

Administration Date\*:

Provider's Name

First:

Middle:

Last:

ELSS Name

First:

Last:

Fill out the below questions.

1. I have conversations with my children. \*

Less than weekly  
At least once a week  
Most days  
Every day

2. I have conversations with my children during everyday activities, such as mealtime and diaper changing. \*

Less than weekly  
At least once a week  
Most days  
Every day

3. I read with my children. \*

Less than weekly  
At least once a week  
Most days  
Every day

4. I tell stories to my children. \*

Less than weekly  
At least once a week  
Most days  
Every day

5. I encourage and participate in imaginary play with my children. \*

Less than weekly  
At least once a week  
Most days  
Every day

6. I describe the play activities of my children as they are happening. \*

Less than weekly  
At least once a week  
Most days  
Every day

7. I do music and movement activities with my children. \*

Less than weekly  
At least once a week  
Most days  
Every day

8. I use the books sent home by my child care provider with my children. \*

Less than weekly  
At least once a week  
Most days  
Every day

9. I use the guide sheets sent home by my child care provider with my children.\*

Less than weekly  
At least once a week  
Most days  
Every day

10. Rate your level of agreement with the following statements \*:

a. My child describes the pictures in books using words and sentences.

Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree

b. My child expresses strong positive or negative feelings appropriately.

Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree

c. My child is cooperative and follows directions when asked.

Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree

11. How many hours per day does your child(ren) spend looking at a screen (including TV, videogames, computer, phone screen, etc.)? \*

None

Less than two hours

Two to four hours

More than four hours

12. Overall, on a scale of 0 to 10, how satisfied were you with your experience in the program? \*