THE NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS

VOLUME II (Supplemental Questionnaires-Part of System Clearance Submittal OMB# 1850-0790)

BACKGROUND QUESTIONS

FOR THE YEAR 2007 ASSESSMENT (Wave 3)

Enhanced Background Questionnaire

<u>Student</u>

Pilot Enhanced Background Questionnaire (EBQ)



September 21, 2006

QUESTIONNAIRE/SURVEY CONTENTS

Questionnaire/Survey

<u>Page</u>

Wave 3a Student EBQ Questions: Grade 4 4 Grades 8 7

STUDENT QUESTIONNAIRES

OMB Information on Student Questionnaire Cover Page

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control numbers for this information collection are 1850-0790. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: NAEP/NCES, U.S. Department of Education, 1990 K Street N.W., Washington, D.C. 20006-5651.

A project of the National Center for Education Statistics of the Institute of Education Sciences. This report is authorized by law(P.L.107-110, 20 U.S.C. §9010). While your participation is voluntary, your cooperation is needed to make the results of the survey comprehensive, accurate, and timely. The information you provide is being collected for research purposes only and will be kept strictly confidential. OMB No. 1850-0790 Approval Expires 04/30/2007 Mark Reflex® forms by Pearson NCS EM-166###-001-1:654321 Printed in U.S.A.

Student Questionnaire EBQ – Grade 4

SECTION 5

In this section, please tell us about yourself and your family. The section has 6 questions. Mark your answers in your booklet.

1. Which of the following people live in your home? Fill in **one** oval on each line.

		Yes	No
a.	Mother	А	В
b.	Stepmother/Foster mother	А	В
c.	Father	А	В
d.	Stepfather/Foster father	А	В
e.	One or more grandparents	А	В
f.	One or more brothers/sisters	А	В
g.	One or more other children	А	В
h.	One or more other adults	А	В

- 2. Do you live in different homes with different people during the school year? Fill in only **one** oval.
 - A Yes
 - B No
- 3. How many brothers and sisters do you have? Include all brothers and sisters who are related to you in any way, whether they live with you or not. Fill in only **one** oval.
 - A None
 - B One
 - C Two
 - D Three
 - E Four
 - F Five
 - G Six or more
- 4. Does your mother usually have a job for which she is paid? Fill in only **one** oval.
 - A Yes
 - B No
- 5. Does your father usually have a job for which he is paid? Fill in only **one** oval.
 - A Yes
 - B No

		We have	We do NOT have
a.	Access to the Internet	А	В
b.	Cell phone	А	В
c.	Clothes dryer just for my family	А	В
d.	Electric dishwasher	А	В
e.	Electric garbage disposal	А	В
f.	More than six rooms (not including bathrooms)	А	В
g.	More than one bathroom	А	В
h.	A bedroom of my own	А	В
i.	Air conditioning in my whole home	А	В
j.	Three or more cars, small trucks, or sport utility vehicles	А	В

Student Questionnaire EBQ – Grades 8

SECTION 5

In this section, please tell us about yourself and your family. The section has 7 questions. Mark your answers in your booklet.

1. Which of the following people live in your home? Fill in **one** oval on each line.

lo
3
3
3
3
3
3
3
3
3

- 2. Do you live in different homes with different people during the school year? Fill in only **one** oval.
 - A Yes
 - B No

- 3. How many brothers and sisters do you have? Include all brothers and sisters who are related to you in any way, whether they live with you or not. Fill in only **one** oval.
 - A None
 - B One
 - C Two
 - D Three
 - E Four
 - F Five
 - G Six or more
- 4. Does your mother usually have a job for which she is paid? Fill in only **one** oval.
 - A Yes
 - B No
- 5. Does your father usually have a job for which he is paid? Fill in only **one** oval.
 - A Yes
 - B No

6. Which of the following items do you have in your home? Fill in **one** oval on each line.

		We have	We do NOT have
a.	Access to the Internet	А	В
b.	Cell phone	А	В
c.	Clothes dryer just for my family	А	В
d.	Electric dishwasher	А	В
e.	Electric garbage disposal	А	В
f.	More than six rooms (not including bathrooms)	А	В
g.	More than one bathroom	А	В
h.	A bedroom of my own	А	В
i.	Air conditioning in my whole home	А	В
j.	Three or more cars, small trucks, or sport utility vehicles	А	В

- 7. Does your family own or rent your home, or have some other living arrangement? Fill in only **one** oval.
 - A Own (or pay mortgage)
 - B Rent
 - C Other