KCCTF ECBG

Using DAISEY for improved family services coordination & measurement

Technical Assistance Brief

DAISEY is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system will allow KS MIECHV partners improve data quality, track progress toward shared goals, and enhance communication and collaboration.

KCCTF ECBG Data Dictionary

This tool provides information on the data elements collected in DAISEY. Each section of this document represents a form. Each form section has information about the data elements in that form, including definitions/descriptions, possible responses, and the purpose of each element.

This document will not provide all information necessary for preparing data for Import into DAISEY. For detailed information on Import requirements, see the Data Crosswalk.

Last Updated:
01/20/2025

Contents

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below

Form Name

Question Label	Question Data Type	Question Format Type	Mandatory	Response Options
The data element or question as it appears in DAISEY.	The format of the response options in DAISEY. May include: Drop-down (single choice), Drop-down list (multiple choice), Date, Text, Narrative, & Auto-generated.	The type of format response options in DAISEY. May include: text, alphanumeric, date, numeric.	Response must be completed	If the data element or question includes a menu of possible responses, the responses are listed here. Otherwise, there will be "N/A".

Caregiver Profile

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Program Affiliation				
Please select program affiliation(s)	Drop-down list (multiple choice)	Alphanumeric	Response options based on Programs assigned to DAISEY User	No
Program Information				
Caregiver ID	Text	Alphanumeric		No
Caregiver System ID	Auto-generated	Alphanumeric		No
Alternate ID	Text	Alphanumeric		No
Enrollment Date	Text	Date (mm/dd/yyyy)		Yes
Discharge Date	Text	Date (mm/dd/yyyy)		No
Active Status	Drop-down list (single choice)	Text	Active|Inactive	No
Caregiver Information				
First Name	Text	Alphanumeric		No
Last Name	Text	Alphanumeric		No
Date of Birth	Date	Date (mm/dd/yyyy)		Yes
Caregiver Gender	Drop-down list (single choice)	Text	Male|Female	No
Caregiver Ethnicity	Drop-down list (single choice)	Text	Hispanic/Latino/Spanish Origin|Non-Hispanic/Non-Latino/Not Spanish Origin	No
Caregiver Race (check all that apply)	Check box (multiple choice)	Text	American Indian or Alaska Native|Asian|African American or Black|Native Hawaiian or Other Pacific Islander|White|Other	No
Caregiver Race (Other)	Text	Text		No
Is this the primary caregiver of the child?	Drop-down list (single choice)	Text	Yes|No	No
Caregiver's Relation to Primary Caregiver	Drop-down list (single choice)	Text	Self|Spouse|Partner|Child|Parent|Grandparent|Aunt|Uncle|Niece|Nephew|Sibling|Other	No

Child Profile

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Program Affiliation				
Please select program affiliation(s)	Drop-down list (multiple choice)	Alphanumeric	Response options based on Programs assigned to DAISEY User	No
Program Information				
Child ID	Text	Alphanumeric		No
Child System ID	Auto-generated	Alphanumeric		No
Active Status	Drop-down list (single choice)	Text	Active|Inactive	No
Enrollment Date	Text	Date (mm/dd/yyyy)		Yes
Discharge Date	Text	Date (mm/dd/yyyy)		No
Child Information				
First Name	Text	Alphanumeric		No
Last Name	Text	Alphanumeric		No
Date of Birth	Date	Date (mm/dd/yyyy)		Yes
Child Gender	Drop-down list (single choice)	Text	Male|Female	Yes
Child Ethnicity	Drop-down list (single choice)	Text	Hispanic/Latino/Spanish Origin|Non-Hispanic/Non-Latino/Not Spanish Origin	No
Child Race (check all that apply)	Check box (multiple choice)	Text	American Indian or Alaska Native|Asian|African American or Black|Native Hawaiian or Other Pacific Islander|White|Other	No
Child Race (Other)	Text	Text		No
Child Alternate IDs				
Alternate ID	Text	Numeric		
Child's myIGDI ID	Text	Text		No
State Student ID (as assigned by KSDE)	Text	Numeric		No
Caregiver Information				
Was either biological parent of this child a teen (19 or younger) when the child was born?	Drop-down list (single choice)	Text	Yes|No	Yes
Child Relationship to Primary Caregiver	Drop-down list (single choice)	Text	Son|Daughter|Niece|Nephew|Sibling|Foster Child|Grandchild|Other	Yes
Child Relationship to Primary Caregiver (Other):	Text	Text		No
Primary Caregiver ID	Text	Alphanumeric	Generated by DAISEY	No
Primary Caregiver System ID	Text	Numeric	Generated by DAISEY	No

Environment Profile

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Program Affiliation				
Please select program affiliation(s)	Drop-down list (multiple choice)	Alphanumeric	Response options based on Programs assigned to DAISEY User	No
Add Environment				
Environment ID:	Auto-generated	Alphanumeric		No
Environment System ID:	Auto-generated	Alphanumeric		No
Active Status	Drop-down list (single choice)	Text	Active|Inactive	No
Program/Academic Year:	Drop-down list (single choice)	Text	2025-2026|2024-2025|2023-2024|2022-2023|2021-2022|2020-2021|2019-2020|2018-2019|2017-2018	Yes
Enter full name for Environment, do not enter abbreviations.	Explanation	Text		
Environment Name:	Text	Text		Yes
Environment Type:	Drop-down list (single choice)	Text	PreK|Child Care: Center-Based|Child Care: Home-Based	Yes
Environment Type:	Drop-down list (single choice)	Text	Classroom|Child Care	No
Enter full name for School or Facility and Teacher or Provider, do not enter abbreviations.	Explanation	Text		
Name of School or Facility:	Text	Text		Yes
Teacher or Provider	Text	Text		No
Please refer to the most recent version of the Common Measures Table for the Program Types and Infrastructure Types applicable to this classroom/program. ***DO NOT select Social-Emotional Classroom Consultation if it is not on the Common Measures Table for your program.*** Contact Christie Wyckoff (cnwyckoff@ksde.org) with questions.	Explanation	Text		No
Environment Program Type:	Drop-down list (multiple choice)	Text	1,Child Care|2,Classroom Infrastructure|3,PreK	Yes
Child Care Type:	Drop-down list (single choice)	Text	3,Routine Child Care (not Respite or Tuition Assistance) |1,Respite|2,Tuition Assistance	No
Infrastructure Type (select one or more, check Common Measures Table):	Drop-down list (multiple choice)	Text	1,Academic (Literacy & Numeracy) Classroom Consultation (not Social-Emotional)|2,Concrete Supports|3,Curriculum Materials|4,Incentives for Teachers or Providers (non-education related)|5,Professional Development|6,Scholarships for Teachers or Providers|7,Social-Emotional Classroom Consultation	No

PreK Type:	Drop-down list (single choice)	Text	3,Routine PreK (not Summer or Tuition Assistance)|1,Summer|2,Tuition Assistance	No
Curriculum Used in the Classroom				
Literacy Curriculum	Text	Text		Yes
Numeracy Curriculum	Text	Text		Yes
Social-Emotional Curriculum	Text	Text		Yes
Number of hours per week	Drop-down list (single choice)	Text	1,8 hours or less|2,8.25 - 12 hours|3,12.25 - 16 hours|4,16.25 - 20 hours|5,20.25 - 30 hours|6,30.25 - 40 hours|7,40.25 hours or more	Yes
Select number of days per week	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Enter number of hours per day	Text	Numeric		Yes
Select duration	Drop-down list (single choice)	Text	1,Year-Round|2,Academic Year|3,Summer|4,Other - describe	Yes
Describe other duration	Text	Text		No
Start Time				
Hour	Text	Numeric		Yes
Minute	Text	Numeric		Yes
AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
Hour	Text	Numeric		Yes
Minute	Text	Numeric		Yes
AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
Associated Children For Environment	Text	Numeric		No

Enrollment Discharge-Caregiver

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Enrollment and Discharge Form - Caregiver				
For Date of Activity, enter today's date.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Program Information				
Please refer to the most recent version of the Common Measures Table for the Program Types and Infrastructure Types applicable to this classroom/program.	Explanation	Text		No
Program Type (for Caregiver receiving direct services)	Drop-down list (single choice)	Text	1,Case Management|2,Home Visiting|3,Parent Education	Yes
Home Visiting Curriculum	Drop-down list (single choice)	Text	Attachment & Biobehavioral Catch-Up|Early Head Start|Early Steps to School Success|Healthy Families|Nurse-Family Partnership|Nurturing Parenting|Parents as Teachers|Play & Learning Strategies|Other	No
Other Home Visiting Curriculum	Text	Text		
Parent Education Curriculum	Drop-down list (single choice)	Text	Parent Education|24/7 Dads|Play Therapy|Triple P	No
Enrollment Information				
Enrollment Date	Date	Date (mm/dd/yyyy)		Yes
Pregnancy Status at Enrollment (choose Not Applicable for male caregivers)	Drop-down list (single choice)	Text	1,Did Not Disclose|2,Not Pregnant|3,Pregnant|4,Not Applicable	Yes
Estimated Due Date	Date	Date (mm/dd/yyyy)		No
Enrollment Notes	Narrative	Text		No
Referral Information				
Referral Source	Drop-down list (single choice)	Text	1,Child Welfare Services|2,Family or Friend|3,Self|4,Other	No
Source of Referral (Other)	Text	Text		No
Date site received referral	Date	Date (mm/dd/yyyy)		No
Discharge Information				
Discharge Date	Date	Date (mm/dd/yyyy)		Yes
Discharge Reason	Drop-down list (single choice)	Text	1,Completed Program|2,Child Aged Out|3,Moved out of Service Area|4,No Contact|5,Could Not Locate|6,No Longer Interested in Services|7,Unable to Participate in Services|8,DCF Involvement: Non-Prevention Case Opened|9,Other	Yes
Discharge Reason (Other)	Text	Text		No
Discharge Notes	Narrative	Text		No
Save the form upon enrollment (as you will not be allowed to Submit without discharge fields completed), then please Submit the form upon discharge.	Explanation	Text		No

Enrollment Discharge-Child

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Enrollment and Discharge Form - Child				
For Date of Activity, enter today's date.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Program Information				
Please refer to the most recent version of the Common Measures Table for the Program Types applicable to this caregiver.	Explanation	Text		No
Program Type (for Child receiving services)	Drop-down list (single choice)	Text	1,Child Care|3,Child Care (Tuition Assistance)|9,Classroom Infrastructure|5,Mental & Behavioral Health for Children|6,PreK|7,PreK (Summer)|8,PreK (Tuition Assistance)|11,Social-Emotional Classroom Consultation|10,Special Needs Children (Part B or Part C)	Yes
PreK Program	Drop-down list (single choice)	Text	PreK|PreK (Summer)|Early Learning|Early Head Start|Head Start	No
Child Care Program	Drop-down list (single choice)	Text	Child Care|Child Care (Before & After PreK)|Child Care (Respite)|Early Learning|Early Head Start|Head Start	No
Enrollment Information				
Enrollment Date	Date	Date (mm/dd/yyyy)		Yes
Enrollment Notes	Narrative	Text		No
Referral Information				
Referral Source	Drop-down list (single choice)	Text	1,Child Welfare Services|2,Family or Friend|3,Self|4,Other	No
Source of Referral (Other)	Text	Text		No
Date site received referral	Date	Date (mm/dd/yyyy)		No
Discharge Information				
Discharge Date	Date	Date (mm/dd/yyyy)		Yes
Discharge Reason	Drop-down list (single choice)	Text	1,Completed Program|2,Child Aged Out|3,Moved out of Service Area|4,No Contact|5,Could Not Locate|6,No Longer Interested in Services|7,Unable to Participate in Services|8,DCF Involvement: Non-Prevention Case Opened|9,Other	Yes
Discharge Reason (Other)	Text	Text		No
Discharge Notes	Narrative	Text		No
Save the form upon enrollment (as you will not be allowed to Submit without discharge fields completed), then please Submit the form upon discharge.	Explanation	Text		No

Demographics & Risk Factors

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Program Information				
Currently Enrolled Children: If this child WAS enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of July 1 of the current year. **Newly Enrolled Children**: If this child WAS NOT enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of their enrollment date into the ECBG program. **Prenatal Enrollment**: Do NOT complete this form for a child that is not yet born; even if caregiver is receiving prenatal services. Only complete once the child is born. "Date of Activity" should be the date the form is entered in DAISEY.				N/A
Date of Activity	Date	Dynamic Date	N/A	Yes
Program/Academic Year	Drop-down list (single choice)	Alphanumeric Text	2025-2026	Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child	generated by DAISEY system	Yes
Location & Contact Information				
Address 1	Text	Alphanumeric	[open text field]	No
Address 2	Text	Alphanumeric	[open text field]	No
City	Text	Alphanumeric	[open text field]	No
State	Drop-down list (single choice)	Text	AL|AK|AZ|AR|CA|CO|CT|DE|FL|GA|HI|ID|IL|IN|IA|KS|KY|LA|ME|MD|MA|MI|MN|MS|MO|MT|NE|NV|NH|NJ|NM|NY|NC|ND|OH|OK|OR|PA|RI|SC|SD|TN|TX|UT|VT|VA|WA|WV|WI|WY	No
Zip	Text	Numeric	[open text field]	Yes
County	Drop-down list (single choice)	Text	Outside the State of Kansas| Allen|Anderson|Atchison| Barber|Barton|Bourbon|Brown|Butler|Chase|Chautauqua| Cherokee|Cheyenne|Clark|Clay|Cloud|Coffey|Comanche|Cowley|Crawford|Decatur|Dickinson|Doniphan|Douglas|Edwards|Elk| Ellis| Ellsworth|Finney|Ford|Franklin|Geary|Gove|Graham|Grant|Gray|Greeley|Greenwood|Hamilton|Harper|Harvey|Haskell| Hodgeman|Jackson|Jefferson|Jewell|Johnson|Kearny|Kingman|Kiowa|Labette|Lane|Leavenworth|Lincoln|Linn|Logan|Lyon| Marion|Marshall|McPherson|Meade|Miami|Mitchell|Montgomery|Morris|Morton|Nemaha|Neosho|Ness|Norton| Osage|Osborne|Ottawa|Pawnee|Phillips|Pottawatomie|Pratt|Rawlins|Reno|Republic|Rice|Riley|Rooks|Rush|Russell|Saline| Scott|Sedgwick|Seward|Shawnee|Sheridan|Sherman|Smith|Stafford|Stanton|Stevens|Sumner|Thomas|Trego|Wabaunsee|Wallace|Washington| Wichita|Wilson|Woodson|Wyandotte	No
Telephone	Text	Alphanumeric	[open text field]	No
Child Information				

Child Insurance Status	Drop-down list (single choice)	Text	Medicaid/State Children Insurance Program (SCHIP) Title - XXI|Tri-Care|Private or Other|No Insurance Coverage	Yes
Is the child living in foster care, custodial kinship care (e.g., grandparent, aunt uncle, etc.), or another out-of-home placement and/or was this child referred to the program by the Kansas Department of Children & Families (DCF)? The DCF referral must document the child's need to receive the programs services and be signed by the DCF agent.	Drop-down list (single choice)	Text	Yes|No	Yes
Does the child have an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP)?	Drop-down list (single choice)	Text	Yes|No	Yes
Is this child participating in Part B (Assistance for Education of All Children with Disabilities) or Part C (Early Intervention) services?	Drop-down list (single choice)	Text	Yes|No	Yes
English Proficiency				
What language does the primary caregiver speak/use the most with the child?	Drop-down list (single choice)	Text	English|Arabic|Chinese|French|Italian|Japanese|Korean|Polish|Russian|Spanish|Tagalog|Tribal languages|Vietnamese|Other	Yes
If "Other" was chosen as language, please indicate which language.	Text	Text	[open text field]	No
What language does the child speak/use the most at home? Do not include language learned in a class or through television or other such programming.	Drop-down list (single choice)	Text	English|Arabic|Chinese|French|Italian|Japanese|Korean|Polish|Russian|Spanish|Tagalog|Tribal languages|Vietnamese|Other	Yes
If "Other" was chosen as language, please indicate which language.	Text	Text	[open text field]	No
What language do the adults regularly present or living in the child's home speak/use the most while in presence of the child?	Drop-down list (single choice)	Text	English|Arabic|Chinese|French|Italian|Japanese|Korean|Polish|Russian|Spanish|Tagalog|Tribal languages|Vietnamese|Other	Yes
If "Other" was chosen as language, please indicate which language.	Text	Text	[open text field]	No
What language did the child first learn to speak/use?	Drop-down list (single choice)	Text	English|Arabic|Chinese|French|Italian|Japanese|Korean|Polish|Russian|Spanish|Tagalog|Tribal languages|Vietnamese|Other	Yes

If "Other" was chosen as language, please indicate which language.	Text	Text	[open text field]	No
Caregiver Information				
Primary Caregiver's Education Level	Drop-down list (single choice)	Text	Currently enrolled in high school|Of high school age not enrolled|Less than HS diploma|GED|High School Diploma|Some college/training|Technical Training Certification/Associate Degree|Bachelor Degree or higher	Yes
Secondary Caregiver's Education Level	Drop-down list (single choice)	Text	Currently enrolled in high school|Of high school age not enrolled|Less than HS diploma|GED|High School Diploma|Some college/training|Technical Training Certification/Associate Degree|Bachelor Degree or higher|Not Available	Yes
Primary Caregiver's Marital Status	Drop-down list (single choice)	Text	Never Married| Married| Separated| Divorced|Widowed	Yes
Secondary Caregiver's Marital Status	Drop-down list (single choice)	Text	Never Married| Married| Separated| Divorced|Widowed|No Secondary Caregiver	Yes
Primary Caregiver's Military Status	Drop-down list (single choice)	Text	Current Armed Forces Member|Former Armed Forces Member|Never Served (None)	No
Secondary Caregiver's Military Status	Drop-down list (single choice)	Text	Current Armed Forces Member|Former Armed Forces Member|Never Served (None)|No Secondary Caregiver	No
Is this a child of Migratory Workers? Child's guardian (or their guardian's spouse) is a migratory agricultural worker or fisher who has moved in the past 36 months to obtain seasonal or temporary agricultural or fishing employment.	Drop-down list (single choice)	Text	Yes|No	Yes
Household Information				
# of people in household (include everyone)	Text	Numeric	[open text field]	Yes
In the last year, has the child's family had to sleep in a temporary living arrangement?	Drop-down list (single choice)	Text	Yes|No	Yes
Total Yearly Household Income Range	Drop-down list (single choice)	Alphanumeric	Less than $10,000|$10,000 – $19,999|$20,000 – $29,999|$30,000 – $39,999|$40,000 – $49,999|$50,000 – $59,999|$60,000 – $69,999|$70,000 – $79,999|$80,000 – $89,999|$90,000 – $99,999|Greater than $100,000	Yes
Total Yearly Household Income	Text	Numeric	[open text field]	No

ASQ-3

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		No
What is the relationship to the child of the person completing the assessment for the child?	Drop-down list (single choice)	Text	Parent|Guardian|Teacher|Child Care Provider|Grandparent or other relative|Foster Parent|Other	Yes
If Other, please describe the Other relationship	Text	Text		No
Children assessed using an incorrect screening month for their age are invalid and will not be included in the ECBG evaluation. ECBG evaluators will use the date of activity on this form and the birth date from the Child's Profile to determine if the correct screening month was used.	Explanation	Text		No
ASQ-3 Screening Month	Drop-down list (single choice)	Text	2|4|6|8|9|10|12|14|16|18|20|22|24|27|30|33|36|42|48|54|60	Yes
Scoring Information				
Communication Area Total Score	Text	Numeric		Yes
Gross Motor Area Total Score	Text	Numeric		Yes
Fine Motor Area Total Score	Text	Numeric		Yes
Problem-Solving Area Total Score	Text	Numeric		Yes
Personal-Social Area Total Score	Text	Numeric		Yes

ASQ SE-2

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Children should be screened using the correct screening month for their age based on the Date of Activity field on this form and the Date of Birth field on the Child's DAISEY Profile.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
ASQ:SE-2 Screening Month	Drop-down list (single choice)	Text	2|6|12|18|24|30|36|48|60	Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		No
What is the relationship to the child of the person completing the assessment for the child?	Drop-down list (single choice)	Text	Parent|Guardian|Teacher|Child Care Provider|Grandparent or other relative|Foster Parent|Other	Yes
If Other, please describe the Other relationship	Text	Text		No
ASQ:SE-2 Score	Text	Numeric		Yes

DECA-Infant

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Assessment Information				
The assessment should be completed by someone who has had contact with the child, at minimum, for two (2) or more hours, two (2) days per week, over a span of four (4) weeks; it should NOT be completed by the person conducting the intervention with the child. Please contact the evaluation team at WSU with questions regarding the administration of the assessment. **IMPORTANT**: All raw scores should be whole numbers only.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
What is the relationship of the person completing the assessment of the child?	Drop-down list (single choice)	Text	10,Child Care Provider|4,Para educator|9,Parent or Caregiver|7,Teacher|8,Other	Yes
If Other, please describe the Other relationship:	Text	Text		No
Scores				
Initiative (IN) Raw Score	Text	Numeric		Yes
IN T-Score (28-72)	Text	Numeric		Yes
IN Percentile (1-99)	Text	Numeric		No
Attachment / Relationships (AR) Raw Score	Text	Numeric		Yes
AR T-Score (28-72)	Text	Numeric		Yes
AR Percentile (1-99)	Text	Numeric		No
Total Protective Factors (TPF) Raw Score	Text	Numeric		Yes
TPF T-Score (28-72)	Text	Numeric		Yes
TPF Percentile (1-99)	Text	Numeric		No

DECA-P2

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
The assessment should be completed by someone who has had contact with the child, at minimum, for two (2) or more hours, two (2) days per week, over a span of four (4) weeks; it should NOT be completed by the person conducting the intervention with the child. Please contact the evaluation team at WSU with questions regarding the administration of the assessment. **IMPORTANT**: All raw scores should be whole numbers only.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
What is the relationship of the person completing the assessment of the child?	Drop-down list (single choice)	Text	10,Child Care Provider|4,Para educator|9,Parent or Caregiver|7,Teacher|8,Other	Yes
If Other, please describe the Other relationship:	Text	Text		No
Scales				
Initiative (IN) Raw Score	Text	Numeric		Yes
IN T-Score (28-72)	Text	Numeric		Yes
IN Percentile (1-99)	Text	Numeric		No
Self-Regulation (SR) Raw Score	Text	Numeric		Yes
SR T-Score (28-72)	Text	Numeric		Yes
SR Percentile (1-99)	Text	Numeric		No
Attachment / Relationships (AR) Raw Score	Text	Numeric		Yes
AR T-Score (28-72)	Text	Numeric		Yes
AR Percentile (1-99)	Text	Numeric		No
Total Protective Factors (TPF) Raw Score	Text	Numeric		Yes
TPF T-Score (28-72)	Text	Numeric		Yes
TPF Percentile (1-99)	Text	Numeric		No
Behavioral Concerns (BC) Raw Score	Text	Numeric		Yes
BC T-Score (28-72)	Text	Numeric		Yes
BC Percentile (1-99)	Text	Numeric		No

DECA-Toddler

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
The assessment should be completed by someone who has had contact with the child, at minimum, for two (2) or more hours, two (2) days per week, over a span of four (4) weeks; it should NOT be completed by the person conducting the intervention with the child. Please contact the evaluation team at WSU with questions regarding the administration of the assessment. **IMPORTANT**: All raw scores should be whole numbers only.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
What is the relationship of the person completing the assessment of the child?	Drop-down list (single choice)	Text	10,Child Care Provider|4,Para educator|9,Parent or Caregiver|7,Teacher|8,Other	Yes
If Other, please describe the Other relationship:	Text	Text		No
Scales				
Attachment / Relationships (AR) Raw Score	Text	Numeric		Yes
AR T-Score (28-72)	Text	Numeric		Yes
AR Percentile (1-99)	Text	Numeric		No
Initiative (IN) Raw Score	Text	Numeric		Yes
IN T-Score (28-72)	Text	Numeric		Yes
IN Percentile (1-99)	Text	Numeric		No
Self-Regulation (SR) Raw Score	Text	Numeric		Yes
SR T-Score (28-72)	Text	Numeric		Yes
SR Percentile (1-99)	Text	Numeric		No
Total Protective Factors (TPF) Raw Score	Text	Numeric		Yes
TPF T-Score (28-72)	Text	Numeric		Yes
TPF Percentile (1-99)	Text	Numeric		No

IGDI-ECI

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
School or Center	Text	Text		Yes
Class/Instructor	Text	Text		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Observer/Assessor/Coder First and Last Name	Text	Text		Yes
Early Communication Indicator				
Duration				
Six (6) minutes is the recommended duration, however, forms that have less than four (4) minutes are invalid and will be excluded from the ECBG Evaluation.	Explanation	Text		No
Total Minutes ECI	Text	Numeric		Yes
Total Seconds ECI	Text	Numeric		Yes
Scores				
Total Gestures	Text	Numeric		Yes
Total Vocalizations	Text	Numeric		Yes
Total Single Words	Text	Numeric		Yes
Total Multi-Word	Text	Numeric		Yes

KIPS

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Assessment Information				
Date of Activity	Date	Dynamic Date		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
What is the relationship of the adult being observed to the child being observed?	Drop-down list (single choice)	Text	1,Mother|2,Father|3,Stepmother|4,Stepfather|5,Foster Mother|6,Foster Father|7,Aunt|8,Uncle|9,Grandmother|10,Grandfather|11,Other	Yes
If Other, please describe the Other relationship:	Text	Text		No
Observation				
Rated by (Observer Name; include first & last)	Text	Text		Yes
Reliability Observation	Drop-down list (single choice)	Text	Yes|No	Yes
Scores				
Not Observed (NOB): report by leaving the drop-down for the specific area blank. Having more than 3 areas (1-10) that are "(blank)", aka NOB, makes the assessment invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
1. Sensitivity of Responses	Drop-down list (single choice)	Text	1|2|3|4|5	No
2. Supports Emotions	Drop-down list (single choice)	Text	1|2|3|4|5	No
3. Physical Interaction	Drop-down list (single choice)	Text	1|2|3|4|5	No
4. Involvement in Child's Activities	Drop-down list (single choice)	Text	1|2|3|4|5	No
5. Open to Child's Agenda	Drop-down list (single choice)	Text	1|2|3|4|5	No
6. Language Experiences	Drop-down list (single choice)	Text	1|2|3|4|5	No
7. Reasonable Expectations	Drop-down list (single choice)	Text	1|2|3|4|5	No
8. Adapts Strategies to Child	Drop-down list (single choice)	Text	1|2|3|4|5	No
9. Limits and Consequences	Drop-down list (single choice)	Text	1|2|3|4|5	No
10. Supportive Directions	Drop-down list (single choice)	Text	1|2|3|4|5	No
11. Encouragement	Drop-down list (single choice)	Text	1|2|3|4|5	Yes
12. Promotes Exploration/Curiosity	Drop-down list (single choice)	Text	1|2|3|4|5	Yes
KIPS Mean Score	Calculated	Numeric		No

myIGDI-Early Literacy+

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
School or Center	Text	Text		Yes
Class/Instructor	Text	Text		Yes
Early Literacy+				
myIGDI Early Literacy+ Sub Assessment Name	Drop-down list (single choice)	Text	Picture Naming|Rhyming|Alliteration|Sound Identification|Which One Doesn't Belong|Picture Naming/Denominacion de los Dibujos|Expressive Verbs/Verbos Expressivos|First Sounds/Primeros Sonidos|Sound ID/Identificación de los sonidos|Letter ID/Identificación de las letras	Yes
Testing Type	Drop-down list (single choice)	Text	Screening|Progress Monitoring	No
Testing Season	Drop-down list (single choice)	Text	Spring|Summer|Fall|Winter	Yes
Tier	Drop-down list (single choice)	Text	I|Cut|II/III	No
Sub Assessment Score	Text	Numeric		Yes
Sub Assessment Scaled Score	Text	Numeric		No

myIGDI-Numeracy

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
School or Center	Text	Text		Yes
Class/Instructor	Text	Text		Yes
Numeracy				
myIGDI Numeracy Sub Assessment Name	Drop-down list (single choice)	Text	Oral Counting Fluency|Quantity Comparison Fluency|Number Naming Fluency|1 to 1 Correspondence Counting Fluency	Yes
Testing Type	Drop-down list (single choice)	Text	Screening|Progress Monitoring	No
Testing Season	Drop-down list (single choice)	Text	Spring|Summer|Fall|Winter	Yes
Tier	Drop-down list (single choice)	Text	I|Cut|II/III	No
Sub Assessment Score	Text	Numeric		Yes

Parent Stress Index (PSI)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
PSI- Short Form				
Date of Activity	Date	Dynamic Date		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
What is the relationship of the adult being observed to the child being observed?	Drop-down list (single choice)	Text	1,Mother|2,Father|3,Stepmother|4,Stepfather|5,Foster Mother|6,Foster Father|7,Aunt|8,Uncle|9,Grandmother|10,Grandfather|11,Other	Yes
If Other, please describe the Other relationship:	Text	Text		No
In which language was the Parenting Stress Index- Short Form completed?	Drop-down list (single choice)	Text	1,English|2,Spanish	Yes
Scores				
Defensive Responding				
Defensive Responding (DR) Raw Score	Text	Numeric		Yes
Parental Distress				
Parental Distress (PD) Raw Score	Text	Numeric		Yes
Parental Distress Percentile (%)	Text	Numeric		Yes
Parent-Child Dysfunctional Interactions				
Parent-Child Dysfunctional Interactions (P-CDI) Raw Score	Text	Numeric		Yes
Parent-Child Dysfunctional Interactions (P-CDI) Percentile (%)	Text	Numeric		Yes
Difficult Child				
Difficult Child (DC) Raw Score	Text	Numeric		Yes
Difficult Child (DC) Percentile (%)	Text	Numeric		Yes
Total Score				
Total Stress Raw Score	Calculated	Text		No
Total Stress Percentile (%)	Text	Numeric		Yes

CLASS-Infant

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Overview				
Environment System ID:	Auto-generated	Alphanumeric		No
Environment ID:	Auto-generated	Alphanumeric		Yes
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Observation				
Was this a double-scored (reliability) observation?	Drop-down list (single choice)	Text	Yes|No	Yes
Oberserver Name (first and last)	Text	Text		Yes
Start Time				
Start Time Hour	Text	Numeric		Yes
Start Time Minute	Text	Numeric		Yes
Start Time AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour	Text	Numeric		Yes
End Time Minute	Text	Numeric		Yes
End Time AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
Classroom				
Lead Teacher Name (first and last)	Text	Text		Yes
Number of adults	Text	Numeric		No
Number of children	Text	Numeric		No
Cycle 1				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 1	Text	Numeric		Yes
Start Time Minute - Cycle 1	Text	Numeric		Yes
Start Time AM or PM - Cycle 1	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				

End Time Hour - Cycle 1	Text	Numeric		Yes
End Time Minute - Cycle 1	Text	Numeric		Yes
End Time AM or PM - Cycle 1	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Rationale Climate (RC) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitated Exploration (FE) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Early Language Support (ELS) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 2				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 2	Text	Numeric		Yes
Start Time Minute - Cycle 2	Text	Numeric		Yes
Start Time AM or PM - Cycle 2	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 2	Text	Numeric		Yes
End Time Minute - Cycle 2	Text	Numeric		Yes
End Time AM or PM - Cycle 2	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Rationale Climate (RC) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitated Exploration (FE) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Early Language Support (ELS) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 3				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 3	Text	Numeric		Yes
Start Time Minute - Cycle 3	Text	Numeric		Yes
Start Time AM or PM - Cycle 3	Drop-down list (single choice)	Text	AM|PM	Yes

End Time				
End Time Hour - Cycle 3	Text	Numeric		Yes
End Time Minute - Cycle 3	Text	Numeric		Yes
End Time AM or PM - Cycle 3	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Rationale Climate (RC) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitated Exploration (FE) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Early Language Support (ELS) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 4				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 4	Text	Numeric		Yes
Start Time Minute - Cycle 4	Text	Numeric		Yes
Start Time AM or PM - Cycle 4	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 4	Text	Numeric		Yes
End Time Minute - Cycle 4	Text	Numeric		Yes
End Time AM or PM - Cycle 4	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Rationale Climate (RC) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitated Exploration (FE) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Early Language Support (ELS) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 5				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 5	Text	Numeric		Yes
Start Time Minute - Cycle 5	Text	Numeric		Yes

Start Time AM or PM - Cycle 5	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 5	Text	Numeric		Yes
End Time Minute - Cycle 5	Text	Numeric		Yes
End Time AM or PM - Cycle 5	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Rationale Climate (RC) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitated Exploration (FE) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Early Language Support (ELS) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 6				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 6	Text	Numeric		Yes
Start Time Minute - Cycle 6	Text	Numeric		Yes
Start Time AM or PM - Cycle 6	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 6	Text	Numeric		Yes
End Time Minute - Cycle 6	Text	Numeric		Yes
End Time AM or PM - Cycle 6	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Rationale Climate (RC) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	No
Educator Sensitivity (ES) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	No
Facilitated Exploration (FE) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	No
Early Language Support (ELS) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	No

CLASS-PreK

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Overview				
Environment System ID:	Auto-generated	Alphanumeric		No
Environment ID:	Auto-generated	Alphanumeric		Yes
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Observation				
Was this a double-scored (reliability) observation?	Drop-down list (single choice)	Text	Yes|No	Yes
Oberserver Name (first and last)	Text	Text		Yes
Start Time				
Start Time Hour	Text	Numeric		Yes
Start Time Minute	Text	Numeric		Yes
Start Time AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour	Text	Numeric		Yes
End Time Minute	Text	Numeric		Yes
End Time AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
Classroom				
Lead Teacher Name (first and last)	Text	Text		Yes
Number of adults	Text	Numeric		No
Number of children	Text	Numeric		No
Cycle 1				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 1	Text	Numeric		Yes
Start Time Minute - Cycle 1	Text	Numeric		Yes
Start Time AM or PM - Cycle 1	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				

End Time Hour - Cycle 1	Text	Numeric		Yes
End Time Minute - Cycle 1	Text	Numeric		Yes
End Time AM or PM - Cycle 1	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 1. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Behavior Management (BM) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Productivity (P) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Instructional Learning Formats (ILF) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Concept Development (CD) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 2				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 2	Text	Numeric		Yes
Start Time Minute - Cycle 2	Text	Numeric		Yes
Start Time AM or PM - Cycle 2	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 2	Text	Numeric		Yes
End Time Minute - Cycle 2	Text	Numeric		Yes
End Time AM or PM - Cycle 2	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 2. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes

Behavior Management (BM) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Productivity (P) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Instructional Learning Formats (ILF) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Concept Development (CD) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 3				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 3	Text	Numeric		Yes
Start Time Minute - Cycle 3	Text	Numeric		Yes
Start Time AM or PM - Cycle 3	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 3	Text	Numeric		Yes
End Time Minute - Cycle 3	Text	Numeric		Yes
End Time AM or PM - Cycle 3	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 3. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Behavior Management (BM) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Productivity (P) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Instructional Learning Formats (ILF) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Concept Development (CD) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 4				

CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 4	Text	Numeric		Yes
Start Time Minute - Cycle 4	Text	Numeric		Yes
Start Time AM or PM - Cycle 4	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 4	Text	Numeric		Yes
End Time Minute - Cycle 4	Text	Numeric		Yes
End Time AM or PM - Cycle 4	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 4. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Behavior Management (BM) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Productivity (P) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Instructional Learning Formats (ILF) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Concept Development (CD) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 5				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 5	Text	Numeric		Yes
Start Time Minute - Cycle 5	Text	Numeric		Yes
Start Time AM or PM - Cycle 5	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 5	Text	Numeric		Yes
End Time Minute - Cycle 5	Text	Numeric		Yes

End Time AM or PM - Cycle 5	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 5. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Behavior Management (BM) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Productivity (P) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Instructional Learning Formats (ILF) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Concept Development (CD) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 6				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 6	Text	Numeric		Yes
Start Time Minute - Cycle 6	Text	Numeric		Yes
Start Time AM or PM - Cycle 6	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 6	Text	Numeric		Yes
End Time Minute - Cycle 6	Text	Numeric		Yes
End Time AM or PM - Cycle 6	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 6. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Behavior Management (BM) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Productivity (P) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes

Instructional Learning Formats (ILF) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Concept Development (CD) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes

CLASS-Toddler

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Overview				
Environment System ID:	Auto-generated	Alphanumeric		No
Environment ID:	Auto-generated	Alphanumeric		Yes
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Observation				
Was this a double-scored (reliability) observation?	Drop-down list (single choice)	Text	Yes|No	Yes
Oberserver Name (first and last)	Text	Text		Yes
Start Time				
Start Time Hour	Text	Numeric		Yes
Start Time Minute	Text	Numeric		Yes
Start Time AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour	Text	Numeric		Yes
End Time Minute	Text	Numeric		Yes
End Time AM or PM	Drop-down list (single choice)	Text	AM|PM	Yes
Classroom				
Lead Teacher Name (first and last)	Text	Text		Yes
Number of adults	Text	Numeric		No
Number of children	Text	Numeric		No
Cycle 1				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 1	Text	Numeric		Yes
Start Time Minute - Cycle 1	Text	Numeric		Yes
Start Time AM or PM - Cycle 1	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				

End Time Hour - Cycle 1	Text	Numeric		Yes
End Time Minute - Cycle 1	Text	Numeric		Yes
End Time AM or PM - Cycle 1	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 1. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 1	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7	Yes
Behavior Guidance (BG) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitation of Learning and Development (FLD) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 1	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 2				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 2	Text	Numeric		Yes
Start Time Minute - Cycle 2	Text	Numeric		Yes
Start Time AM or PM - Cycle 2	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 2	Text	Numeric		Yes
End Time Minute - Cycle 2	Text	Numeric		Yes
End Time AM or PM - Cycle 2	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	
Negative Climate (NC) - Cycle 2. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	
Educator Sensitivity (ES) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	
Regard for Child Perspectives (RCP) - Cycle 2	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7	
Behavior Guidance (BG) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	
Facilitation of Learning and Development (FLD) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	

Quality of Feedback (QF) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	
Language Modeling (LM) - Cycle 2	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	
Cycle 3				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 3	Text	Numeric		Yes
Start Time Minute - Cycle 3	Text	Numeric		Yes
Start Time AM or PM - Cycle 3	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 3	Text	Numeric		Yes
End Time Minute - Cycle 3	Text	Numeric		Yes
End Time AM or PM - Cycle 3	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 3. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 3	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7	Yes
Behavior Guidance (BG) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitation of Learning and Development (FLD) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 3	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 4				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 4	Text	Numeric		Yes
Start Time Minute - Cycle 4	Text	Numeric		Yes
Start Time AM or PM - Cycle 4	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 4	Text	Numeric		Yes

End Time Minute - Cycle 4	Text	Numeric		Yes
End Time AM or PM - Cycle 4	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 4. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 4	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7	Yes
Behavior Guidance (BG) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitation of Learning and Development (FLD) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 4	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 5				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 5	Text	Numeric		Yes
Start Time Minute - Cycle 5	Text	Numeric		Yes
Start Time AM or PM - Cycle 5	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 5	Text	Numeric		Yes
End Time Minute - Cycle 5	Text	Numeric		Yes
End Time AM or PM - Cycle 5	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 5. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 5	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7	Yes
Behavior Guidance (BG) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitation of Learning and Development (FLD) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes

Language Modeling (LM) - Cycle 5	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Cycle 6				
CLASS observation forms that have less than four (4) cycles makes the observation invalid, which means it will not be included in the ECBG evaluation.	Explanation	Text		No
Start Time				
Start Time Hour - Cycle 6	Text	Numeric		Yes
Start Time Minute - Cycle 6	Text	Numeric		Yes
Start Time AM or PM - Cycle 6	Drop-down list (single choice)	Text	AM|PM	Yes
End Time				
End Time Hour - Cycle 6	Text	Numeric		Yes
End Time Minute - Cycle 6	Text	Numeric		Yes
End Time AM or PM - Cycle 6	Drop-down list (single choice)	Text	AM|PM	Yes
Scores				
Positive Climate (PC) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Negative Climate (NC) - Cycle 6. Enter raw value; do not reverse score.	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Educator Sensitivity (ES) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Regard for Child Perspectives (RCP) - Cycle 6	Drop-down list (single choice)	Numeric	1|2|3|4|5|6|7	Yes
Behavior Guidance (BG) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Facilitation of Learning and Development (FLD) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Quality of Feedback (QF) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes
Language Modeling (LM) - Cycle 6	Drop-down list (single choice)	Text	1|2|3|4|5|6|7	Yes