how many days does the child play games on the computer at home that focus on science or nature? Mark [X] one.

0 1 2 3 4 5 6 7

27. How many hours each day does the child play games on the computer at home that focus on science or nature? Print a number from 0 to 24.

28. Are you familiar with the show Sesame Street? Mark [X] one.

No

Yes

29. Does the child ever watch Sesame Street at home? Mark [X] one.

- No
- Yes
- Used to watch
- [DON'T READ] Don't Know

30. Are you familiar with the show Super Why? Mark [X] one.

- No
- Yes

31. Does the child ever watch Super Why at home? Mark [X] one.

- No
- Yes
- Used to watch
- [DON'T READ] Don't Know

32. Are you familiar with the show Between the Lions? Mark [X] one.

- No
- Yes

33. Does the child ever watch Between the Lions at home? Mark [X] one.

- No
- Yes
- Used to watch
- [DON'T READ] Don't Know

34. Are you familiar with the show Sid the Science Kid? Mark [X] one.

- No
- Yes

35. Does the child ever watch Sid the Science Kid at home? Mark [X] one.

- No
- Yes
- Used to watch
- [DON'T READ] Don't Know

36. Are you familiar with the show Peep in the Big Wide World? Mark [X] one.

- No
- Yes

37. Does the child ever watch Peep in the Big Wide World at home? Mark [X] one.

- No
- Yes
- Used to watch
- [DON'T READ] Don't Know

38. How much time each day during the last week did the child watch television at home? Mark [X] one for did/did not watch. If did watch, print maximum number of hours per day.

- Did not watch television last week
 - Did watch television last week
- If yes, did watch television, print a number from 0 to 24?

39. The following are some questions about activities that the child's parent or guardian may or may not have done during the past week. Mark [X] No or Yes in the middle columns. If Yes, print number of times.

List of Activities	In the past week have you or someone in your family...?		If yes, how many times in the past week? Print a number from 0 to 99.
	No	Yes	
Encouraged the child to watch educational television or DVDs (e.g., Sesame Street, Between the Lions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Talked with the child about what s/he learned when watching educational TV or videotapes together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Played word or alphabet games with the child (e.g., rhyming or alphabet games?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Read aloud to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Encouraged the child to read a book for fun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Talked with the child about what happened in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Played computer games that help the child practice reading or writing skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

40. Has the child recently done any of the following things related to language and literacy? Mark [X] all that apply.

	No	Yes	Unsure
Pointed at or told you the names of letters of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made the sound of a letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken a greater interest in books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked about how to hold a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looked at a book on her/his own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretended to write letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written real letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretended to write own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed an interest in playing online games about letters, words, or reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed an interest in playing non-computer games about letters, words, or reading with you or someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Has the child recently done any of the following things related to science and nature? Mark [X] all that apply.

	No	Yes	Unsure
Pretended to be a scientist or science teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked about doing investigations or experiments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed curiosity about the natural world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed an interest in why things change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed an interest in how things work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked about freezing and melting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked about decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked about heat and change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE WITH ME

[DON'T READ] The interviewer answers this question.

Are you confident that the responses obtained above are accurate?


- Yes
- No

If no, provide your reason or reasons for the lack of confidence.

ID:

PBS KIDS Project Teacher Questionnaire

This questionnaire is for completion by teachers from pre-K classrooms that participated in the PBS KIDS Project during winter/spring 2009. The questions ask about teacher perceptions of the project and the coaches who provided support for the project, and about teacher background.

 **Important note:** Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box. Use block printing when you complete any text or numeric responses. If you wish to change a response, please mark the correct response and CIRCLE it.

TEACHER NAME:

CENTER NAME:

CLASSROOM NAME:

If applicable, mark [X] one: AM class PM class

YOUR EXPERIENCE IN IMPLEMENTATING THE PROJECT

1. How easy was it for you to implement each of the following parts of the project, on the days you implemented the project? (Mark [X] one for each row.)

1 = I could not implement on my own, without the coach's assistance

2 = I could implement with the coach's assistance

3 = I could implement on my own, with assistance provided by adults who are usually in the classroom

4 = I could implement on my own, without any assistance

N/A = did not implement

	1	2	3	4	N/A
Warm-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active viewing of <i>Sesame Street</i> videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active viewing of <i>SuperWhy!</i> videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active viewing of <i>Between the Lions</i> videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on follow-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Which of the following were reasons why you experienced difficulty in implementing the project? (Mark [X] one for each row.)

	Not a reason	A minor reason	A major reason	N/A: did not implement
We had technical problems that prevented showing videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We had technical problems that prevented children from playing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We did not have the materials we needed for follow-up hands-on activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in the study weren't present on the days we had to do activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some of the activities were too long for the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some of the activities were boring for the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The classroom physical space wasn't right for some of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children did not understand or enjoy some of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I disagreed with the approach used in some or all of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officials (e.g., administrators, auditors, accreditation agencies) disagreed with the approach used in some or all of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competed with or difficult to integrate with school curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUR PERCEPTIONS OF THE PROJECT

3. How would you rate each of the following parts of the project, in terms of how much children *enjoyed* them? (Mark [X] one for each row.)

	Not at all	Very little	Some-what	Very much	N/A: did not implement
Warm-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Sesame Street</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>SuperWhy!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing full episodes of <i>SuperWhy!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Between the Lions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on follow-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How *effective* do you think each of the following parts of the project were in building children's reading skills? (Mark [X] one for each row.)

	Not at all effective	Minimally effective	Somewhat effective	Very effective	N/A: did not implement
Warm-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Sesame Street</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>SuperWhy!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing full episodes of <i>SuperWhy!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Between the Lions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on follow-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. What 2 to 3 activities do you think children in your class benefited from the most?

6. Why did children benefit from these particular activities, when compared with other activities?

7. Did any activities require you to do things that you thought would NOT be a benefit to children’s learning and development? If so, what were they?

8. How well do you think the project taught each of the following skills? (Mark [X] one for each row.)

1 = Project did not address this skill

2 = Project addressed this skill, but did not provide sufficient practice

3 = Project addressed this skill and provided sufficient practice for children to learn and demonstrate this skill

	1	2	3
Identifying letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing the sounds that letters make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing conventions of print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Story comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhyming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUR PERCEPTIONS OF COACHES AND THEIR ACTIVITIES

9. How many times did your site's coach come to visit your classroom during the project?
(Mark [X] one.)

- 0 times 1 – 4 times 5 – 9 times 10 or more times

10. What were the 3 most common kinds of help you asked for from your coach during the project?

11. How helpful was your coach in explaining the reasons behind the teaching strategies used in the project? (Mark [X] one.)

- Not at all helpful Minimally helpful Somewhat helpful Very helpful

12. Overall, how helpful was your coach in supporting you in implementing the project?
(Mark [X] one.)

- Not at all helpful Minimally helpful Somewhat helpful Very helpful
 N/A, I did not need any help implementing the project

13. What forms of help from your coach were most useful to you in implementing the project?

14. What additional support would have been helpful, if any?

15. Would you recommend this project (videos, activities, games) to other preschool teachers?

- No Yes



16. If you would recommend this project, why would you do so?

Five empty horizontal lines for writing a response.

17. If you would not recommend this project, why would you not do so?

Five empty horizontal lines for writing a response.

YOUR BACKGROUND

18. How many years and months have you worked in this school as a teacher?

Two boxes for years and two boxes for months.

19. How many hours do you work each week? (Mark [X] one.)

Five checkboxes for 0 - 10, 11 - 20, 21 - 30, 31 - 40, and 40+.

20. How would you characterize your experience in leading activities that are similar to those in the project in this class or in other early childhood education centers?

(Mark [X] all that apply or select the last response.)

- Four checkboxes with descriptions: I have led hands-on learning activities with children, I have led activities where I showed video clips to children and discussed them with them, I have had children play learning games on a computer, and This project is my first experience in leading any of these types of activities.

21. What was the last grade of school that you finished? (Mark [X] one.)

- Multiple checkboxes for educational levels: No formal schooling, Less than 8th grade, 8th grade, 9th grade, 10th grade, 11th grade, 12th grade, High School Diploma, GED, Some college or technical school (but no diploma), Associate's Degree (AA, AS) or Technical Degree, Bachelor's Degree (BA, BS), Graduate or Professional Degree.




BARCODE LABEL
(staff only)



ID:

PBS KIDS Project Teacher Questionnaire

This questionnaire is for completion by teachers from pre-K classrooms that participated in the PBS KIDS Project during winter/spring 2009. The questions ask about teacher perceptions of the project and the coaches who provided support for the project, and about teacher background.



Important note: Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box. Use block printing when you complete any text or numeric responses. If you wish to change a response, please mark the correct response and CIRCLE it.

TEACHER NAME:

CENTER NAME:

CLASSROOM NAME:

If applicable, mark [X] one: AM class PM class

YOUR EXPERIENCE IN IMPLEMENTATING THE PROJECT

1. How easy was it for you to implement each of the following parts of the project, on the days you implemented the project? (Mark [X] one for each row.)

1 = I could not implement on my own, without the coach's assistance

2 = I could implement with the coach's assistance

3 = I could implement on my own, with assistance provided by adults who are usually in the classroom

4 = I could implement on my own, without any assistance

N/A = did not implement

	1	2	3	4	N/A
Warm-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active viewing of <i>Sid the Science Kid</i> videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active viewing of <i>Peep and the Big Wide World</i> videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on follow-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Which of the following were reasons why you experienced difficulty in implementing the project? (Mark [X] one for each row.)

	Not a reason	A minor reason	A major reason	N/A: did not implement
We had technical problems that prevented showing videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We had technical problems that prevented children from playing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We did not have the materials we needed for follow-up hands-on activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in the study weren't present on the days we had to do activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some of the activities were too long for the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some of the activities were boring for the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The classroom physical space wasn't right for some of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children did not understand or enjoy some of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I disagreed with the approach used in some or all of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officials (e.g., administrators, auditors, accreditation agencies) disagreed with the approach used in some or all of the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competed with or difficult to integrate with school curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUR PERCEPTIONS OF THE PROJECT

3. How would you rate each of the following parts of the project, in terms of how much children *enjoyed* them? (Mark [X] one for each row.)

	Not at all	Very little	Some-what	Very much	N/A: did not implement
Warm-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Sid the Science Kid</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing full episodes of <i>Sid the Science Kid</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Peep and the Big Wide World</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on follow-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How *effective* do you think each of the following parts of the project were in building children's reading skills? (Mark [X] one for each row.)

	Not at all effective	Minimally effective	Somewhat effective	Very effective	N/A: did not implement
Warm-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Sid the Science Kid</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing full episodes of <i>Sid the Science Kid</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing video clips from <i>Peep and the Big Wide World</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on follow-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. What 2 to 3 activities do you think children in your class benefited from the most?

6. Why did children benefit from these particular activities, when compared with other activities?

7. Did any activities require you to do things that you thought would NOT be a benefit to children’s learning and development? If so, what were they?

8. How well do you think the project encouraged each of the following interests? (Mark [X] one for each row.)

- 1 = Project did not address this interest
- 2 = Project addressed this interest to a minor extent
- 3 = Project addressed this interest to a major extent

	1	2	3
Being a scientist or science teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing investigations or experiments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being curious about the natural world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being interested in why things change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being interested in how things work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUR PERCEPTIONS OF COACHES AND THEIR ACTIVITIES

9. How many times did your site's coach come to visit your classroom during the project?
(Mark [X] one.)

- 0 times 1 – 4 times 5 – 9 times 10 or more times

10. What were the 3 most common kinds of help you asked for from your coach during the project?

11. How helpful was your coach in explaining the reasons behind the teaching strategies used in the project? (Mark [X] one.)

- Not at all helpful Minimally helpful Somewhat helpful Very helpful

12. Overall, how helpful was your coach in supporting you in implementing the project?
(Mark [X] one.)

- Not at all helpful Minimally helpful Somewhat helpful Very helpful
 N/A, I did not need any help implementing the project

13. What forms of help from your coach were most useful to you in implementing the project?

14. What additional support would have been helpful, if any?

15. Would you recommend this project (videos, activities, games) to other preschool teachers?

- No Yes



16. If you would recommend this project, why would you do so?

17. If you would not recommend this project, why would you not do so?

YOUR BACKGROUND

18. How many years and months have you worked in this school as a teacher?

years months

19. How many hours do you work each week? (Mark [X] one.)

0 - 10 11 - 20 21 - 30 31 - 40 40+

20. How would you characterize your experience in leading activities that are similar to those in the project in this class or in other early childhood education centers?

(Mark [X] all that apply or select the last response.)

- I have led hands-on learning activities with children.
- I have led activities where I showed video clips to children and discussed them with them.
- I have had children play learning games on a computer.
- This project is my first experience in leading any of these types of activities.

21. What was the last grade of school that you finished? (Mark [X] one.)

- No formal schooling 11th grade Associate's Degree (AA, AS) or Technical Degree
- Less than 8th grade 12th grade Bachelor's Degree (BA, BS)
- 8th grade High School Diploma Graduate or Professional Degree
- 9th grade GED
- 10th grade Some college or technical school (but no diploma)



22. Have you ever taken a class or participated in a workshop on early childhood education?

(Mark [X] one.)

- No Yes

23. If yes, did any of those classes or workshops focus on how young children learn to read?

(Mark [X] one.)

- No Yes

24. What do you consider to be your racial/ethnic background? *(Mark [X] all that apply)*

- American Indian or Alaskan Native
 Black/African American, not of Hispanic origin
 Hispanic/Latino(a)
 White, not of Hispanic origin
 Asian
 Native Hawaiian or Pacific Islander
 Other (specify):

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25. Do you have any other comments about the project?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE



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