INFANT/TODDLER TEACHERS’ EMOTION BELIEFS AND CHILDREN’S EMOTIONAL COMPETENCE

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INFANT/TODDLER TEACHERS’ EMOTION BELIEFS AND CHILDREN’S EMOTIONAL COMPETENCE

A Thesis

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Department of Child Development
Abstract

of

INFANT/TODDLER TEACHERS’ EMOTION BELIEFS AND CHILDREN’S EMOTIONAL COMPETENCE

by

Katherine M. Huemer

Statement of Problem

The development of emotional competence, which includes the abilities to understand, express, and regulate emotions (Denham, 1998; Denham & Kochanoff, 2002; Izard et al, 2001), is influenced by primary caregivers and adults with whom children have significant interactions on a regular basis. Due to the increasing number of children who spend their days in childcare where their primary caregivers are teachers, research on the development of emotional competence needs to include children and teachers within the childcare setting. The intent of this study was to explore the emotion beliefs of infant/toddler teachers in regards to their demographic information. A further aim of the study was to determine if there was a significant relationship between the emotion beliefs of infant/toddler teachers and the emotional competence of the children in their care.

Sources of Data

Twenty-one infant/toddler teachers and 38 infants/toddlers were recruited from within two classrooms at a university based childcare center in Northern California. Participating teachers completed a demographic questionnaire as well as Hyson and
Lee’s (1996) Caregiver’s Beliefs About Feelings (CBAF) survey about emotion beliefs. Children’s existing scores on the Desired Results Developmental Profile-Revised Infant/Toddler Instrument (Birth to 36 Months) were utilized as the measure to evaluate each of the children’s levels of emotional competence (California Department of Education, 2008).

Conclusions Reached

The results of this study found significant correlations between the teachers’ emotion beliefs surrounding their primary care children’s emotional competence, and the actual levels of the infants and toddlers emotional competence. Teachers’ beliefs surrounding their relationships with the children in their care also yielded significant correlations with the children’s language subscale of emotional competence. However, due to the lack of variance in the teacher demographics, the researcher was unable to conduct an analysis as to whether the teacher demographics are related to teacher emotion beliefs. Future research should include a larger and more diverse teacher population in order to answer the research question on teacher demographics.

__________________________, Committee Chair
Kimberly A. Gordon-Biddle, Ph. D.

_______________________
Date
DEDICATION

This thesis is dedicated to the infant and toddler inside of us all.
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I would like to sincerely and whole-heartedly thank the following individuals for all that they have done to support me throughout this process:

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>vi</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>vii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>xi</td>
</tr>
</tbody>
</table>

## Chapter

1. **INTRODUCTION**
   - Purpose of the Study: 1
   - Statement of the Problem: 2
   - Significance of the Study: 3
   - Methods: 4
   - Limitations: 5
   - Definition of Terms: 5
   - Organization of the Study: 6

2. **REVIEW OF THE LITERATURE**
   - Theoretical Framework: 7
   - Parental Influence on Emotional Competence: 10
   - Parental Influence, Peer Relationships, and Emotional Competence within the Classroom Setting: 11
Teachers and Applied Intervention Programs......................................................14
Teachers and Children’s Emotional Competence...........................................16
Preschool Teachers and Emotion Beliefs.........................................................18
Summary of the Literature...............................................................................19

3. METHODOLOGY..............................................................................................21
   Research Questions.........................................................................................21
   Research Design.............................................................................................21
   Participants......................................................................................................22
   Measures..........................................................................................................23
   Procedure.........................................................................................................25

4. RESULTS...........................................................................................................29
   Caregiver’s Beliefs About Feelings Survey.....................................................30
   Factor Analysis...............................................................................................30
   Correlation Analysis.......................................................................................32

5. DISCUSSION....................................................................................................35
   Emotion Beliefs...............................................................................................35
   Emotion Beliefs and Emotional Competence...............................................36
   Limitations.......................................................................................................38
   Future Research..............................................................................................39
   Conclusion......................................................................................................40
Appendix A. Infant/Toddler Teachers’ Emotion Beliefs Background Information.....41
Appendix B. Caregiver’s Beliefs About Feelings Survey.............................................42
Appendix C. Desired Results Developmental Profile-Revised Infant/Toddler Instrument (Birth to 36 Months)........................................................................45
Appendix D. Center Administration Consent Form.....................................................68
Appendix E. Teacher Consent Form............................................................................69
Appendix F. Parent Consent Form...............................................................................70
References......................................................................................................................71
<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Table 1: High Mean Emotion Beliefs of Infant/Toddler Teachers</td>
<td>31</td>
</tr>
<tr>
<td>2.</td>
<td>Table 2: Low Mean Emotion Beliefs of Infant/Toddler Teachers</td>
<td>31</td>
</tr>
<tr>
<td>3.</td>
<td>Table 3: Factor Analysis of Caregiver’s Beliefs About Feelings Survey</td>
<td>33</td>
</tr>
<tr>
<td>4.</td>
<td>Table 4: Correlations of Child Subscales and Teacher Subscales</td>
<td>34</td>
</tr>
</tbody>
</table>
Emotional competence is a key skill that enables children to develop beneficial, dynamic relationships with others (Saarni, 1990). Children’s development of emotional competence, which includes the abilities to understand, express, and regulate emotions (Denham, 1998; Denham & Kochanoff, 2002; Izard et al, 2001), is influenced by the primary caregivers and adults with whom they have significant interactions on a regular basis. Due to the increasing number of children who spend their days in childcare settings, research on emotional competence should explore the teacher’s role in children’s development of emotional competence within childcare settings.

**Purpose of the Study**

The intent of this study was to explore the emotion beliefs of infant/toddler teachers and determine whether these beliefs differed across key demographic factors. It was also of interest in the present study to examine whether there was a relationship between the emotion beliefs of infant/toddler teachers and the emotional competence of the children in their care.
Statement of the Problem

Parental influences have been the primary focus of past research on the development of children’s emotional competence (Denham, Zoller, & Couchoud, 1994; Denham & Kochanoff, 2002; Dunsmore & Karn, 2004). These earlier studies found that parents who strongly valued the teaching of emotions had children with higher levels of emotional competence. Previous research on the teacher’s role in students’ development of emotional competence has primarily involved applied intervention programs within the classrooms (Denham & Burton, 1996; Izard, Trentacosta, King, & Mostow, 2004), rather than focusing on the natural emotion teaching occurrences of the teacher-child relationship. The current study was designed to bridge the gap between past research on parental influences and the influence of teachers within early childcare classrooms.

There were two hypotheses in the present study: (a) Demographic characteristics of the infant/toddler teachers (education level, length of time in the field, previous child care settings of employment, formal child development education, ethnicity, sex, and age) will be related to the level of emotionality that the infant/toddler teachers express; (b) A correlation will exist between the emotion beliefs of the teachers’ and the emotional competence of their primary care children.
Significance of the Study

It is important to investigate the role of preschool teachers in children’s development of emotional competence because the number of children enrolled in preschool and early childcare programs in the United States is on the rise (U.S. Department of Education National Center for Education Statistics, 2007). According to the U.S. Department of Education’s National Center for Education Statistics (2007), the number of children, ages 3-4 years, enrolled in prekindergarten schools, rose from 151,000 in 1985 to 1,036,000 in 2005; an increase of 585%. The average amount of time that U.S. children aged 0-5 years spent in the care of someone other than their parents in 2005 ranged from 26.9-31.2 hours per week (U.S. Department of Education National Center for Education Statistics, 2005).

Despite the growing number of young children throughout the United States who are spending their days in the care of teachers, past research on children’s emotional development has primarily focused on parental influence, and largely neglected the influence of teachers (e.g. Ainsworth, 1973; Davies & Cummings, 1994; Denham & Kochanoff, 2002; McDowell & Parke, 2000). As a consequence, limited data exists focusing on how teachers, within the classroom environment, contribute to children’s emotional competence.
Methods

The participants of the present study were 21 infant/toddler teachers and 38 infants and toddlers within two classrooms at a childcare center on the campus of a Northern California Regional University. The teacher participants were the primary care teachers of the child participants.

A questionnaire, devised by the researcher, was used to gather demographic information about the infant/toddler teachers. Information about the teachers’ emotion beliefs was gathered using Hyson and Lee’s (1996) Caregiver’s Beliefs About Feelings survey. The survey included 23 emotion belief statements for which teachers were asked to indicate their level of agreement using a 6-point Likert scale. To assess the children’s level of emotional competence, the researcher used the previously completed Desired Results Developmental Profile-Revised Infant/Toddler Instrument (Birth to 36 Months).

A factor analysis of the emotion beliefs of the teachers, as well as a correlational analysis of the teachers’ emotion beliefs and the children’s level of emotional competence were conducted. The demographics of the teachers and their emotion beliefs were also explored to see whether or not there was a correlation between the two sets of variables.
Limitations

One of the limitations of this study is the size. There are only 21 teachers and 38 student participants in the current study. A larger sample would be needed for power to detect differences or to generalize to a wider population.

Another limitation is that the sample is from one early childhood education center from a University campus. Although both the students who work at the childcare center and the families who utilize the center are diverse in their ethnicity and socioeconomic status, they are not fully representative of the wider community facilities (i.e. private centers, home child care, etc.)

Lastly, the design and analysis strategies are correlational in nature. Therefore, issues of causality cannot be inferred within the present study. Further research will be needed to examine causality.

Definition of Terms

The following are definitions of terms used in this thesis. Emotional Competence concerns a person’s ability to understand, express, and regulate emotions (Denham, 1998; Denham & Kochanoff, 2002; Izard, 2001). Emotion Beliefs refers to overall viewpoints and values that one holds in regard to the expression and discussion of feelings, also known as emotions.
With respect to persons involved in the study, *Infant/Toddler Teachers* are students of a Northern California University who work within infant and/or toddler classrooms under the supervision of a lead teacher, at the university based childcare center, while a *Primary Care Teacher* is an infant/toddler teacher who regularly provides for the physical, emotional, and social needs of specific children in their care. *Primary Care Children* are the children assigned to a primary care teacher.

**Organization of the Study**

This chapter has provided an overview of the present study. The following chapter, Chapter 2, will present a review of the previous literature that is relevant to this research. Chapter 3 describes the questions, design, measures, materials, and procedures used in the gathering, creating, and implementing of the statistical analysis of the data. The results of the data are described in Chapter 4, and Chapter 5 discusses what these results mean in regards to the questions asked in this thesis, as well as what the next step in this area of study should be. Included in the Appendices are copies of the consent forms as well as all of the measures used in the data collection process.
Chapter 2

REVIEW OF THE LITERATURE

The purpose of this literature review is to examine the research that has been done regarding the development of children’s emotional competence. Literature on the theoretical framework of the study is presented first. Research on parental influences in regards to emotional competence is then examined. Next, studies that focused on the relationships between parental influences, peer relationships, and emotional competence within the classroom setting are described. Then, research on teachers and applied intervention programs are considered. Following that, studies on the influence of teachers on children’s emotional competence are described. Lastly, the minimal research on preschool teachers’ emotion beliefs is discussed.

Theoretical Framework

Young children’s development of social emotional competence has been studied as being influenced by important adults in their lives. The theoretical framework of social leaning theory is a powerful foundation upon which early childhood education has been established and attachment theory has been the basis of the study of parent-child relationships in regard to children’s development of emotional competence.
Social Learning Theory

Social learning theorists believe that children’s main source of development comes from observing, imitating, and modeling the behaviors, attitudes, and emotional reactions of others. According to Bandura (1977) “most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action” (p. 22). Quality preschool programs provide ample opportunities for children to observe and imitate the behaviors and expressions of others. The early years of a child’s life are “a particularly important time for the development of children’s ability to understand and regulate emotions” (Izard, Trentacosta, King, & Mostow, 2004), and by observing the behaviors of others, as well as the environmental outcomes of those behaviors, children gain knowledge surrounding emotions. The theoretical framework of social learning theory helped to guide the current study by supporting the researchers’ hypothesis that young children’s development of emotional competence originates from the actions of their primary care teachers, and that it is the teachers’ emotion beliefs that spur those actions. Past research supports this hypothesis in that within quality childcare programs it is the caregiving from the teachers, rather than the environment and activities, that has a significant impact on children’s emotional expression (Hestenes, Kontos, & Bryan, 1993). It is through social learning processes that young children develop, from their caregivers, socially acceptable ways of expressing and regulating their emotions.
**Attachment Theory**

According to attachment theory, the early relationships that children form with parents are fundamental influences on children’s development (Ainsworth, 1973). These early relationships are classified as demonstrating ambivalent, avoidant, or secure patterns of infant-mother attachment (Ainsworth, Blehar, Waters, & Wall, 1978). A central theme of attachment theory is that mothers who are available and responsive to their infant's needs establish a sense of security with their child. Attachment theorists believe that “the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (Bowlby, 1951, p. 13). When this responsive, continuous, and mutual relationship is formed, young children develop the knowledge that their caregiver is dependable, and a safe base, or secure attachment, is created for the child to then explore the world. Because of the nature of these early bonds, attachment theory and the mother-child relationship that has been the theoretical framework for past research on young children’s development of emotional competence (Denham, Zoller, & Couchoud, 1994; Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997; Denham & Kochanoff, 2002).
Parental Influence on Emotional Competence

Literature regarding the development of children’s emotional competence has primarily focused on parental influence (Denham, Zoller, & Couchoud, 1994; Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997; Denham & Kochanoff, 2002). In one such study, Denham and Kochanoff (2002) looked at parental contributions, specifically parental socialization of emotions, and their effects upon preschool children’s understanding of emotions. Observations, self-reports on parental expressiveness, language coaching, and reactions to children’s emotions, as well as various assessment measures of the children’s emotional understanding were conducted by the researchers upon the 134 Caucasian-American, middle-class families that participated. The researchers found that those mothers who valued teaching emotions to their preschool children had children with greater emotional knowledge. This result is significant in that it emphasizes the relationship between mothers’ (i.e. caregivers’) value of teaching emotions (i.e. their emotion beliefs) and their children’s emotional knowledge (i.e. emotional competence).

Parental expressiveness has also been studied in relation to preschool children’s emotional understanding. Denham, Zoller, and Couchoud (1994) examined 47 middle- to upper-class preschool children and their mothers, the majority of whom were of European decent, within a laboratory preschool setting. Through assessments of the children’s language and cognitive abilities, their ability to label emotions and express the causes of those emotions, as well as coding of the mother’s emotional expression toward
their children, the researchers found that negative parental emotional expression appeared to hinder the child’s emotional understanding. The mothers who gave explanations of emotions to their children, had children who were more skilled at understanding emotions. These findings are again valuable in understanding how children learn and develop emotional competence from the primary caregivers (in this case their mothers) in their lives.

Each of these studies found that parents who strongly valued the teaching and expression of emotions had children with higher levels of emotional competence. However, these studies were conducted outside of the classroom and in settings other than those of the child’s naturally occurring, daily life.

**Parental Influence, Peer Relationships, and Emotional Competence within the Classroom Setting**

Several studies conducted within the classroom settings have focused on both the maternal influences of children’s emotional competence and the relationship between the children’s level of emotional competence and their peer relationships and interactions (Denham & Burton, 1996; Dunsmore & Karn, 2004; Garner & Estep, 2001; Smith & Walden, 2001). However, in each of these studies, the teacher played only a minor role, by providing their ratings of a certain aspect of the children’s level of emotional competence. In none of these studies were the teachers looked at as the potential factor in the influence of the children’s emotional competence, as the children’s mothers were.
Dunsmore and Karn (2004) expanded the research on children’s development of emotional competence by looking at not only the influence of maternal emotional socialization, but also included the children’s peer relationships within the context of the classroom as a factor upon kindergartners’ development of emotion knowledge. The participants included predominantly European, middle- to upper-class American families. The researchers analyzed the parents’ responses to questionnaires on their beliefs about feelings and their own emotional expressiveness, the children’s response to a puppet vignette that rated their emotion knowledge, observations of the children at play, and teacher ratings of the children’s peer relationships. In regards to maternal emotional socialization, the researchers found that the mother’s beliefs about their children’s emotional socialization, particularly about guiding their children’s use of emotion language, predicted the children’s knowledge of emotion scripts. Mothers who emphasized positive emotional language expressiveness had children with greater emotion knowledge, and mothers who had low emotional language beliefs had children with low emotion knowledge. The overall results indicated that a parental emphasis on emotions resulted in higher levels of children’s emotional understanding, and hence emotional competence. Although this study was conducted within the school setting, the teachers played only a minor role and were not considered as a factor in the development of the children’s emotion knowledge.

Garner and Estep (2001) also examined children’s emotional competence and socialization within the classroom setting. However, these researchers were interested in the children’s emotional competence and socialization in relation to their peer-related
social competence. Videotaped observations of the 81 predominantly Caucasian preschool aged participants were conducted while they engaged in triadic same-sex peer play situations within the classroom. Through their analysis of these observations, the researchers found that children who engaged in positive peer interactions had a high ability to verbalize their own feelings as well as the feelings of others. Despite this important finding, it is imperative to note that the study again did not take into consideration the teacher’s role in instructing and influencing the children in their classroom, about how to express their emotions toward one another.

To expand the generalizability of these findings, Smith and Walden (2001) focused on ethnic minorities within the United States. The researchers explored the behavioral regulation of 46 African American preschoolers from diverse socioeconomic backgrounds within five classrooms of three preschools in Nashville, Tennessee. Specifically, they examined teacher ratings of the children’s behavior regulation strategies in response to hypothetical situations, which involved emotionally arousing situations. The five head teachers (one from each of the participating classrooms) also rated the children’s social competence and emotionality by filling out questionnaires, and the children’s mothers rated and provided self-reports of their own emotional expressivity, empathy, and reactions to their children’s negative emotions. The children’s emotion knowledge and social problem solving skills were assessed through a series of vignettes, and their receptive vocabulary was evaluated through the administration of the Peabody Picture Vocabulary Test.
The results from the teacher rated measures of the children’s behavioral regulation indicated that individual differences in the children’s emotional competence were associated with some of the ways the children typically regulated their behavior in emotionally arousing situations (Smith & Walden, 2001). Teacher’s higher ratings of social competence were related to more aggressive strategies of behavior regulation, while higher teacher ratings of conflict management were related to less aggressive and more avoidant behaviors. Although these findings are quite valuable in understanding the ways that African American preschool children regulate their emotions, they do not contribute to our understanding of how children gain these skills, particularly with regard to the influence of their teachers.

**Teachers and Applied Intervention Programs**

While some prior research, like that above, has used teachers as a reporting source for children’s emotional competence, little research has looked at the role of the teacher in developing that competence. Most research involving the teacher’s role in their students’ development of emotional competence has involved assessments of applied intervention programs. In one such study, Denham and Burton (1996) assessed a socio-emotional intervention involving a sample of at-risk preschool children and their teachers who both represented a range of cultural, ethnic, socioeconomic, and linguistic backgrounds within the suburbs of a large metropolitan area. The 7 teachers were trained in, and implemented, strategies within their classrooms over a 32-week period. The
strategies emphasized the children’s relationship building, understanding and regulation of emotions, and their interpersonal cognitive problem solving skills. Pre- and post-tests showed that the 70 children who participated in the intervention showed decreased negative emotions and increased peer skills and productive classroom involvement. Although this study emphasizes the effects that a teacher can have when teaching the children emotion understanding, expression and regulation (i.e. emotional competence) it focused on the results of an intervention program, rather than the naturally occurring interactions that take place between teachers and their students.

In a similar study, an inter-cultural (European-American, African-American, Latino-American, and Biracial), low income, preschool sample, received an emotion-based prevention program that was administered in seven Head Start classrooms, with nine other Head Start classrooms serving as control classrooms (Izard, Trentacosta, King, & Mostow, 2004). The Emotions Course prevention program consisted of 22 lessons that focused on teaching children how to identify and label the four “basic” emotions of happiness, sadness, anger, and fear, as well as how to regulate these emotions. Pre- and post-tests were conducted by research assistants, as were pre- and post-teacher assessments of the children’s emotional expression. The results of the study found that the prevention program significantly increased the children’s emotion knowledge, as well as emotion regulation. Again, the findings of this study offer further support to the possible influence of teachers on children’s emotional competence within an ethnically and economically diverse group of preschool students. However, the results were
obtained through the administration of a specialized intervention program, rather than in
an everyday, naturally occurring classroom situation.

**Teachers and Children’s Emotional Competence**

Despite the lack of prior investigation including the influence of teachers on their
students’ development of emotional competence, there are a handful of studies that have
touched on this very important research topic. An international study conducted by
Kienbaum (2001) in Ausburg, Germany, examined the relations between kindergarten
teachers’ caregiving styles and the children’s temperament and emotional competence.
Twenty-five teachers from five child-care centers in and around Ausburg were observed
and evaluated on the quality of their emotional relationships, as well as their degree of
non-directive behavior during free play interactions, with the predominantly middle-class
children in their classes. Sympathy assessment measures, through distress simulation
procedures, were administered to 105 five-year old children in a separate room in the
kindergarten. Parents of these children answered questionnaires regarding their children’s
inhibition and aggression, and teachers completed the German short form of the Teacher-
Temperament Questionnaire. The researchers found that the more warmly the teacher
behaved, the more the children exhibited sympathetic and prosocial reactions to a peer’s
distress. These findings provide some valuable insight into the characteristics of teacher
behaviors that influence positive emotional competence in their students. However, the
study by Kienbaum (2001) was conducted outside of the United States, with a sample
that is not representative of the ethnic and cultural diversity that exists in our school systems within the United States. This study must be replicated within the U.S. in order for the findings to be generalizable to the US population.

Hestenes, Kontos, and Bryan (1993) conducted a United States based study that also investigated the influence of preschool teachers’ interactions with their young students (ages 37-61 months), from 30 classrooms within 26 centers. They examined the relationship between the quality of the daycare, the children’s temperament, and the children’s emotional expression. The quality of the daycare was assessed using the Early Childhood Environmental Rating Scale, as well as an observer’s coding of the teachers’ low and high levels of engagement with the children, and the emotional expression of the 60 child participants was evaluated through observations and affect coding. The temperament of the children was also measured through the administration of an abbreviated form of the Behavior Style Questionnaire filled out by each child’s mother. The researchers found that it was the caregiving, rather than the environment and activities, which had a significant impact on the children’s emotional expression. In regards to the teacher-child interactions, the results of the study suggested that “high-level” amounts of teacher engagement predicted more positive affective displays in children, whereas “low-level” amounts of teacher engagement predicted more negative affective displays in children (Hestenes et al., 1993).

Hestenes et al. (1993) began the inquiry about preschool teachers’ influence on their children’s affect. However, the method through which the researchers collected their data and based their conclusions left a lot of questions. The researchers simply coded the
observed teacher’s engagement with the children as: ignores, routine, or minimal and simple, elaborated, or intense. Because of these general codes, and a lack of description and expansion about the teacher-child interactions, more information is needed about the type, and character, of teacher-child interactions, which influence a child’s emotional development. The race and SES of the participants of the study were not reported implying a Caucasian, middle-class sample. The present study builds on this initial study by adding research with a multicultural sample to investigate the topic.

**Preschool Teachers and Emotion Beliefs**

Hyson and Lee (1996) conducted a seminal study focusing on the emotion beliefs of preschool teachers, comparing American and Korean early childhood teachers. The participants of the study consisted of 279 American preschool teachers, child care providers, and family child care providers, as well as 175 Korean head teachers of classes consisting of 4- and 5 year-old children. The researchers developed and administered the 23-item Caregivers’ Beliefs About Feelings (CBAF) survey, which the participants were instructed to complete by reading each statement and checking their level of agreement using a 6-point Likert scale. Background information for each participant regarding the teachers’ work setting, ages of children in their care, position, education, experience, and ethnicity was also collected. The data was examined through factor analysis, subscale analysis of variance, and intercorrelations among subscale scores. The researchers found that the level of the teachers’ education, background in early childhood education, and
cultural background was related to their emotion beliefs’. Korean teachers’ emotion beliefs scores resulted in lower agreement of emotion displays and affection, while U.S. teachers’ emotion beliefs scores resulted in higher agreement of emotion displays and affection. The results indicated that the differences in the participants’ level of agreement for many items reflected “culturally specific expectations about young children’s emotional vulnerability and about the nature of emotional bonds and emotion socialization in early childhood programs” (Hyson & Lee, 1996, p. 59). The development of Hyson and Lee’s (1996) CBAF opened the doors to research regarding the emotion beliefs of early childhood educators. However, the above-mentioned study focused solely on the emotion beliefs of the preschool teacher, and did not include the emotional competence of the children within the teachers’ care.

**Summary of the Literature**

The exploration of caregivers’ emotion beliefs on developing children’s emotional competence have found significant correlations between mothers’ emotion beliefs and their children’s emotional competence through both assessments (Denham & Kochanoff, 2002; Denham et al., 1994) and investigation into the children’s peer relationships (Dunsmore & Karn, 2004; Garner & Estep, 2001; Smith & Walden, 2001). Applied intervention programs have also yielded significant results from which children’s levels of emotional competence have increased within the classroom setting due to the teachers’ implementation of the curriculum (Denham & Burton, 1996; Izard et al., 2004).
Examination of teachers’ influence on their students’ development of emotional competence have found that the warmer the interactions, the higher the level of the students’ affective displays and prosocial behaviors (Kienbaum, 2001; Hestenes et al., 1993). Hyson and Lee’s (1996) investigation of the emotion beliefs of teachers brought insight into the relationship between teachers’ demographics and emotion beliefs. The present study aimed to expand upon the literature and pick up where Hyson and Lee (1996) left off, by exploring not only the emotion beliefs of a sample of infant/toddler teachers (rather than preschool teachers), but also the relationship between those teachers’ emotion beliefs and the children’s levels of emotional competence.
Chapter 3

METHODOLOGY

Research Questions

The specific questions asked in the current study were (a) Is there a relationship between infant/toddler care teacher demographics and their emotion beliefs, and (b) Does a correlation exist between the emotion beliefs of infant/toddler teachers’ and the emotional competence of their primary care children? It was hypothesized that the teacher demographics would be related to the level of emotionality that the teachers express, and that there would be a correlation between the infant/toddler teachers’ emotion beliefs and the children’s emotional competence.

Research Design

The present study aimed to examine, through the use of factor analysis and correlational tests, whether there was a correlation between the infant/toddler teachers’ emotion beliefs and the emotional competence of the infants and toddlers in their care. In addition, this study also explored whether or not there was a correlation between the demographics of the teachers and their emotion belief scores.
Participants

Teachers

The 21 infant/toddler teachers who participated in this study were recruited from within two classrooms at the childcare center on the campus of a Northern California Regional University. All of the infant/toddler teachers were students at the university. Their ages ranged from 19-26 years with a mean age of 22.24 years (SD= 2.39). Twenty of the participants were female and one was male. The ethnicity of the participants varied greatly. Six identified themselves as being Mexican/Hispanic, five as African American, three as Caucasian, one as Hmong, one as Japanese American, one as Asian Indian, one as Cambodian Samoan, one as American German, one as African, and one as Russian.

Children

The 38 infant and toddler participants for this study were between the ages of 8-25 months of age, with a mean age of 16.28 months (SD= 4.86). They were recruited from two infant and toddler classrooms at the childcare center on the campus of the University. The child participants involved in the present study were the primary care children of the infant/toddler teacher participants. The infant/toddler teachers within the selected classrooms regularly participate in primary caregiving, in which they are assigned a group of specific children whom they care for by feeding, diapering, napping, and engaging in play with throughout the day.

The children in attendance at the Children’s Center are those of the students, staff, and faculty of the university. The child participants in the present study were enrolled in
the center for a minimum of 5 hours a day for at least 2 days a week. There were 41 infants and toddlers served in the two participating classrooms at the time of the data collection. Ninety-three percent of students from the two classrooms participated in the study.

Measures

Teachers

Demographic information. A demographic questionnaire, devised by the researcher, was used to gather information about the infant/toddler teachers. The Infant/Toddler Teachers’ Emotion Beliefs Background Information survey, asked the teachers to answer questions regarding their education level, length of time in the field, previous child care settings of employment, formal child development education, ethnicity, sex, and age (See Appendix A). Each infant/toddler teacher was asked to answer the seven question demographic survey as honestly as possible.

Emotion beliefs. Information about the teachers’ emotion beliefs was gathered using Hyson and Lee’s (1996) Caregivers’ Beliefs About Feelings (CBAF) survey, a revised 23-Item Measure (See Appendix B). The teachers were requested to complete the survey, which involved reading the 23 emotion belief statements and indicating their level of agreement to each statement using a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The items included beliefs on teaching (“As a teacher, it’s important for me to teach children socially acceptable ways of expressing their feelings”), beliefs about children (“Children in my class are really too young to display their feelings...”)
in ‘socially acceptable’ ways”), as well as specific responses to hypothetical situations (‘If a class pet died, I would not tell the children because they might become too upset’).

**Children**

The researcher used the previously completed Desired Results Developmental Profile-Revised Infant/Toddler Instrument (Birth to 36 Months) to assess the children’s level of emotional competence (See Appendix C). As part of the center’s quality care program, the infant/toddler teachers are required to compile observations of their primary care children for the Desired Results Developmental Profiles (DRDPs). The DRDPs are part of a system developed by the California Department of Education Child Development Division, “by which educators can document the progress made by children and families in achieving desired results and by which they can retrieve information to help practitioners improve child care and development services” (California Department of Education, n.d.).

The DRDP contains a series of 35 developmental measures, within 9 indicators, or subscales, which are comprised within 4 “Desired Results” for children. Each of the developmental measures are rated on a scale of 1-5 or 1-6, with 1 being the lowest end of the scale and 5 or 6 being the highest level of the scale, depending upon the subscale (See Appendix C). For example, for the desired result of “children are personally and socially competent”, one of the indicators, or subscales, is “Self Concept”. There are four measures within the indicator of “Self Concept”, the first one being “Identity to self and connection to others”. This measure would then be rated on a scale of 1-5, depending
upon the child’s developmental level. The measures are rated according to the
observations that have been gathered for each child. For the purposes of the present
study, the ratings for the first 18 measures within the first 4 subscales, under the desired
result of “Children are personally and socially competent”, were used as a tool upon
which to rate and base each child’s level of emotional competence. The 4 subscales used
were Self Concept, Cronbach Alpha = .88, Social Interpersonal Skills, Alpha=.91, Self
Regulation, Alpha=.93, and Language, Alpha=.96.

Procedure

Identifying the Sample

The participants of the study were identified as a convenience sample of the
teachers and children at the University Children’s Center. Because the researcher also
works at the center, it was important to avoid conflict of interest. Thus, the researcher’s
classroom was not involved in the study. The infant/toddler teachers were given the
opportunity to opt into the study.

The researcher asked that the lead teachers of the two infant and toddler
classrooms identify which of their children were enrolled in the center for a minimum of
5 hours a day for at least 2 days a week. The researcher also asked the lead teachers to
identify the primary care teachers for each of the children identified. It was those children
and teachers that the researcher chose to request as participants of the present study. The
human subjects committee approved these procedures.
Written Permission and Data Collection

Written consent forms were obtained from the administration of the center, each of the infant/toddler teachers, and the parents of each of the children. These forms outlined the purpose of the study, the process of data collection and the procedures for securing confidentiality for each of the participants.

**Center.** The researcher personally presented the Center Administration Consent Form (See Appendix D) to the Director of the University Children’s Center in order to answer any further questions and to obtain written permission to administer the study within the center.

**Teachers.** In order to protect the confidentiality of the teacher participants, as well as to avoid the teachers any possible feelings of being pressured to participate in the study, the researcher did not approach the infant/toddler teachers herself. Instead, the Teacher Consent Forms (See Appendix E) were given to the lead teachers of each of the two classrooms from which the teacher and child participants were recruited. During a regularly scheduled staff training, the consent forms were presented to the infant/toddler teachers by the lead teacher with whom they regularly work. As stated in the consent form, the lead teachers informed the infant/toddler teachers of the purpose of the study, and assured them that they were not being evaluated as teachers, and that their participation in the study would in no way affect their employment. The teachers were each given a manila envelope that was labeled “Teacher A”, “Teacher B” etc. Each envelope contained the consent form, as well as a copy of the Infant/Toddler Teachers’ Emotion Beliefs Background Information survey, and the Caregiver’s Beliefs About
Feelings Survey. The Teachers were then given the opportunity to read over the consent form and to fill out the surveys if they chose to participate.

In order to keep the teachers’ identities completely confidential, an administrative teacher of the Children’s Center, not the researcher or the infant/toddler teachers’ direct supervisor, collected the packets at the end of the staff training. The administrative assistant then copied and coded the surveys according to the number on the outside of the envelope, so that the surveys could not be traced back to a particular teacher. These copies were then given to the researcher to analyze as data.

**Children.** Because the measure of children’s emotional competence, the DRDP, was completed regularly as an assessment tool for the center, it was the written permission of the children’s parents to use their child’s DRDP for the purpose of this study that was needed. The Parent Consent Forms (See Appendix F) were given to the same lead teachers of the two classrooms from which the teacher participants were recruited. The lead teachers approached the parents of each of the identified children and presented them with the Parent Consent Form. After all of the consent forms were collected from the parents, the forms were then given to the center administrative teacher, along with each child’s DRDP, as well as a copy of each classrooms primary caregiver assignment list, which stated which infant/toddler teacher was the caregiver for each child.

The administrative teacher then copied and coded each child’s DRDP (i.e. “Child 1”, “Child 2”, etc.) and paired up each child with its primary caregiver. For example, Teacher A- Child 1 and Child 2, Teacher B- Child 3, Teacher C- Child 4 and Child 5, etc.
This teacher-child identification, along with the coded DRDPs, was then given to the researcher to analyze.
Chapter 4

RESULTS

Because of the small sample size of male teachers within the teacher sample of this study, and because previous research has shown gender differences in emotion beliefs and emotional expression (Brody and Hall, 2008; Noller, 2001; Halberstadt & Eaton, 2003), the researcher chose to eliminate the one male teacher from the data set. In doing so, 2 of the child participants were also eliminated from the data, due to the fact that the male teacher was their primary caregiver. Therefore, there were 20 infant/toddler teachers and 36 children in the final data set. Because the teachers’ information was matched with that of the children’s, and the individual children were the level of analysis, there were 36 total cases for analysis.

Another observation that occurred after the data collection was the extreme variability in the ethnicity of the participants. The ethnicities of the remaining 20-infant/toddler teachers were dispersed among 9 different ethnic backgrounds. Due to this wide-ranging assortment of ethnicities and the size of the teacher sample, it was decided that the comparison groups would be too small to examine and the demographic variable of ethnicity was removed from the data analysis.

Similarly, when examining the rest of the teacher demographic information that was gathered, it became apparent that the teacher sample was relatively homogenous in that they have an abbreviated age range and years of experience. Given this lack of demographic variability in the teacher sample, the researcher chose to remove the first
research question from the study and focus solely on the second: Does a correlation exist between the emotion beliefs of infant/toddler teachers’ and the emotional competence of their primary care children?

**Caregiver’s Beliefs About Feelings Survey**

In order to address the research question, the infant/toddler teachers’ responses to the Caregiver’s Beliefs About Feelings (CBAF) Survey were examined first. The means from the item ratings ranged from a low of 1.25 to a high of 5.64 (1= strongly disagree, 6=strongly agree), and the standard deviation ranged from .55 to 1.81. Six of the emotion belief measures from the CBAF generated a mean of 5.0 or higher. All 6 of those beliefs were phrased in a positive, rather than a negative, form (i.e. “It's good... “, “Children need... vs. “Teachers should avoid... “). Those six beliefs are outlined in Table 1. None of the belief measures of the current study had a mean of 1.0 or less, however, the 5 beliefs with the lowest mean scores ranged from a mean of 1.25-2.0, with a standard deviation of .55-1.15. Those 5 beliefs are outlined in Table 2.

**Factor Analysis**

Next, in order to identify subscales within the infant/toddler teachers’ beliefs, the teachers’ responses to the Caregiver’s Beliefs About Feelings (CBAF) Survey were subjected to a principal component factor analysis with Varimax rotation. Four factors
Table 1

*High Mean Emotion Beliefs of Infant/Toddler Teachers*

<table>
<thead>
<tr>
<th>Belief</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. As a teacher, it's important for me to teach children socially</td>
<td>5.64</td>
<td>.59</td>
</tr>
<tr>
<td>acceptable ways of expressing their feelings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. When a child is angry because another child won't share a toy, I</td>
<td>5.03</td>
<td>1.13</td>
</tr>
<tr>
<td>often tell the child exactly what words she can use to express her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>feelings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. When one of my children is upset about something, I usually</td>
<td>5.06</td>
<td>.67</td>
</tr>
<tr>
<td>try to put into words how he or she is feeling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. It's good to hug and touch children affectionately throughout</td>
<td>5.42</td>
<td>.73</td>
</tr>
<tr>
<td>the day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I constantly show the children in my class how much I love them.</td>
<td>5.03</td>
<td>1.25</td>
</tr>
<tr>
<td>22. Children need to feel emotionally close to their teachers.</td>
<td>5.11</td>
<td>1.19</td>
</tr>
</tbody>
</table>

**p < .01  
*p < .05

Table 2

*Low Mean Emotion Beliefs of Infant/Toddler Teachers*

<table>
<thead>
<tr>
<th>Belief</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Teachers should avoid showing children how to express their feelings.</td>
<td>1.56</td>
<td>.84</td>
</tr>
<tr>
<td>7. People are better teachers if they aren't emotionally involved</td>
<td>1.25</td>
<td>.55</td>
</tr>
<tr>
<td>with the children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. “If a class pet died, I would not tell the children because they</td>
<td>2.00</td>
<td>.96</td>
</tr>
<tr>
<td>might become too upset.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. “In my classroom, I avoid being physically affectionate or &quot;huggy&quot;</td>
<td>1.42</td>
<td>.69</td>
</tr>
<tr>
<td>with the children”.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. “When children are upset or angry about something, it's not the</td>
<td>2.00</td>
<td>1.15</td>
</tr>
<tr>
<td>best time to talk about their feelings”.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p < .01  
*p < .05
were identified, however one factor resulted in a low score for internal reliability (Cronbach Alpha=.38), and was therefore not included. The three remaining factors included all loadings on their principal factor that exceeded .50 and did not exceed .30 on all other factors. The results of this analysis are reported in Table 3. The first factor included five items from the CBAF that involved beliefs surrounding teacher and child emotions. This first factor, the Emotion subscale resulted in an Eigen value of 5.22 and Cronbach Alpha=.78. The second factor included five items beliefs surrounding the teacher-child relationship. These items, the Relationship subscale resulted in an Eigen value of 3.05 and Cronbach Alpha = .51. It is important to note that items in this factor were negatively worded such that a higher score is related to lower endorsement of the importance of relationships. Items within the third factor included six items concerning those beliefs about children’s emotional competence. This factor, the Competence subscale resulted in an Eigen value of 1.89 and Cronbach Alpha=.63.

**Correlation Analysis**

Lastly, a correlation analysis was conducted involving the three CBAF subscales determined in the factor analysis (Emotion, Relationship, and Competence) and the four DRDP child subscales: Self Concept (\(M=12.36, SD=2.40\)) Social Interpersonal Skills (\(M=14.92, SD=3.68\)), Self Regulation (\(M=15.19, SD=3.52\)), and Language (\(M=12.94, SD=4.08\)) The results from this analysis are provided in the correlation matrix in Table 4.
Table 3

*Factor Analysis of Caregiver Beliefs About Feelings Survey*

<table>
<thead>
<tr>
<th>Beliefs</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Teachers should avoid showing children how to express their feelings.</td>
<td>0.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. When one of my children is upset about something, I usually try to</td>
<td>0.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>put into words how he or she is feeling.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Children in my class are too young for me to discuss the causes of</td>
<td>0.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>their feelings with them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I constantly show the children in my class how much I love them.</td>
<td>0.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Children need to feel emotionally close to their teachers.</td>
<td>0.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. People are better teachers if they aren't emotionally involved with</td>
<td>0.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. It's good to hug and touch children affectionately throughout the</td>
<td>0.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. In my classroom, I avoid being physically affectionate or &quot;huggy&quot;</td>
<td>0.81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with the children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I often label children's feelings for them, such as &quot;You seem</td>
<td>0.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>worried about our trip to the swimming pool&quot;.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I believe some teachers spend too much time talking to children</td>
<td>0.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>about their feelings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Competence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Children the age of those I teach are really not ready to control</td>
<td>0.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the way they express their feelings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I think it's better for children to figure out how to express their</td>
<td>0.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>feelings on their own, instead of having the teacher show them how.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. It's good for a teacher to let children know when he or she is feeling</td>
<td>0.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>angry.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Children in my class are really too young to display their feelings</td>
<td>0.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in &quot;socially acceptable&quot; ways.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Children should be taken to funerals and other family events even</td>
<td>0.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>if they might feel sad or upset as a result.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Teachers should &quot;let their feelings out&quot; in the classroom.</td>
<td>0.74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4

*Correlations of Child Subscales and Teacher Subscales*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self Concept</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Social Skills</td>
<td>.89*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self Regulation</td>
<td>.88**</td>
<td>.92**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Language</td>
<td>.91**</td>
<td>.88**</td>
<td>.93**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Emotion Beliefs</td>
<td>.19</td>
<td>.14</td>
<td>-.22</td>
<td>.16</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Relationship Beliefs</td>
<td>-.31</td>
<td>-.28</td>
<td>-.28</td>
<td>-.36*</td>
<td>.19</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>7. Competence Beliefs</td>
<td>.43**</td>
<td>.39*</td>
<td>.48**</td>
<td>.46**</td>
<td>.40*</td>
<td>.01</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**p<0.01 level
*p<0.05 level

This correlation analysis yielded several noteworthy results. The Relationship and Language subscales produced a significant correlation, with $r = - .36$ (p < .05). Due to the negative wording of many of the emotion belief questions within the Relationship subscale, a lower score means more importance is placed on relationships. Therefore, a negative correlation score indicates that a higher importance on relationship building was related to higher performance on language. The Competence Beliefs was significantly related to all 4 DRDP child subscales (Self Concept, $r = .43$, Social Skills, $r = .39$, Self-Regulation, $r = .48$, Language, $r = .46$), as well as with the Emotion subscale ($r = .40$). These correlations indicate that higher beliefs about children’s emotional competence among preschool teachers were moderately related with their students’ emotional competence scores.
The purpose of the current study was to examine associations between teacher demographics, teacher beliefs, and children’s emotional competence. Although the researcher was not able to examine demographic variables because of the small sample, the researcher examined the emotion beliefs of infant/toddler teachers as they related to the emotional competence of the infant/toddler teachers’ primary care children, revealing several significant associations between teachers’ emotion beliefs and children’s emotional competence.

Emotion Beliefs

Of the emotion beliefs reported by teachers, three subscales were identified through the factor analysis: emotion beliefs, relationship beliefs, and competence beliefs. Three emotion beliefs with the highest mean scores and three emotion beliefs with the lowest mean scores appeared within two of the three subscales (emotion and relationship) within the factor analysis. Although the researcher was able to identify meaningful factors, or groupings, within the teachers’ beliefs, there was variability found in the teachers’ agreement within each of the individual emotion beliefs. This finding is similar to that of Hyson and Lee (1996), who noted that “teachers seemed to react to many items as individual instances rather than as a part of a cluster of highly consistent beliefs” (p.
It is possible that these results are due to the specific, situational wording of the belief questions, rather than broad statements, encompassing core values regarding emotion beliefs. Even so, the three subscales identified within the emotion beliefs produced high scores on internal consistency and were used to examine the relationship between teachers’ emotion beliefs and children’s emotional competence.

**Emotion Beliefs and Emotional Competence**

This study focused on teacher emotion beliefs as they related to the emotional competence of the children in their care. The outcome of the present study supported the hypothesis that teacher beliefs would be related to infant/toddler emotional competence subscales. Teacher beliefs about competence were moderately related to children’s levels of emotional competence. Thus, teachers who held beliefs that their primary care children were emotionally competent had primary care children with higher levels of emotional competence. The emotion beliefs included in the competence subscale indicated that when the teachers felt that children are able to handle their emotions, as well as the emotions of others, they rate their children as more competent. It can be assumed that those teachers who held these beliefs valued young children’s expression of and exposure to emotions. These findings are supported by previous research that indicated that mothers who valued teaching and explaining emotions to their preschool children had children with positive emotion knowledge (Denham et al., 1994; Denham & Kochanoff,
2002), although parents’ beliefs about their children’s emotional competence were not specifically examined.

The present study also found a significant negative correlation between the teachers’ beliefs about the importance of relationships and children’s language scores. Therefore, as teachers place more importance on building relationships with their primary care children, so does the children’s expression of emotional competence through language increase. Although, due to the correlational nature of this study, the researcher was unable to identify the causal direction of the correlation, previous research on both parent child relationships (Denham, Zoller, & Couchoud, 1994; Denham & Kochanoff, 2002; Dunsmore & Karn, 2004) as well as teacher child interactions (Hestenes, Kontos, & Bryan, 1993; Kienbaum, 2001) surrounding emotional competence found that maternal emotions, reactions, and beliefs, and appropriate teacher behavior predicted preschool children’s understanding of emotions. The longitudinal nature of these research studies implies that children’s development of emotional competence may be influenced by the emotion beliefs of their caregivers, and is very much grounded in their relationships with these caregivers, as predicted by attachment theory.

This study, however, did not find any significant relationships between teacher beliefs surrounding teacher and child emotions and children’s levels of emotional competence. This finding is of interest given that of the three subscales identified within the factor analysis, the teacher beliefs about emotions yielded the highest alpha score, indicating strong internal consistency. Given the previous research that has indicated a relationship between parental emotion beliefs and children’s emotional competence
(Denham, Zoller, & Couchoud, 1994; Denham & Kochanoff, 2002; Dunsmore & Karn, 2004), it is uncertain as to why the present study did not find similar results. Replication of the present study would be needed to determine whether these findings are valid and representative of the nature of the questions or are solely the results of the given sample.

**Limitations**

Despite its significant results, there are several limitations to the present study. Its first limitation is the size of the sample. Only 21 teachers and 38 children participated in the current study. A larger sample would be needed for power to detect differences or to generalize to a wider population.

The small size of the sample was also a limitation when it came to the variability in the ethnicity of the participants. Although a wide-ranging assortment of teacher ethnicities was desired, the small number of participants created too wide of a range in the teacher ethnicities, resulting in comparison groups that were too small to examine, and the demographic variable of ethnicity was removed from the data.

Another limitation is that the sample was from one early childhood education center, which is located on a University campus. Although both the students who work at the childcare center and the families who utilize the center are diverse in their ethnicity and socioeconomic status, they are not fully representative of the wider community facilities (i.e. private centers, home child care, etc.).
Future Research

The methods of data collection resulted in high alpha scores, indicating that they were reliable tools for gathering information from the participants as well as in analyzing the data. However, due to the small sample size of the present study, it would be of benefit to conduct this study within a larger sample from various settings (i.e. private centers, home child care, campus care, etc.). A larger sample of teacher participants, with varied demographic backgrounds would be needed in future studies in order to test the original research question of the researcher and determined if there is indeed a relationship between teacher demographics and teacher emotion beliefs.

Future research can expand upon the current study’s findings and examine, in more detail, teacher emotion beliefs regarding children’s emotional competence. By examining the six emotion beliefs within the competence subscale, within a larger teacher and child sample, future research would be able to examine which specific beliefs hold the most significant correlation, and thus have the largest impact on infants and toddlers levels of emotional competence. Analyses for causality could also be examined between the teachers’ emotion beliefs regarding children’s competence and the children’s level of emotional competence particularly on the causal direction of the present studies correlational finding that as teachers place more importance on building relationships with their primary care children, so does the children’s expression of emotional competence through language increase. Due to the significant results of applied intervention programs on children’s development of emotional competence (Denham &
Burton, 1996; Izard, Trentacosta, King, & Mostow, 2004), an applied intervention program could be the analysis used to determine the causality of the teacher-child relationship in future research.

**Conclusion**

The present study is important in that it has addressed the origins of emotion competence in the youngest, and often times over looked, preschool aged grouping - the infants and toddlers. The current study also presented a look into the relationship of infant toddler teachers and their primary care children, from which a conclusion can be drawn that the emotion beliefs of infant/toddler teachers’ are significantly correlated to the emotional competence of the children within their care. The current study has also generated many new questions, in addition to new areas of interest, which can only be answered and examined by the expansion of future research that emphasizes the important role of infant/toddler teachers in the development of young children’s emotional competence.
APPENDIX A

Infant/Toddler Teachers’ Emotion Beliefs Background Information

Participants Name: _______________________________________

Please answer the questions below as honestly as possible.

1) What is your education level?

2) How long have you been working in the field of early childhood education?

3) Have you worked in a childcare setting outside of the Associated Student’s Children Center? If so, where and with what age groups did you work?

4) Have you had any formal education regarding child development or early childhood education? If so, how much and what was your educational experience? (Ex. college courses, work trainings, etc.)

5) What is your ethnicity?

6) What is your sex? (Male or Female)

7) What is your age?
# APPENDIX B

**Caregiver’s Beliefs About Feelings Survey**

Name: __________________

**Caregiver’s Beliefs About Feelings Survey**

Directions: Please read each of the following statements and indicate how much you would agree with each one by checking one of the choices below.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Slightly Agree</th>
<th>Slightly Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teachers should not read children stories that might make them sad or worried.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. As a teacher, it’s important for me to teach children socially acceptable ways of expressing their feelings.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. When a child is angry because another child won’t share a toy, I often tell the child exactly what words she can use to express her feelings.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Children the age of those I teach are really not ready to control the way they express their feelings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Teachers should avoid showing children how to express their feelings.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. When one of my children is upset about something, I usually try to put into words how he or she is feeling.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. People are better teachers if they aren’t emotionally involved with the children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Moderately Agree</td>
<td>Slightly Agree</td>
<td>Slightly Disagree</td>
<td>Moderately Disagree</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>8.</td>
<td>I think it's better for children to figure out how to express their feelings on their own, instead of having the teacher show them how.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>It's good for a teacher to let children know when he or she is feeling angry.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Children in my class are really too young to display their feelings in &quot;socially acceptable&quot; ways.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>It's good to hug and touch children affectionately throughout the day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I spend a lot of time talking to children about why they feel the way they do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Children should be taken to funerals and other family events even if they might feel sad or upset as a result.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14.</td>
<td>Children in my class are too young for me to discuss the causes of their feelings with them.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15.</td>
<td>If a class pet died, I would not tell the children because they might become too upset.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Moderately Agree</td>
<td>Slightly Agree</td>
<td>Slightly Disagree</td>
<td>Moderately Disagree</td>
</tr>
<tr>
<td>-------</td>
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<td>----------------</td>
<td>-------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>16.</td>
<td>In my classroom, I avoid being physically affectionate or &quot;huggy&quot; with the children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I often label children's feelings for them, such as &quot;You seem worried about our trip to the swimming pool&quot;.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>When children are upset or angry about something, it's not the best time to talk about their feelings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Teachers should &quot;let their feelings out&quot; in the classroom.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20.</td>
<td>When I am upset with the children's behavior, I try hard not to show it.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21.</td>
<td>I constantly show the children in my class how much I love them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Children need to feel emotionally close to their teachers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I believe some teachers spend too much time talking to children about their feelings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX C**

Desired Results Developmental Profile-Revised Infant/Toddler Instrument (Birth to 36 Months)

<table>
<thead>
<tr>
<th>Child Information</th>
<th>Observer Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child's name</td>
<td>6. Agency/State name</td>
</tr>
<tr>
<td>2. Child's classroom</td>
<td>7. Your name</td>
</tr>
<tr>
<td>3. Date of birth (mm/dd/yyyy)</td>
<td>8. Did another adult assist you with evaluating this child?</td>
</tr>
<tr>
<td>4. Initial date of enrollment (mm/dd/yyyy)</td>
<td>9. Yes (role, relation)</td>
</tr>
<tr>
<td>5. Does this child have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP)?</td>
<td>10. ...</td>
</tr>
</tbody>
</table>

**For the following questions, check all that apply:**

- Child's home language
- English
- Spanish
- Other (specify)

11. What language(s) do you speak with this child?

12. If you do not speak the child's home language, did anyone assist you who does speak it?

13. Additional Comments: Complete an information page for each child. Then make three copies. Use one for each assessment. Enter the date of the assessment on each page.

Instructions: Complete an information page for each child. Then make three copies. Use one for each assessment. Enter the date of the assessment on each page.
Desired Results Developmental Profile—REVISED (DRDP-r)
Instruction Page — Infant/Toddler Instrument (Birth to 36 Months)

DRDP Instructions for Observers

1. Use this observational rating tool with infants or toddlers under 36 months.
2. You should be the child's primary caregiver or the caregiver who most frequently interacts and carries out routines with the child.
3. Complete the Information Page before you begin your observations.
4. Use daily summaries, anecdotal records, notes from your recent observations, and samples of work to help you complete the DRDP.
5. This DRDP can only be completed if the following two conditions are met:
   1. If the child attends the program at least 10 hours or more, each week.
   2. Within 60 calendar days of enrollment and every 6 months thereafter.

Completing the Information Page

Child Information

1. Write the child's first and last name.
2. Write the child's birth date as mm/dd/yyyy (use this date format throughout).
3. Mark the child's gender.
4. Write the date that the child was first enrolled in the program. If there are multiple dates, write the earliest one.
5. Mark all the racial/ethnic categories that apply.
6. If the child has an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP), mark the type of plan provided. Mark "Don't know" if the child's status is still being assessed or if you cannot answer this question.
7. Indicate how many hours the child is in your care each week. Mark only one time range.

Observer Information

8. Write the full name of your agency.
9. Write your full name.
10. Write your job title (e.g., associate teacher, lead teacher, or master teacher, or administrator).
11. Indicate if another adult assisted you with completing this DRDP for this child. If someone did assist you, write their role or relation on the line.
12. Write the date that you finished filling out this DRDP (i.e., last day that you marked a developmental level or made a comment).
   Note: Write the date for each time you complete a DRDP for the child this year.
13. Indicate if you are the primary caregiver for this child (i.e., the caregiver who is mainly responsible for this child's care, including routines such as diapering, feeding, naptime, and record keeping). If you are not the primary caregiver, specify your relationship with this child.
14. Specify what languages are regularly spoken at this child's home.
15. Specify what languages you use when speaking with this child.
16. Indicate if a person who speaks this child's home language assisted you in communicating with this child. If so, write the role or relation of that person on the line.

Completing the DRDP Instrument Pages

1. For each of the 35 measures, fill in or check the bubble that corresponds to the highest developmental level the child has mastered. Consider the information from the descriptors and examples to determine the child's mastery level.
   1. The descriptors define the behaviors expected for each level.
   2. The examples provide a sample of possible behaviors you might observe for each level.
Desired Results Developmental Profile—REVISED (DRDP-r)
Instruction Page — Infant/Toddler Instrument (Birth to 36 Months)

Completing the DRDP Instrument Pages (continued)

› A level is MASTERED if the child typically demonstrates the behaviors in that level’s descriptor. Behaviors are considered typical if the child demonstrates them:
  › Easily and confidently
  › Consistently over time
  › In different settings

Note: A child may occasionally behave at a higher or lower level, but mainly demonstrates behaviors representative of one level.

2. You may use the space at the bottom of the page to write your evidence for the rating you gave and provide references to other documentation.
  › Write about what you observed the child doing that demonstrated mastery at the level you marked.
  › Include any references to your notes and records for this child; notes made by others, such as parents or other caregivers; the child’s portfolio; or another developmental assessment.

3. If the child is emerging to the next level, please indicate this by marking the “Yes” bubble provided at step #3 at the lower right of the page. Use the bottom section of the page to document any evidence of emerging behaviors.
  › A child may be EMERGING to the next level by showing behaviors from the next developmental level, but that are not yet typical or consistent.

Note: If the child is rated at the highest developmental level, you cannot rate the child as emerging to the next level

4. In the rare circumstances that you find yourself unable to rate a measure, use the bottom section of the page to describe in detail why you were not able to rate the measure.

Note: If you wish to provide comments about your experience completing the DRDP or suggestions to improve it, you may do so on the back of each page.
Desired Results Developmental Profile—REVISED (DRDP-R)
Table of Contents — Infant/Toddler Instrument (Birth to 36 Months)

Measures are numbered consecutively, with one full page provided for each measure. Measure numbers appear at the bottom left corner of each page in place of a page number. The Measure title and Indicator abbreviation also appears at the bottom of each page.

<table>
<thead>
<tr>
<th>Desired Result</th>
<th>Indicator</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Children are Personally and Socially Competent</td>
<td>Self Concept (SELF)</td>
<td>1 Identity of self and connection to others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Recognition of ability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Self expression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Awareness of diversity</td>
</tr>
<tr>
<td>Social Interpersonal Skills (SOC)</td>
<td></td>
<td>5 Empathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Interactions with adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Relationships with familiar adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Relationships with familiar peers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Interactions with peers</td>
</tr>
<tr>
<td>Self Regulation (REG)</td>
<td></td>
<td>10 Impulse control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 Seeking other’s help to regulate self</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 Responsiveness to other’s support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 Self comforting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 Attention maintenance</td>
</tr>
<tr>
<td>Language (LANG)</td>
<td></td>
<td>15 Language comprehension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16 Responsiveness to language</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17 Communication of needs, feelings, and interests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 Reciprocal communication</td>
</tr>
<tr>
<td>Desired Result</td>
<td>Indicator</td>
<td>Measure</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>--------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>2 Children are Effective Learners</td>
<td>Cognitive (COG)</td>
<td>19  Memory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20  Cause and effect</td>
</tr>
<tr>
<td></td>
<td>Math (MATH)</td>
<td>21  Problem solving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22  Symbolic play</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23  Curiosity</td>
</tr>
<tr>
<td></td>
<td>Literacy (LIT)</td>
<td>24  Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25  Space and size</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26  Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27  Classification and matching</td>
</tr>
<tr>
<td>3 Children Show Physical and Motor Competence</td>
<td>Motor Skills (MOT)</td>
<td>28  Interest in literacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29  Recognition of symbols</td>
</tr>
<tr>
<td>4 Children are Safe and Healthy</td>
<td>Safety and Health (SH)</td>
<td>30  Gross motor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31  Fine motor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32  Balance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33  Eye-hand coordination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34  Personal care routines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35  Safety</td>
</tr>
</tbody>
</table>
**Measure 1: Identity of self and connection to others**

**Definition:** Child shows awareness that self is distinct from and also connected to others

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates needs and attends to caregiver with reflexes</td>
<td>Uses senses to explore self and others</td>
<td>Recognizes self, familiar people, and familiar things</td>
<td>Communicates own name and names of familiar people and things</td>
<td>Expresses ideas about self and his or her connection to other people and things</td>
</tr>
</tbody>
</table>

**Examples**

- Cries.
- Moves head, arms, or legs.
- Makes sounds.
- Attends to caregiver during feeding.
- Quiets to listen to caregiver during caregiving routine.
- Turns head toward caregiver during caregiving routine.
- Examines own hand or foot by looking at it or mouthing it.
- Attends to other people’s faces or voices for long periods of time.
- Makes eye contact.
- Touches caregiver’s hair when it is within reach.
- Responds when own name is called.
- Attends to familiar people or things when named.
- Maintains contact with familiar person.
- Holds familiar object, such as blanket, for comfort or security.
- Recognizes reflection of self in mirror.
- Hesitates around unfamiliar people.
- Communicates, “Mama,” “Daddy,” or “Blankie.”
- Refers to caregiver by name or special gesture.
- Points to peer and says his or her name.
- Points at picture of self and says name.
- Uses family roles, such as, “Brother,” “Baby sister,” “Mommy,” or “Daddy” in pretend play.
- Scribbles and then communicates that it is a picture of self.
- Communicates details about family or social experiences.
- While playing in the kitchen area, pretends to prepare food the way it is done in own home.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
**Measure 2: Recognition of ability**

**Definition:** Child evaluates own ability to do things and shows interest in others’ evaluation of self.

1. **Mark the highest developmental level the child has mastered.**

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates needs with reflexes until met</td>
<td>Shows pleasure while repeating simple actions</td>
<td>Persists in trying to do things even if faced with difficulty</td>
<td>Shows interest in others’ reactions when exploring own abilities</td>
<td>Seeks caregiver’s attention ahead of time in order to demonstrate abilities</td>
</tr>
</tbody>
</table>

**Examples**

- Cries when hungry until fed.
- Cries until caregiver succeeds in comforting child.
- Smiles while kicking.
- Makes sounds while waving arm at something.
- Tries to roll or creep to another part of room even when there is a barrier.
- Keeps trying to reach for object that is just out of reach.
- Keeps trying to get caregiver’s attention when caregiver is busy with another child.
- Builds a tower with blocks then says, “I did it!”
- Checks to see if caregiver is watching while playing with paint.
- Joins in play with another child and then checks with caregiver for recognition.
- Looks to caregiver for shared joy after successful effort to remove ball that was stuck under slide.
- Tries to get caregiver to watch by calling, motioning, or pulling before he or she does something, such as slide down the slide.
- Says, “Watch me! Watch me!” and then demonstrates that he or she can put on own shoe.
- Gets caregiver’s attention to show that he or she can play together with another child before joining the child in play.

2. **Record evidence for this rating here.** (Use back for more space.)

3. **Mark here if child is emerging to the next level.**

4. **If you are unable to rate this measure, explain why.**
Measure 3: Self expression

Definition: Child explores own action, makes presence known in social situations, and outwardly expresses feelings to others

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moves or vocalizes with reflexes</td>
<td>Responds to people or things in the environment through actions or sounds</td>
<td>Expresses self by repeating actions that have an effect</td>
<td>Asserts self by expressing needs, feelings, or desires through simple actions</td>
<td>Defines self by identifying own feelings, communicating about self or family, insisting on doing things without help, or trying to participate in a group</td>
</tr>
</tbody>
</table>

Exampl es
- Cries.
- Moves arms, head, legs, or other parts of body.
- Makes sounds.
- Reaches for a toy.
- Grasps things or people.
- Smiles or stares at people or things.
- Pushes away something the caregiver offers.
- Drops object repeatedly for caregiver to pick up.
- Presses button on push-button toy that makes a noise.
- Signals to get caregiver to repeat an action.
- Holds onto toy when someone tries to take it.
- Has a tantrum when very frustrated.
- Watches for a while before joining in play with another child.
- Goes to lie down when tired.
- Tries to put on coat or shoes or open bag of snacks, rather than seeking help.
- Tells a short story about self.
- Says to other child, "I want to play with you," or "I like playing with you."
- Identifies feelings, such as "I'm sad" or "I'm mad."
- Reaches for pitcher and says, "Me do it," as caregiver tries to pour milk.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.

Measure 3
Self expression
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SELF 3 (of 4)
Desiree -result 1: Children are personally and socially competent

Indicator: SELF - Children show self-awareness and a positive self-concept

**Measure 4: Awareness of diversity**

Definition: Child shows awareness of similarities and differences between self and others, as well as awareness of similarities and differences between people

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to people, events, or objects with reflexes</td>
<td>Notices the difference between familiar and unfamiliar</td>
<td>Imitates characteristics or actions of familiar people, and may show distress around unfamiliar people</td>
<td>Explores different ways to put characteristics or actions of others into categories, sometimes incorrectly</td>
<td>Asks questions or makes comments about people's characteristics or behavior</td>
</tr>
</tbody>
</table>

**Examples**

- Responds to voices and looks at faces.
- Listens after hearing sounds.
- Looks longer at primary caregiver with new glasses.
- Notices unfamiliar person who enters into caregiving room.
- Turns toward person speaking an unfamiliar language.
- Looks away from caregiver wearing a hat.
- Cries in presence of unfamiliar adult.
- Pretends to feed baby doll like a caregiver would.
- Indicates preference for eating what others are eating.
- Tries to feed caregiver.
- Imitates brushing hair or using purse like adult.
- Calls all children younger than self "Baby."
- Points to a character in book and either calls out the name of or points to a child in the room who has the same physical characteristics.
- Labels someone with gray hat as "Grandma," "Grandpa," "Oma," "Lola," etc.
- Says "Mommy" when referring to purse.
- "Boo-boo" when noticing someone's bless or scar.
- "What's that?" to the caregiver wearing new glasses.
- Comments on hair color, eye color, or skin tone that is different from his or her own.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.

---

**Measure 4**

Awareness of diversity

SELF 4 (of 4)
**Measure 5: Empathy**

Definition: Child shows awareness of others’ feelings and responds to expressions of feelings by others

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to others with reflexes</td>
<td>Shows awareness of others</td>
<td>Changes behavior based on others’ expressions of emotions</td>
<td>Shows concern for another who is sad, upset, or hurt</td>
<td>Offers comfort to someone showing distress</td>
</tr>
</tbody>
</table>

**Examples**

- Notices people.
- Cries when other children cry.
- Shows distress in response to another child’s distress.
- Looks at other child who is having a tantrum, but doesn’t stop playing.
- Laughs when another child giggles.
-Shows a fearful face if another child is sad or hurt.
- Claps hands when another child claps hands.
- Looks worried, and watches to see if caregiver will come to help a child who is upset.
- Points to band-aid on someone’s elbow and says “Ouch!” or “Boo-boo.”
- Points at child who is crying and says “Sad.”
- Goes to and hugs child who is sad.
- Offers special toy or comfort object to child who is showing distress.
- Calls or gets caregiver to help a child who is showing distress.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
Measure 6: Interactions with adults

**Definition:** Child interacts effectively with both familiar and somewhat familiar adults

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to caregiver's behavior with reflexes</td>
<td>Responds and pays attention to caregiver, and gives cues to caregiver to interact</td>
<td>Tries to participate with caregiver in parts of simple familiar games, songs, finger plays, or routines by doing one or two actions</td>
<td>Interacts with caregiver in a coordinated way by playing simple games, playing with objects, or fully participating in routines</td>
<td>Interacts with caregiver to solve problems, make plans, or communicate about past experiences or new ideas</td>
</tr>
</tbody>
</table>

**Examples**
- Responds to caregiver's attempt to comfort.
- Stops crying temporarily when caregiver comes near.
- Turns toward sound or movement made by caregiver.
- Grasps caregiver's finger when in palm.
- Babbles or vocalizes in response to caregiver's behavior.
- Cries at caregiver who's not paying attention.
- Turns head away from caregiver when overstimulated.
- Laughs in response to caregiver's playfulness.
- Reaches toward toy that caregiver holds out.
- Puts hands near head after caregiver initiates a game of Peek-A-Boo.
- Lifts bottom during diaper change.
- Makes sounds or motions to caregiver to play simple game, sing song, or do finger play.
- Imitates caregiver's clap or wave.
- Sits on caregiver's lap and looks at photos.
- Does hand motions for 'nail-ten' segment of Pat-A-Cake.
- Communicates about book with caregiver.
- Participates in diaper change by doing several steps, like pulling tab on diaper, lifting bottom, pulling out a wipe from box, and holding clean diaper.
- Talks with caregiver about family event that's going to happen.
- During pretend play in kitchen area, comes over acting like a waiter. Caregiver tells child that she would like a hamburger. In response, child brings over a hamburger and then asks, "Wanna drink?"

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
**Measure 7: Relationships with familiar adults**

Definition: Child forms close relationships or attachments with familiar adults

1. **Mark the highest developmental level the child has mastered.**

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attends to familiar caregiver's face and voice with reflex responses</td>
<td>Responds to actions or facial expressions of familiar caregiver</td>
<td>Seeks to maintain contact with familiar caregiver through eye contact, vocalizations, and, when necessary, physically</td>
<td>Initiates interactions regularly based on past experiences with familiar caregiver</td>
<td>Relates regularly with familiar caregiver to share ideas, experiences, feelings, and plans</td>
</tr>
</tbody>
</table>

**Examples**
- Turns head toward familiar caregiver.
- Looks in direction of familiar caregiver's voice.
- Initiates familiar caregiver's smile.
- Keeps track of familiar caregiver's movements around the room.
- Shows preference for being held by familiar caregiver.
- Places toy on familiar caregiver's lap, goes to get another toy, and then places that toy on caregiver's lap.
- When not sure if something is safe, looks at or goes to familiar caregiver.
- Makes eye contact with familiar caregiver from time to time.
- Vocalizes to familiar caregiver on other side of room.
- If familiar caregiver gets up to move, follows caregiver.

2. **Record evidence for this rating here.** (Use back for more space.)

3. **Mark here if child is emerging to the next level.**

4. **If you are unable to rate this measure, explain why.**
**Measure 8: Relationships with familiar peers**

Definition: Child forms relationships with specific peers

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
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<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to other children's behavior with reflexes</td>
<td>Attends to other children and explores their faces and bodies</td>
<td>Shows interest in other children at play</td>
<td>Seeks to be near one or two specific children in group</td>
<td>Chooses to play with one or two specific children in group on a regular basis</td>
</tr>
</tbody>
</table>

Examples

- Cries when other children cry.
- Looks at or turns toward other children.
- Moves excitedly when another child comes near.
- Pats or grasps another child.
- Rolls toward another child.
- Cries if another child gets too close.
- Moves for a toy or object being used by another child.
- Watches other children as they play.
- Moves closer to one or two 'friends' while they play.
- Sits next to 'friend' at mealtime.
- Plays some preferred game with friend(s) day after day.
- Looks for favorite child when entering the room in the morning.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
**Measure 9: Interactions with peers**

**Definition:** Child interacts effectively with a peer or small groups of peers

1. **Mark the highest developmental level the child has mastered.**

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
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<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to other children's behavior with reflexes</td>
<td>Attends to other children and explores their faces and bodies</td>
<td>Plays near other children with similar materials, but usually does not interact with them</td>
<td>Interacts with other children side-by-side as they play with similar materials</td>
<td>Engages with another child or children in play involving a common idea</td>
</tr>
</tbody>
</table>

**Examples**

- Cries when other children cry.
- Looks at or turns toward other children.
- Moves excitedly when another child comes near.
- Pats or grasps another child.
- Rolls toward another child.
- Cries if another child gets too close.
- Plays by self with trucks when other children nearby are playing with trucks.
- Plays by self in sandbox near other children.
- Shares a box of blocks with other children.
- Hands another child a toy that he or she is looking for.
- Hands a bucket to child sitting next to him or her in sandbox.
- Takes turns putting on hats with familiar child.
- Pretends to eat food after familiar child serves it to him or her.
- Joins in with familiar children to make mountain of sand.

2. **Record evidence for this rating here.** (Use back for more space.)

3. **Mark here if child is emerging to the next level.**

4. **If you are unable to rate this measure, explain why.**
**Measure 10: Impulse control**

**Definition:** Child regulates responses to internal and external stimuli

1. **Mark the highest developmental level the child has mastered.**

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
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<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to internal and external stimulation with reflexes</td>
<td>Responds to a specific kind of internal or external stimulation using a variety of behaviors</td>
<td>Takes action to get needs or wants met without considering impact on others or self</td>
<td>Copes for a short period of time with not being able to get needs or wants met immediately</td>
<td>Takes action ahead of time, follows rules or uses simple routines to cope with not being able to get needs or wants met immediately</td>
</tr>
</tbody>
</table>

**Examples**

- Spits up unwanted milk or formula.
- Sleeps when sleepy.
- Cries for bottle until caregiver brings it to him or her.
- Pushes unwanted items away.
- Turns head away when full.
- Reaches for and grabs food on another child's or caregiver's plate.
- Resists sleep if interested in present activity.
- Attempts to crawl over another child to get object of interest.
- Waits for caregiver to come give help without becoming upset.
- Waits for other child to stop playing with toy before playing with it.
- Goes to table or begins to wash hands when noticing preparations for lunch or snack time.
- Says "no hitting" instead of hitting other child.
- Tells caregiver, "I miss Mommy," and then puts photo of Mommy in pocket and goes to play.
- Asks for caregiver to read book, and then goes to look at book while waiting for caregiver to come.

2. **Record evidence for this rating here.** (Use back for more space.)

3. **Mark here if child is emerging to the next level.**

4. **If you are unable to rate this measure, explain why.**
 Desired result: Children are personally and socially competent
Indicator: REG — Children demonstrate effective self-regulation in their behavior

> **Measure 11: Seeking other's help to regulate self**
Definition: Child manages needs through seeking or relying on assistance from other people

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
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<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to internal and external stimulation with reflexes</td>
<td>Gives simple cues to caregiver about physical and emotional needs</td>
<td>Goes or signals to caregiver when needing comfort or help</td>
<td>Communicates specific physical or emotional needs to caregiver</td>
<td>Requests caregiver's help ahead of time in order to get needs met</td>
</tr>
</tbody>
</table>

Examples
- Relaxes body when held.
- Cries when hungry or tired.
- Smiles and coos when caregiver gives attention.
- Fusses to get needs met.
- Looks at caregiver often while playing.
- Vocalizes to or moves toward caregiver when something unusual, such as a loud noise, happens.
- Moves toward familiar caregiver when tired.
- Brings shoe to caregiver when needing help putting it on.
- Points at cup or uses the sign for 'more' to get more milk.
- Asks verbally or motions to caregiver to undo snap on pants so the child can use the potty.
- Requests special stuffed toy or blanket before naptime.
- Asks caregiver for props, such as a bottle for a baby doll, to prepare for pretend play.
- Seeks adult help when wanting something another child has.
- Brings coat or shoe to caregiver for help before going outside.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level. ☐

4. If you are unable to rate this measure, explain why.
**Measure 12: Responsiveness to other’s support**

Definition: Child is responsive to other's assistance with self-regulation

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
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<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settles down when comforted by caregiver</td>
<td>Attends to caregiver when comforted</td>
<td>Regulates self when caregiver establishes visual or verbal contact, moves close, or offers special comforting object</td>
<td>Follows caregiver’s guidance to regulate own emotions and behavior</td>
<td>Uses caregiver’s past guidance to regulate own emotions and behavior in the present</td>
</tr>
</tbody>
</table>

**Examples**

- Stops crying when picked up by caregiver.
- Stops fussing, and starts to suck on bottle nipple when caregiver places it close to her or his mouth.
- Releases, and snuggles up to caregiver's body when being held.
- Quiets, and responds to caregiver's touch or voice when being comforted.
- Orient toward caregiver when being comforted.
- Stops fussing when frustrated after caregiver comes within a few feet to offer a supportive presence.
- Hesitates while climbing and stops to look at caregiver. Then resumes climbing after caregiver reassuringly says, "You're high up."
- Gets up after falling down, and resumes play when caregiver gives a reassuring look.
- Accepts blanket when caregiver brings it to him or her for comfort.
- Screams when another child takes toy, and then stops when caregiver says, "I'm coming."
- Stops tussling with other child over object when caregiver acknowledges child's interest in object and offers alternative objects to play with.
- Waits to go down slide when caregiver says, "Wait until Sue is all the way down."
- Goes over to cozy corner to rest when caregiver says, "You look sleepy. Would you like to lie down?"
- Stops tussling with other child over a toy, and offers that child a similar toy.
- Reassures self after seeing another child being picked up by parent by saying to caregiver, "My mommy's coming."
- Says to self "Be careful" when climbing a play structure.
- Takes puzzle to quiet area when distracted by loud play of other children.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.

---

**Measure 12**

**Responsiveness to other’s support**

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Measure 13: Self comforting

Definition: Child comforts self in response to distress from either internal or external stimulation

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to internal and external stimulation with reflexes</td>
<td>Uses simple responses to comfort self</td>
<td>Comforts self by seeking either a familiar person or a special object</td>
<td>Chooses to comfort self in one or more ways that fit with the situation</td>
<td>Anticipates need for comfort and prepares self for changes in routine</td>
</tr>
</tbody>
</table>

Examples

- Startsle when hear loud noise.
- Closes eyes when exposed to bright sunlight.
- Cries when tired, hungry, or uncomfortable.
- Cries in cycles (cries, calms, cries again).
- Sucks thumb or fist to soothe self.
- Turns head away from sensory experiences that are overwhelming.
- Nuzzles face into blanket or caregiver's sweater.
- Retrieves familiar object, such as a blanket, to soothe self when upset.
- Goes to caregiver and gestures 'up' to get picked up when sleepy.
- Asks for music or lullaby when lying down for naptime.
- When upset after parent leaves, goes to get photo of parent.
- Prepares self for transitions by asking what's going to happen.
- When dropped off by parent, takes parent over to a quiet place to read a book together before parent leaves.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
**Measure 14: Attention maintenance**

Definition: Child attends to things or the environment when interacting with others or exploring play materials.

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
<th>Discovering Ideas</th>
<th>Developing Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to stimulation with reflexes</td>
<td>Responds in different ways, depending on the situation</td>
<td>Pays attention to things of interest, but may be easily distracted</td>
<td>Maintains attention, even if there are distractions</td>
<td>Attends to more than one thing at the same time</td>
</tr>
</tbody>
</table>

Examples:
- Notices sounds.
- Attends to moving object.
  - Turns toward new objects or people.
  - Makes eye contact, smiles, or coos in response to caregiver.
  - Tracks something as it moves through space.
- Listens intently or dances when hearing familiar song.
- Stops playing at sand table when hearing other kids playing with blocks.
- Stays interested in toy for a short while even though other children are actively playing nearby.
- Tries to position self to look at book even if view is partially blocked.
- Continues playing with peers even though caregiver is setting up another activity.
- Maintains play with playdough while saying something to child nearby.
- Sings song while coloring an art project.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
Desired result: Children are personally and socially competent.
Indicator: LANG — Children show growing abilities in communication and language

Measure 15: Language comprehension
Definition: Child shows understanding of language that represents ideas

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
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<th>Developing Ideas</th>
<th>Connecting Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attends to voices or sounds with reflexes</td>
<td>Imitates familiar caregiver's voice or nonverbal behavior</td>
<td>Recognizes a few familiar words that the caregiver says or a few familiar gestures the caregiver makes</td>
<td>Shows understanding that words identify people, physical characteristics, or things</td>
<td>Shows understanding of the meaning of simple sentences about ideas or feelings</td>
<td>Shows understanding of the meaning of simple stories or songs about people, things, feelings, or actions</td>
</tr>
</tbody>
</table>

Examples:
- Responds to voices by turning head or looking in direction of voice.
- Starts at loud noise.
- Smiles, gurgles, or cries in response to familiar caregiver's voice.
- Imitates familiar caregiver's voice, sounds, or simple gestures.
- Smiles back when caregiver smiles.
- Looks at familiar person, place, or object when named.
- Stops crying for bottle when caregiver says, "Bottle's ready."
- Smiles when caregiver starts to put hands over eyes to play Peek-A-Boo.
- Points to body parts, such as nose, when caregiver says "nose."
- Says or gestures "What's that?" when he or she sees or hears a new toy or "Who's that?" when he or she sees or hears an unfamiliar person.
- Sets coat when caregiver says, "It's cold outside."
- Brings another child blanket when caregiver says that child is sad.
- Laughs at simple humor in familiar songs or stories.
- Stops caregiver who is reading story to ask, "Why?"
- Responds to caregiver's questions about what will happen next in story.
- Understands a book that involves finding objects under, behind, inside, or on top of something.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
Desires, result 1: Children are personally and socially competent
Indicator: LANG — Children show growing abilities in communication and language

Measure 16: Responsiveness to language
Definition: Child acts or communicates in response to language

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responder with Reflexes</th>
<th>Expanding Responses</th>
<th>Acting with Purpose</th>
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<th>Developing Ideas</th>
<th>Connecting Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attends to voices or sounds with reflexes</td>
<td>Responds to familiar caregiver's voice</td>
<td>Responds to familiar single words, or attends to familiar gestures</td>
<td>Responds to simple requests, comments, or questions that refer to the present situation</td>
<td>Responds to requests, comments, or questions that refer to a sequence of actions that will happen right away</td>
<td>Responds to requests, comments, or questions that refer to actions that will happen at a later time</td>
</tr>
</tbody>
</table>

**Examples**

- Responds to voices by turning head or looking in direction of voice.
- Startles at loud noise.
- Smiles, gurgles, or coos in response to familiar caregiver's voice.
- Moves toward familiar caregiver's voice.
- Looks at familiar object when named.
- Watches for parent to wave bye-bye.
- Responds to one-step requests, such as “Bring me your shoes.”
- Shakes head yes or no in response to simple questions, such as “Do you want a cookie?”
- Looks for truck after caregiver asks, “Where's the truck?”
- Responds to requests, such as “Go over to the sandbox and get the shovel.”
-Responds to requests, such as “Take off your socks and wash your hands.”
- Responds to questions, such as “Are you ready to wash your hands and go to the snack table?”
- Responds to questions such as, “Would you like to paint after Alex is done at the easel?” Then child gets a toy to play with while waiting near the easel.
- Puts special blanket away in cupboard when caregiver says, “Please go on our walk, you can hold onto your blanket.” After walk, gets blanket out of cupboards.
- Listens when caregiver says, “Soon I'll be done to clean up for lunch.” Later gets book on shelf when lunch is brought out.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
**Measure 17: Communication of needs, feelings, and interests**

**Definition:** Child uses language and nonverbal communication to convey needs, feelings, and interests

1. **Mark the highest developmental level the child has mastered.**

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
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<th>Developing Ideas</th>
<th>Connecting Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes sounds spontaneously</td>
<td>Uses gestures, sounds, or facial expressions to communicate needs, feelings, and interests</td>
<td>Has a few &quot;special words&quot; or gestures to communicate needs, feelings, and interests</td>
<td>Uses a variety of simple words or gestures to communicate needs, feelings, and interests</td>
<td>Uses simple combinations of words to communicate needs, feelings, and interests</td>
<td>Combines words into phrases or sentences to express needs, feelings, and interests</td>
</tr>
</tbody>
</table>

**Examples**

- Gest.  
  - Waves arms or kicks legs excitedly when caregiver blows bubbles.
  - Cries or looks at caregiver when hungry.
  - Goes to sit at meal table when hungry.
  - Asks caregiver for blanket by using his or her special word or gesture for blanket.
  - Points to toy on shelf.
  - Initiates waving goodbye or blowing kisses when it's time to go.
  - Repeats word that caregiver or other child says.
  - Communicates that he or she wants a cookie, and then takes a cookie from the plate.
  - Plays with the meaning of the word "tea."
  - Says "More juice" when thirsty.
  - Yells "No—mine!" when angry after other child takes toy.
  - Asks to "Go-bye-bye?"
  - Says, "Me go outside."
  - Says, "Take shoes off!" to caregiver before naptime.
  - Says, "I want my mommy."
  - Says, "I don't like that."

2. **Record evidence for this rating here.** (Use back for more space.)

3. **Mark here if child is emerging to the next level.**

4. **If you are unable to rate this measure, explain why.**
**Measure 18: Reciprocal communication**

Definition: Child engages in back-and-forth communication or conversation

1. Mark the highest developmental level the child has mastered.

<table>
<thead>
<tr>
<th>Responding with Reflexes</th>
<th>Expanding Responses</th>
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<th>Discovering Ideas</th>
<th>Developing Ideas</th>
<th>Connecting Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>responds to sounds with reflexes</td>
<td>responds to caregiver's voice or facial expressions during interaction</td>
<td>engages in back-and-forth communication with caregiver using vocalizations,</td>
<td>engages in back-and-forth communication with caregiver using familiar single words,</td>
<td>introduces one or two simple ideas in back-and-forth communication with caregiver,</td>
<td>engages in simple conversations with caregiver that involve several ideas,</td>
</tr>
</tbody>
</table>

**Examples**

- Smiles back at caregiver when caregiver smiles.
- Quiets or stops movements when caregiver begins talking, and makes sounds when caregiver stops talking.
- Makes sounds, for example, says “Baaa” in response to caregiver’s talking, and then waits for caregiver to respond.
- Waves goodbye after parent waves goodbye.
- Says or shakes head yes or no when caregiver asks, “Do you want more milk?”
- Names pictures of familiar objects in books when caregiver points to them.
- Shows caregiver teddy bear and says, “My teddy.” When caregiver asks, “What’s your teddy bear’s name?” says, “Pooh Bear.”
- Nods head yes when caregiver asks if he or she likes pizza, and then says, “More milk.”
- Asks several questions about a story caregiver reads.
- Uses language such as, “I’m the mommy. You’re the baby,” in pretend play.

2. Record evidence for this rating here. (Use back for more space.)

3. Mark here if child is emerging to the next level.

4. If you are unable to rate this measure, explain why.
APPENDIX D

Center Administration Consent Form

Dear Director,

You are being asked to participate in a research study that will be conducted by Katherine Huemer, a Master’s student in Early Childhood Education at California State University Sacramento. Dr. Kimberly A. Gordon-Biddle, a child development professor at the university, will be supervising the study. The purpose of the study is to examine infants and toddlers development of emotional competence in relationship to the emotional beliefs of their primary care teachers. This information is important because it will provide further insight into the roles of teachers in young children’s emotional development.

You are being asked to allow the researcher to use your center, specifically the teachers you employ and the Desired Results Developmental Profiles of the children in your care, as a part of the above-mentioned study. Attached are copies of the child and teacher consent forms that the researcher will be using. The forms describe the process of data collection that will be performed by the researcher.

Your consent to allow the researcher to use your center as a part of the study does not pose any known risks to you.

You may not personally benefit from participating in this research. However, it is hoped that the overall results from the study will help us to better understand the emotional relationship between infants and toddlers and their primary care teachers.

The identity of the center will be kept confidential. However, demographic information about the center will be included in the study and may be shared with the Child Development and Early Childhood Education communities.

You will not receive any compensation for participating in this study.

If you have any questions about this research study you may contact Katherine Huemer by email at khuemer@csus.edu or Dr. Kimberly A. Gordon-Biddle at kagordon@saclink.csus.edu.

Your participation in this research is entirely voluntary. Your signature below indicates that you have read this page and agree to participate in the research.

_________________________________  ______________________
Signature of Director             Date

___________________________________________________
Name of Center
Dear Teacher,

You are being asked to participate in a research study that will be conducted by Katherine Huemer, a Master’s student in Early Childhood Education at California State University Sacramento. Dr. Kimberly A. Gordon-Biddle, a child development professor at the university, will be supervising the study. The purpose of the study is to examine infants and toddlers development of emotional competence in relationship to the emotional beliefs of their primary care teachers. This information is important because it will provide further insight into the roles of teachers in young children’s emotional development.

You will be asked to fill out some background questions about yourself, as well as a questionnaire about your emotional beliefs. The questionnaire will ask you to rate your level of agreement to a series of questions concerning your personal beliefs about emotions in regards to the work that you do as an infant/toddler teacher. Completion of the background information and the questionnaire will take approximately 15-20 minutes to complete.

Some of the background questions, as well as the survey questions may be personal. However, you may leave questions blank and still continue as a participant in this study without any consequences. You may stop at any time.

You may gain some insight into your own beliefs about emotions by participating in this research. However, it is hoped that the overall results from the study will help us to better understand the emotional relationship between infants and toddlers and their primary care teachers.

Your answers will only be used for the purposes of this study, and will in no way affect your employment. Your identity will be kept completely confidential. Your background information and questionnaire will be collected in a coded envelope, by an administrative teacher of the Children’s Center, not your direct supervisor, and will be labeled in a way so that it cannot be traced back to you as an individual. Instead of using your name to identify the questionnaire, each packet will be given a number. For example, John Doe will be renamed “Teacher A”, Jane Doe will be renamed “Teacher B”, etc. This will be done by the administrative teacher before your survey is given to the researcher. Your participation in this study will also be kept confidential. However, the results of the study as a whole may be shared with the Child Development and Early Childhood Education communities.

You will not receive any compensation for participating in this study.

If you have any questions about this research study you may contact Katherine Huemer by email at khuemer@csus.edu or Dr. Kimberly A. Gordon-Biddle at kagordon@saclink.csus.edu.

Your participation in this research is entirely voluntary. Your signature below indicates that you have read this page and agree to participate in the research.

__________________________________  _______________________
Signature of Participant             Date

__________________________________
Print Name
Dear Parent,

You are being asked to allow your child to participate in a research study that will be conducted by Katherine Huemer, a Master’s student in Early Childhood Education at California State University Sacramento. Dr. Kimberly A. Gordon-Biddle, a child development professor at the university, will be supervising the study. The purpose of the study is to examine infants and toddlers development of emotional competence in relationship to the emotional beliefs of their primary care teachers. This information is important because it will provide further insight into the roles of teachers in young children’s emotional development.

You are being asked to allow your child’s Desired Results Developmental Profile for Spring 2009 to be used as a part of the study. The Desired Results Developmental Profile (DRDP), which is compiled by your child’s teachers, is a written documentation of your child’s developmental progress.

Your consent to allow the researcher to use your child’s DRDP does not pose any known risks to you or your child.

You may gain a greater understanding of the relationship that your child has with his/her primary care teacher by participating in this study. However, it is hoped that the overall results from the study will help us to better understand the emotional relationship between infants and toddlers and their primary care teachers.

Your child’s identity will be kept completely confidential. Instead of using your child’s name to identify the DRDP, they will be given a number. For example, Joe Smith will be renamed “Child 1”, Jane Doe will be renamed “Child 2”, etc. Your child’s participation in this study will also be kept confidential. However, the general results of the study as a whole may be shared with the Child Development and Early Childhood Education communities and become a matter of public record.

You will not receive any compensation for participating in this study.

If you have any questions about this research study you may contact Katherine Huemer by email at khuemer@csus.edu or Dr. Kimberly A. Gordon-Biddle at kagordon@saclink.csus.edu

Your participation in this research is entirely voluntary. Your signature below indicates that you have read this page and agree to allow your child to participate in the research.

_______________________________  ______________________
Signature of Parent              Date

________________________________
Print Name
REFERENCES


REFERENCES


