OMB#: Expiration Date:





FOLLOW-UP PARENT INTERVIEW Kindergarten

Interview for sibling in household:	Date:
ID of first sibling:	Interviewer:

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is xxxxxxxxx (expires xx/xx/xxxx). The time required to complete this information collection is estimated to average 30 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

INTRODUCTION

Thank you for agreeing to talk with me. The purpose of this study is to find out which family literacy programs work best for Even Start families.

For this interview, I will ask you questions and write down your answers. You may stop me at any time, or go back to earlier questions to change your answers. Only the CLIO study team will see or hear your answers. Your participation is completely voluntary. You do not have to answer any question that you do not want to answer. You will not be penalized in any way if you decide to skip questions.

After the interview, you will receive \$15 as a thank you for your time.

WILL THE INTERVIEW BE COMPLETED IN WHOLE OR IN PART W	/ITH AN INTERPRETER?
YES	1 Go to box below2
IF YES: HAVE INTERPRETER SIGN CONFIDENTIALITY AND STAPLE FORM TO THIS BOO	
WHAT LANGUAGE WILL BE USED?	

SCREENER

First,	I need to double check the information we alrea	ady have about you and [CHIL	_D].
<u>A1</u> .	Is [CHILD] the correct name of your child? (CHECK SPELLING)	
			•
<u>A2</u> .	What is your child's correct name?		
	Name:		
<u>A3</u> .	We want to interview the person most respon	nsible for [CHILD]'s care. Are	you that person?
			•
<u>A4</u> .	Who is most responsible for [CHILD]'s care?	•	
	Name:		
	Address:		
	Phone:		
<u>A5.</u>	Is that person available to talk with me now?		
	YES		1 (RESTART INTERVIEW)
	NO		
<u>A6</u> .	What is your relationship to [CHILD]?		
	BIO/ADOPTIVE MOTHER01	BIO/ADOPTIVE FATHER	02
	STEPMOTHER03	STEPFATHER	04
	GRANDMOTHER05	GRANDFATHER	06
	GREAT GRANDMOTHER07	GREAT GRANDFATHER .	
	SISTER/STEPSISTER09	BROTHER/STEPBROTHE	
	OTHER RELATIVE OR IN-LAW	OTHER RELATIVE OR IN-	
	(FEMALE)	(MALE)	
	FOSTER PARENT (FEMALE)13	FOSTER PARENT (MALE)	
	OTHER NON-RELATIVE (FEMALE)15 PARENT'S PARTNER (FEMALE) 17	OTHER NON-RELATIVE (•
			11 F 1 X

CHILD DEMOGRAPHICS

<u>B1</u> .	What is [CHILD]'s birth date?
	_
<u>B2</u> .	Is [CHILD] a boy or a girl?
	BOY
<u>B3</u> .	Is [CHILD] Hispanic or Latino?
	YES
<u>B4</u> .	What is [CHILD]'s race? Please select one or more. (CIRCLE ONE OR MORE)
	a. American Indian or Alaska Native
<u>B5</u> .	In what country was [CHILD] born?
	USA
<u>B6</u> .	How many years has [CHILD] lived in the United States?
	_ YEARS
<u>B7.</u>	What grade in school or if not in school, what type of child care program is [CHILD] attending? Is s/he in (CIRCLE ONLY ONE)
	Kindergarten or transitional kindergarten program
<u>B8</u> .	For how many days a week does [CHILD] go to this program?
	I I DAYS

<u>B9</u> .	How many hours per <u>week</u> is [Ch	HILD] at this program?		
		HOURS		
<u>B10.</u>	Since the beginning of this school	ol year, has [CHILD] been in the same sch	ool	?
		YES NO DON'T KNOW	2	
<u>B11.</u>	How many different schools has	[CHILD] attended?		
		NUMBER		
<u>B12</u> .	Will [CHILD] attend any of the fol	lowing in the Fall?		
		KindergartenFirst gradeNeither	2	(GO TO B15)
<u>B13</u> .	What is the complete name of the	e school you think [CHILD] will attend?		
	SCHOOL NAME:	· · · · · · · · · · · · · · · · · · ·		
<u>B14</u> .	What district, city, and state is the	e school located in?		
	District:			
	City:			
	State:			
B15.	During the <u>current school year</u> , is	s anyone in your family receiving services	froi	m Even Start?
		YES NO DON'T KNOW	2	

B16. During the <u>current school year</u>, what kind of Even Start services do they receive? (CIRCLE ALL THAT APPLY.)

Adult education (such as GED or
ESL classes 02
Parenting education classes 02
Home visits 03
Preschool services for 0-5 year old
children04
Parent and child activities 0!
Before school or after school services
for school age children 00
Other (specify) 0

REFER TO QB7: IF RESPONDENT ANSWERED "OTHER", SKIP TO SECTION E.

SCHOOL COMMUNICATION AND INVOLVEMENT

<u>C1.</u> For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things during the school year:

[IF NECESSARY, READ AFTER EACH STATEMENT: Would you say [CHILD]'s school does this very well, just OK, or doesn't do it at all? (CIRCLE ONE RESPONSE FOR EACH ITEM]

		Does it very well	Just OK	Does not do it at all	Don't <u>know</u>
a.	Lets you know (between report cards) how [CHILD] is doing in school	. 1	2	3	8
b.	Helps you understand what children at [CHILD]'s age are like	. 1	2	3	8
C.	Makes you aware of chances to volunteer at the school	. 1	2	3	8
d.	Provides workshops, materials, or advice about how to help [CHILD] learn at home	. 1	2	3	8
e.	Provides information on community services to help [CHILD] or your family	. 1	2	3	8
f.	Understands the needs of families who don't speak English	. 1	2	3	8

<u>C2.</u> In general how often and in what way do you usually have contact with [CHILD]'s teacher about his/her daily activities or behavior? (CIRCLE ONE RESPONSE FOR EACH ITEM)

		<u>Daily</u>	<u>Weekly</u>	<u>Monthly</u>	Less than <u>Monthly</u>	<u>Never</u>
a.	Talk to the teacher in person	. 1	2	3	4	5
b.	Teacher calls you	. 1	2	3	4	5
c.	Receive written notes from teacher	. 1	2	3	4	5
d.	Schedule meetings or conferences with teacher	. 1	2	3	4	5
e.	Teacher conducts home visits	. 1	2	3	4	5
f.	Teacher sends home examples of [CHILD]'s work	. 1	2	3	4	5

<u>C3.</u>	During this school year, about how many times have you gone to meeting at [CHILD]'s school?	s or participated in activities
	NUMBER OF TIMES	
<u>C4.</u>	When you visit the school, do the people there make you feel welcome?	
	YES NO	

REFER TO QB7: IF RESPONDENT ANSWERED "OTHER", SKIP TO SECTION E.

TEACHER FEEDBACK ON CHILD'S SCHOOL PERFORMANCE AND BEHAVIOR

Here are some things teachers tell parents about how their children are doing in school. For each one, please tell me if a teacher said something like this about [CHILD], or wrote it in a note or on a report card during this school year, even if you didn't agree. (CIRCLE YES OR NO FOR EACH ITEM)

<u>D1.</u> Since the beginning of this school year, has a teacher said or written that [CHILD]...

		VE0	NO
		<u>YES</u>	<u>NO</u>
a.	Has been doing really well in school	1	2
b.	Has not been learning up to (his/her) ability	1	2
C.	Doesn't concentrate or does not pay attention for long	1	2
d.	Has been acting up in school or disrupting the class	1	2
e.	Has often seemed sad or unhappy	1	2
f.	Has been very restless, fidgets all the time, or doesn't sit still	1	2
g.	Has been having trouble taking turns, sharing, or cooperating with other children	1	2
h.	Gets along with other children or works well in a group	1	2
i.	Is very enthusiastic and interested in different things	1	2
j.	Lacks confidence in learning new things or taking part in new activities	1	2
k.	It's hard to understand what (he/she) is saying	1	2
l.	Is often sleepy or tired in class	1	2
m.	Likes to express (his/her) ideas	1	2
n.	Is often bored in class	1	2

D2. How well does this school or program meet your child's needs?

Very well,	1
OK,	2
Not very well	3

<u>D3.</u> As far as you know, is [CHILD] going to be promoted to the next grade this coming fall or will he/she spend another year in (kindergarten, first grade, other program)?

Yes, will be promoted	1
No, will spend another year in the same grade	2
No, will go to a transitional class	3

CHILD'S ACCOMPLISHMENTS

These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

<u>E1.</u>	Can [CHILD] recognize		
		All of the letters of the alphabet, Most of them, Some of them, or None of them	1 2 3 4
<u>E2.</u>	How high can [CHILD] count? V	Vould you say	
		Not at all, Up to five, Up to ten, Up to twenty, Up to fifty, or Up to 100 or more.	1 2 3 4 5 6
<u>E3</u> .	How often does [CHILD] like to	write or pretend to write? Would you say	
		Never, Has done it once or twice, Once or twice in the past month, or One or more times in the past week	1 (GO TO E5) 2 3 4
<u>E4.</u>	Can [CHILD] write (his/her) first	name even if some of the letters are backy	vard?
		YES	
<u>E5.</u>	Does [CHILD] trip, stumble, or f	all easily?	
		YESNO	1 2
<u>E6.</u>	When [CHILD] speaks, is (he/sl	ne) understandable to a stranger?	
		YESNO	1 2

<u>E7.</u>	Does [CHILD] stutter or stammer?		
		YESNO	
<u>E8.</u>	How often does [CHILD] preter	nd to read out loud?	
		Never Has done it once or twice Once or twice in the past month One or more times in the past week	27
<u>E9.</u>		ad a book, does it sound like a connected much connection between them?	story, or does (he/she) tell
		Sounds like connected story Tells what's in each picture Does both	2
E10. How often does your child look at books alone or with another child?			
		Never Has done it once or twice Once or twice in the past month One or more times in the past week	2
<u>E11.</u>	Does [CHILD] recognize (his/ho	er) own first name in writing or in print?	
		YES	
<u>E12.</u>	Can [CHILD] identify the colors	red, yellow, blue, and green by name? Wo	ould you say
		None of them Some of them, or All of them	
<u>E13.</u>	Can [CHILD] recognize shapes	s such as a circle, square, triangle, or rectar	ngle?
		None of themSome of them, orAll of them	1 2 3

HOUSEHOLD RULES

Now I'd like to ask you a few questions about rules and setting limits in the home. F1. In your house, are there rules or routines about. . . YES <u>NO</u> What TV programs [CHILD] can watch?..... 1 2 a. How many hours [CHILD] can watch TV?..... 2 b. 1 2 What time [CHILD] eats?.... C. What time [CHILD] goes to bed?..... 2 1 d. <u>F2</u>. About how many hours does [CHILD] usually watch TV in your home each day? |___| HOURS

ACTIVITIES WITH YOUR CHILD

Now I have some questions about things you do with [CHILD] when he/she is at home. How many times have you or someone in your family read to [CHILD] in the past week? Would you G1. say... (CIRCLE ONE RESPONSE) Not at all,...... 1 Every day...... 4 G2. For about how long does [CHILD] enjoy being read to at a sitting? PROBE: About how many minutes? |___| MINUTES G3. How often did your child ask you to read books in the past week? Was it... (CIRCLE ONE RESPONSE) Not at all,...... 1 Every day...... 4 G4. How often does your child show interest in reading labels, people's names, or signs (such as signs for McDonald's)? Would you say... (CIRCLE ONE RESPONSE) Never,...... 1 Once or twice in the past week...... 4

<u>G5.</u> Now I am going to ask you some questions about what you do with your child at home. How often do you or someone in your household do each of the following reading and language activities with [CHILD]? (USE RESPONSE CARD) (CIRCLE ONE RESPONSE FOR EACH ITEM)

		<u>Never</u>	Has done it once or twice	Once or twice in the past month	One or more times in the past week
a.	Work on learning the names of the letters	1	2	3	4
b.	Practice writing the letters of the alphabet	1	2	3	4
C.	Discuss new words	1	2	3	4
d.	Have [CHILD] tell you a story	1	2	3	4
e.	Practice the sounds that letters make	1	2	3	4
f.	Listen to you read stories where (he/she) sees the print such as Big Books	1	2	3	4
g.	Listen to you read stories where (he/she) doesn't see the print	1	2	3	4
h.	Retell or make up stories	1	2	3	4
i.	Show [CHILD] how to read a book or magazine (the way to hold it, point to words)	1	2	3	4
j.	Have [CHILD] practice writing or spelling (his/her) name		2	3	4
k.	Learn about rhyming words and word families such as cat, mat, sat	1	2	3	4
I.	Practice or teach directional words such as over, up, or in	1	2	3	4
<u>G6.</u>	Mever				
	One or	more times in	the past week	····· 4	

G7. How often have you read books, magazines, or the newspaper, during the past week? Was it (CIRCLE ONE RESPONSE.)

Not at all,	1
Once or twice,	2
Three or more times, or	3
Every day?	1

G8.	8. Which of the following do you have in your home?				
			<u>YES</u>	<u>NO</u>	
	a.	Comic books	1	2	
	b.	Books for children	1	2	
	C.	Magazines for children	1	2	
	d.	Magazines for adults, like Newsweek or People or Sports Illustrated	1	2	
	e.	Newspapers	1	2	
	f.	Catalogs	1	2	
	g.	Religious books like a bible or prayer book	1	2	
	h.	Dictionaries or encyclopedias	1	2	
	i.	Other books like novels, biographies, or non-fiction	1	2	
G10	Ca	NO	2	t wook?	
G10. Can you tell me the names of three things you've read to your child in the past w				t week?	
ITEM #1:					
ITEM #2:					
	ITE	EM #3:			
<u>G11</u> .	Ca	n you tell me the names of your child's three favorite books?			
	ВС	OOK #1:			
BOOK #2:					
	BOOK #3:				

PARENT DEMOGRAPHICS

	RESPONDENT IS: (CIRCLE ONE)				
	CHILD'S BIO/ADOPTIVE MOTHER (ASK QUESTIONS ABOUTED GO TO H2)	JT RESPONDENT			
	NOT CHILD'S BIO/ADOPTIVE MOTHER2 (ASK QUESTIONS ABOUTED GO TO H1)	JT MOTHER,			
Now	I'm going to ask you some questions about (you/[CHILD]'s mother).				
H1.	Is [CHILD]'s mother in your household?				
	MOTHER IN HOUSEHOLD MOTHER NOT IN HOUSEHOLD MOTHER DECEASED	1 2 3			
H2.	What is (your/her) birth date?				
	//19 MONTH DAY YEAR				
H3.	(Are you/Is she) Hispanic or Latino?				
	YESNO	1 2			
H4.	What is (your/her) race? Please select one or more. (CIRCLE ONE OR Mo	ORE)			
	a. American Indian or Alaska Nativeb. Asianc. Black or African Americand. Native Hawaiian or Other Pacific Islandere. White	1 2 3 4 5			
H5.	In what country (were you/was she) born?				
	USAOTHER (SPECIFY COUNTRY)	1 (GO TO H7) 2			
H6.	How many years (have you/has she) lived in the United States?				
	_ YEARS				

H7.	Did (you/she) attend school in the United States or in another country? Would you say (CIRCLE ONE)
	All or most of (my/her) schooling was in the United States
	Attenued schools both in and odiside the Officed States
H8.	What is the highest grade or year of school that (you/she) completed (either in the United States or in another country)? (CIRCLE ONE)
	NO SCHOOLING 01
	GRADE 1 02
	GRADE 2 03
	GRADE 3 04
	GRADE 4
	GRADE 5
	GRADE 6 07
	GRADE 7 08
	GRADE 8
	GRADE 9
	GRADE 10
	GRADE 11 12
	ATTENDED GRADE 12, BUT DID NOT COMPLETE HIGH SCHOOL OR GED 13
	RECEIVED SPECIAL EDUCATION DIPLOMA (NOT A HIGH SCHOOL DIPLOMA) 14
	RECEIVED HIGH SCHOOL DIPLOMA (NOT A SPECIAL EDUCATION DIPLOMA) 15
	COMPLETED GED CERTIFICATE
	ATTENDED SOME COLLEGE
	COMPLETED COLLEGE DEGREE OR HIGHER 18
	REFER TO H1: IF CHILD'S MOTHER IS DECEASED,
	CHECK THIS BOX
	AND SKIP TO BOX H15
H9.	What is (your/her) current marital status?
	MARRIED 1
	MARRIED
	DIVORCED 3
	WIDOWED 4
	NEVER MARRIED 5
	NEVER WARRIED
1110	Currently (do you (does also) have any of the following diplomes degrees or ish related licenses?
H10.	Currently, (do you/does she) have any of the following diplomas, degrees, or job-related licenses?
	<u>YES</u> <u>NO</u>
	a. Trade license or certificate $\frac{1}{2}$
	b. GED certificate (or equivalent) 1 2
	c. High school diploma 1 2
	d. Associate's degree 1 2
	e. Bachelor's degree 1 2
	f Graduate degree 1 2

H11.	(Are you/is she) now working toward a certificate, diploma, or degree?			
	YES			
H12.	Which certificate, diploma, or degree (are you/is she) working toward?			
	a. Trade license or certificate			
H13.	(Are you/Is she) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONE) WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) 01 WORKING PART-TIME			
H14.	How many hours per week is (your/her) main job? HOURS			

	BOX H-15				
	RESPONDENT IS: (CIRCLE ONE)				
	CHILD'S BIO/ADOPTIVE FATHER (ASK QUESTIONS ABOUT RESPONDENT GO TO H16)				
	NOT CHILD'S BIO/ADOPTIVE FATHER2 (ASK QUESTIONS ABOUT FATHER, GO TO H15)				
No	w I'm going to ask you some questions about ([CHILD]'s father/about you).				
H1	5. Is [CHILD]'s father in your household?				
	FATHER IN HOUSEHOLD				
H1	6. What is (his/your) birth date? //19 MONTH DAY YEAR				
H1	7. (Is he/are you) Hispanic or Latino?				
	YES				
H1	8. What is (his/your) race? Please select one or more. (CIRCLE ONE OR MORE)				
	a. American Indian or Alaska Native				
H1	9. In what country (was he/were you) born?				
	USA				
H2	0. How many years (has he/have you) lived in the United States?				
	_ YEARS				

H21.	Did (he/you) attend school in the United States or in another country? Would you say(CIRCLE ONE)
	All or most of (his/my) schooling was in the United States
H22.	What is the highest grade or year of school that ([CHILD]'s father/you) completed (either in the United States or in another country)? (CIRCLE ONE)
	NO SCHOOLING. 01 GRADE 1. 02 GRADE 2. 03 GRADE 3. 04 GRADE 4. 05 GRADE 5. 06 GRADE 6. 07 GRADE 7. 08 GRADE 8. 09 GRADE 9. 10 GRADE 10. 11 GRADE 11. 12 ATTENDED GRADE 12, BUT DID NOT COMPLETE HIGH SCHOOL OR GED. 13 RECEIVED SPECIAL EDUCATION DIPLOMA (NOT A HIGH SCHOOL DIPLOMA) 14 RECEIVED HIGH SCHOOL DIPLOMA (NOT A SPECIAL EDUCATION DIPLOMA) 15 COMPLETED GED CERTIFICATE. 16 ATTENDED SOME COLLEGE. 17 COMPLETED COLLEGE DEGREE OR HIGHER. 18
	REFER TO H15: IF CHILD'S FATHER IS DECEASED, CHECK THIS BOX AND SKIP TO BOX H29
H23.	What is ([CHILD]'s father's/your) current marital status? MARRIED

H24.	Currently, (does he/do y	ou) have any of the following diplomas	, degrees,	or job-relat	ed licenses?
			<u>YES</u>	<u>NO</u>	
	a.	Trade license or certificate	1	2	
	b.	GED certificate (or equivalent)	1	2	
		High school diploma	1	2	
		Associate's degree	1	2	
		Bachelor's degree	1	2	
	f.	Graduate degree	1	2	
H25.	(Is he/are you) now wor	king toward a certificate, diploma, or de	gree?		
		YES		. 1	
		NO			TO H27)
		110		. 2 (00)	01121)
H26.	Which certificate, diplom	a, or degree (is he/are you) working to	ward?		
			<u>YES</u>	<u>NO</u>	
	a.	Trade license or certificate	1	2	
	b.	GED certificate (or equivalent)	1	2	
		High school diploma	1	2	
		Associate's degree	1	2	
		Bachelor's degree	1	2	
	f.	Graduate degree	1	2	
H27.	program, keeping house	working full-time, working part-time, loe, or doing something else? (CIRCLE C	ONE)		hool, in a training
		L-TIME (35 HOURS OR MORE PER V			
		RT-TIME			
		WORK M WORK			
		AINING			GO TO
		SE			BOX H29
	SOMETHING E			00	20/(1)20
				07	
	, ,				
H28.	How many hours per we	ek is (his/your) main job?			
		HOURS			

BOX H-29

RESPONDENT IS: (CIRCLE ONE)

CHILD'S BIO/ADOPTIVE MOTHER OR FATHER...... (GO TO I1)

NOT CHILD'S BIO/ADOPTIVE MOTHER OR FATHER......2 (GO TO H29)

Now I'm going to ask some questions about you.

H29. What is your birth date?

H30. Are you Hispanic or Latino?

H31. What is your race? Please select one or more. (CIRCLE ONE OR MORE)

H32. Did you attend school in the United States or in another country? Would you say...(CIRCLE ONE)

All or most of my schooling was in the United States	1
All or most of my schooling was outside the United States	2
Attended schools both in and outside the United States	3

H33.	What is the highest grade or year of school that you completed (either in the United States or another country)? (CIRCLE ONE)	in
	NO SCHOOLING01	
	GRADE 1	
	GRADE 2	
	GRADE 3 04	
	GRADE 4	
	GRADE 5	
	GRADE 6	
	GRADE 7	
	GRADE 8	
	GRADE 10	
	GRADE 11	
	ATTENDED GRADE 12, BUT DID NOT COMPLETE HIGH SCHOOL OR GED 13	
	RECEIVED SPECIAL EDUCATION DIPLOMA (NOT A HIGH SCHOOL DIPLOMA) 14	
	RECEIVED HIGH SCHOOL DIPLOMA (NOT A SPECIAL EDUCATION DIPLOMA) 15	
	COMPLETED GED CERTIFICATE	
	ATTENDED SOME COLLEGE	
	COMPLETED COLLEGE DEGREE OR HIGHER 18	
H34.	Currently, do you have any of the following diplomas, degrees, or job-related licenses? YES NO	
	d. Associate's degree 1 2	
	e. Bachelor's degree 1 2	
	f. Graduate degree 1 2	
H35.	Are you now working toward a certificate, diploma, or degree?	
	YES	
H36.	Which certificate, diploma, or degree are you working toward?	
	<u>YES</u> <u>NO</u>	
	a. Trade license or certificate 1 2	
	b. GED certificate (or equivalent) 1 2	
	c. High school diploma 1 2	
	d. Associate's degree 1 2	
	e. Bachelor's degree 1 2	
	f. Graduate degree 1 2	

H37.	Are you currently working full-time, working part-time, looking for work program, keeping house, or doing something else? (CIRCLE ONE)	c, in school	, in a training
	WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) 0 WORKING PART-TIME	02 03 04 05 06	GO TO 11
H38.	How many hours per week is your main job?		
	HOURS		

PARENT LANGUAGE/LITERACY

I1.	What language do you usually speak at home? (CIRCLE ONE)				
	SPAN BOTH	LISH NISH H ENGLISH AND S ER (SPECIFY)	PANISH	2	
12.	Is English your second language?				
					TO 14)
13.	How well do you <u>speak</u> , <u>read</u> , and <u>wri</u> not well, well, or very well. (USE RESI		uage? For each	one, tell r	me if it is not at all,
		Not at all	Not Well	<u>Well</u>	Very Well
	a. Speak your native languageb. Read your native languagec. Write your native language	1	2 2 2	3 3 3	4 4 4
14.	How well do you <u>understand</u> , <u>speak</u> , well, well, or very well. (USE RESPON		For each one,	tell me if	it is not at all, not
		Not at all	Not Well	<u>Well</u>	Very Well
	a. Understand English b. Speak English c. Read English	1	2 2 2	3 3 3	4 4 4
15.	If you read to your children, what langu	ıage do you usually	use now? (CIR	CLE ONE	≣)
	SPANISH BOTH EN UNABLE	II II IGLISH AND SPAN TO/DO NOT READ SPECIFY)	IISH TO CHILDREN	2 3	

HOUSEHOLD DEMOGRAPHICS

Now we want to ask you about the ages of people who are <u>currently living in your household</u>. J1. How many are younger than 8 years old? | | | PEOPLE J2. How many are ages 8 through 17? PEOPLE J3. How many are ages 18 or older? | | | PEOPLE J4. Which of the following best describes the structure of your household? (CIRCLE ONE) Single parent with child(ren) and no other adult relatives..... Single parent or couple living with child(ren) OTHER (SPECIFY) J5. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing? OWNS OR IS BUYING HOME OR APARTMENT..... 1 RENTS (WITHOUT PUBLIC ASSISTANCE)..... 2 PUBLIC OR SUBSIDIZED HOUSING..... 3 SOME OTHER ARRANGEMENT..... <u>J6</u>. How many times has [CHILD] moved in the last twelve months? ____| TIMES

INCOME

K1.		ently, where does most of the money your household lives on corncome of everyone in your household. (CIRCLE ONE)	me from	n? Please think about
		Wages from a job	2 olic ne) 3	<u>.</u> 3
K2.		r, including <u>everyone</u> in your household, what was the total incom th before taxes and other deductions? Would you say it was (
		\$250 or less	02 03 04 05 07	2 3 1 5 5
K3.	In th	e <u>past year</u> , have you or anyone in your household received any	of the f	ollowing?
	a.	Income assistance, including welfare, SSI, or unemployment	YES	<u>NO</u>
		insurance	1	2
		Food and nutrition assistance, including food stamps or WIC	1	2
	C.	Help paying for utilities (water, heat, electric, telephone)	1	2

d. Foster care payments

e. Child support or alimony payments

2

2

1

CHILD'S HEALTH/DISABILITIES

<u>L1</u> .	Did a doctor or other health or education professional ever tell you that [CHILD] has any special needs or disabilities—for example, physical difficulties, emotional, language, hearing, or learning difficulties, or other special needs?				
		YESNO			
<u>L2</u> .	Does [CHILD]'s disability or spec	cial need affect (his/her) ability to learn?			
		YESNO			
<u>L3</u> .	Does [CHILD] have an Individ Service Plan (IFSP)?	ualized Education Program or Plan (IEF	P) or an Individual Family		
		YESNO	1 2		

TRACKING INFORMATION

Thank you for spending this time with me. I would also like to thank you for participating in this interview and will give you your gift in just a few minutes. We may need to contact you in the future, so we need to know how to get in touch with you.

M1a.	Can you give me a telepho	ne number where you can be reach	ned?
Home Work F Cell Pr	a home phone, work phone, Phone Phone	2 3	5
M1b.	·	nber where you can be reached?	
Home Work F Cell Pr	a home phone, work phone, PhonePhone	2 3	5
M1c.	Please give me your perma		
	Str	reet	Apt.
	Town/City	State	Zip Code

Would you please tell me the names and telephone numbers of three people who will know how to contact you a year from now?

M2a.	What is the name of the first person?		
M2b.	How is this person related to [CHILD]? F	RELATIVE (SPECIFY)	1
	1	NONRELATIVE	2
M2c.	What is their phone number?(area code)		
Home I Work F Cell Ph Beepei	REFUSE		5 7
M2d.	What is another phone number where this	·	
	(area code)	 _	
Home I Work F Cell Ph	a home phone, work phone, cell phone, or Phone		_
		EPHONE	
МЗа.	What is the name of the second person?_		
M3b.	How is this person related to [CHILD]?	RELATIVE (SPECIFY)	1
	١	NONRELATIVE	2
МЗс.	What is their phone number? (area code)		
Home I Work F Cell Ph	na home phone, work phone, cell phone, or phone		5 7

M3d.	What is another phone number where this person can be reached?	
	(area code)	
Home I Work P Cell Ph	a home phone, work phone, cell phone, or beeper? (CIRCLE ONE). Phone	
M4a.	What is the name of the third person?	
M4b.	How is this person related to [CHILD]? RELATIVE (SPECIFY)	1
	NONRELATIVE	2
M4c.	What is their phone number?	
Home I Work P Cell Ph	A home phone, work phone, cell phone, or beeper? (CIRCLE ONE). Phone	
M4d.	What is another phone number where this person can be reached?	
	(area code)	
Home I Work P Cell Ph	A home phone, work phone, cell phone, or beeper? (CIRCLE ONE). Phone	5 7

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Finally, I need you to sign this page. This indicates that you give us permission to contact these people and for them to give us the information we need to contact you. This is the <u>only</u> reason we will use this information.

I give permission to the contacts named above to release my current address and phone number to a representative of the *Classroom Literacy Interventions and Outcomes Study*, Spring 2006.

Re	espondent's signature	
	Printed Name	
	 Date	

Thank you very much for your cooperation.

END OF INTERVIEW:

Thank you for your cooperation!

COMPLETE AFTER INTERVIEW IS CONCLUDED.

CONFIDENCE RATINGS

N1.	Interview Completion Code:	
	Respondent terminated interview prematurely Respondent refused interview Respondent unable to respond (SPECIFY)	2
	Interview completed	4

N2. Please rate the following qualities of the respondent, the interviewing situation, and the quality of the data. The Respondent (was/had):

a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty
g. Interviewed without interruptions	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low

If found, return to: Westat 1650 Research Boulevard RA1221F Rockville, MD 20850