

OMB#:
Expiration Date:



Spring 2008



FOLLOW-UP PARENT INTERVIEW First Grade

Interview for sibling in household:

Date: _____

ID of first sibling: _____

Interviewer: _____

Westat

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 xxxxxxxx (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 WITH AN INTERPRETER?

YES.....1 Go to box below
NO.....2

IF YES: HAVE INTERPRETER SIGN CONFIDENTIALITY FORM BEFORE INTERVIEW AND STAPLE FORM TO THIS BOOKLET.

WHAT LANGUAGE WILL BE USED? _____

SCREENER

First, I need to double check the information we already have about you and [CHILD].

A1. Is [CHILD] the correct name of your child? (CHECK SPELLING)

YES..... 1 (GO TO A3)
NO..... 2

A2. What is your child's correct name?

Name: _____

A3. We want to interview the person most responsible for [CHILD]'s care. Are you that person?

YES..... 1 (GO TO A6)
NO..... 2

A4. Who is most responsible for [CHILD]'s care?

Name: _____

Address: _____

Phone: _____

A5. Is that person available to talk with me now?

YES..... 1 (RESTART INTERVIEW)
NO..... 2 (RESCHEDULE INTERVIEW WITH A4 PERSON)

A6. What is your relationship to [CHILD]?

BIO/ADOPTIVE MOTHER.....01	BIO/ADOPTIVE FATHER.....02
STEPMOTHER.....03	STEPFATHER.....04
GRANDMOTHER.....05	GRANDFATHER.....06
GREAT GRANDMOTHER07	GREAT GRANDFATHER08
SISTER/STEPSISTER.....09	BROTHER/STEPBROTHER.....10
OTHER RELATIVE OR IN-LAW (FEMALE).....11	OTHER RELATIVE OR IN-LAW (MALE).....12
FOSTER PARENT (FEMALE).....13	FOSTER PARENT (MALE).....14
OTHER NON-RELATIVE (FEMALE)...15	OTHER NON-RELATIVE (MALE).....16
PARENT'S PARTNER (FEMALE).....17	PARENT'S PARTNER (MALE).....18

CHILD DEMOGRAPHICS

B1. What is [CHILD]'s birth date?

 |_|_| |_|_| |_|_|_|_|
 MONTH DAY YEAR

B2. Is [CHILD] a boy or a girl?

BOY..... 1
GIRL..... 2

B3. Is [CHILD] Hispanic or Latino?

YES..... 1
NO..... 2

B4. What is [CHILD]'s race? Please select one or more. (CIRCLE ONE OR MORE)

- a. American Indian or Alaska Native..... 1
- b. Asian..... 2
- c. Black or African American..... 3
- d. Native Hawaiian or Other Pacific Islander..... 4
- e. White..... 5

B5. In what country was [CHILD] born?

USA..... 1 (GO TO B7)
OTHER (SPECIFY COUNTRY) 2

B6. How many years has [CHILD] lived in the United States?

|_|_| YEARS

B7. 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..... 01 (GO TO B8)
- Even Start..... 02 (GO TO B8)
- First grade..... 03 (GO TO B8)
- Head Start, pre-kindergarten, or any other type of center-based child care program..... 04 (GO TO B8)
- Other (SPECIFY)_____... 05 (GO TO B12)

B8. For how many days a week does [CHILD] go to this program?

|_|_| DAYS

B9. How many hours per week is [CHILD] at this program?

|_|_| HOURS

B10. Since the beginning of this school year, has [CHILD] been in the same school?

- YES..... 1 (GO TO B12)
- NO..... 2
- DON'T KNOW..... 8 (GO TO B12)

B11. How many different schools has [CHILD] attended?

|_|_|_| NUMBER

B12. During the current school year, is anyone in your family receiving services from Even Start?

- YES..... 1 (GO TO B13)
- NO..... 2 (GO TO C1)
- DON'T KNOW..... 8

B13. During the current school year, what kind of Even Start services do they receive? (CIRCLE ALL THAT APPLY.)

- Adult education (such as GED or ESL classes)..... 01
- Parenting education classes..... 02
- Home visits..... 03
- Preschool services for 0-5 year old children..... 04
- Parent and child activities..... 05
- Before school or after school services for school age children..... 06
- Other (specify _____).... 07

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

SCHOOL COMMUNICATION AND INVOLVEMENT

C1. 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)]

	<u>Does it very well</u>	<u>Just OK</u>	<u>Does not do it at all</u>	<u>Don't 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

C2. 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>	<u>Less than 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

C3. During this school year, about how many times have you gone to meetings or participated in activities at [CHILD]'s school?

|___|___| NUMBER OF TIMES

C4. When you visit the school, do the people there make you feel welcome?

YES..... 1
NO..... 2

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)

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

	<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

D3. 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].

E1. Can [CHILD] recognize...

- All of the letters of the alphabet,..... 1
- Most of them,..... 2
- Some of them, or..... 3
- None of them..... 4

E2. How high can [CHILD] count? Would you say...

- Not at all,..... 1
- Up to five,..... 2
- Up to ten,..... 3
- Up to twenty,..... 4
- Up to fifty, or..... 5
- Up to 100 or more..... 6

E3. How often does [CHILD] like to write or pretend to write? Would you say...

- Never,..... 1 (GO TO E5)
- Has done it once or twice,..... 2
- Once or twice in the past month, or..... 3
- One or more times in the past week..... 4

E4. Can [CHILD] write (his/her) first name even if some of the letters are backward?

- YES..... 1
- NO..... 2

E5. Does [CHILD] trip, stumble, or fall easily?

- YES..... 1
- NO..... 2

E6. When [CHILD] speaks, is (he/she) understandable to a stranger?

- YES..... 1
- NO..... 2

E7. Does [CHILD] stutter or stammer?

- YES..... 1
- NO..... 2

E8. Does [CHILD] actually read the words written in a book, or does he/she look at a book and pretend to read?

- READS THE WRITTEN WORDS..... 1
- PRETENDS TO READ.....2 (GO TO E12)
- DOES BOTH..... 3

E9. How old was [CHILD] in years and months when (he/she) began reading simple, whole sentences?

_____ YEARS _____ MONTHS

E10. How many story books did [CHILD] read on (his/her) own last month? (Books school assigned do not count).

_____ BOOKS

E11. Did (he/she) pick out books on (his/her) own, or did you help (him/her) choose them?

- PICKED ON OWN.....1 (GO TO E14)
- PARENT HELPED.....2 (GO TO E14)
- BOTH.....3 (GO TO E14)
- CHILD READ NO BOOKS IN PAST MTH4 (GO TO E 14)

E12. How often does [CHILD] pretend to read out loud?

- Never..... 1 (GO TO E14)
 - Has done it once or twice..... 2
 - Once or twice in the past month..... 3
 - One or more times in the past week..... 4
- } (GO TO E13)

E13. When (he/she) pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

- Sounds like connected story..... 1
- Tells what's in each picture..... 2
- Does both..... 3

E14. How often does your child look at books alone or with another child?

- Never..... 1
- Has done it once or twice..... 2
- Once or twice in the past month..... 3
- One or more times in the past week..... 4

E15. Does [CHILD] recognize (his/her) own first name in writing or in print?

- YES..... 1
- NO..... 2

E16. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

- None of them..... 1
- Some of them, or..... 2
- All of them..... 3

E17. Can [CHILD] recognize shapes such as a circle, square, triangle, or rectangle?

- None of them..... 1
- Some of them, or..... 2
- All of them..... 3

E18. Now I'm going to read you a list of some activities and behaviors. Does [CHILD] do these things on a regular basis, or rarely or not at all?

	<u>Regularly</u>	<u>Rarely/Not at all</u>
a. Talks with familiar adults.....	1	2
b. Enjoys having visitors.....	1	2
c. Shares newly learned ideas.....	1	2
d. Keeps self occupied.....	1	2
e. Takes care of personal belongings.....	1	2
f. Asks for assistance with difficult tasks, such as picking up heavy items, putting on clothes, or locating lost items.....	1	2
g. Expresses feelings.....	1	2
h. Expresses needs to adults.....	1	2
i. Helps with simple household tasks.....	1	2
j. Notices when others are happy, sad, angry.....	1	2
k. Offers comfort when others are in distress.....	1	2
l. Gets along with other family members.....	1	2

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. . .

	<u>YES</u>	<u>NO</u>
a. What TV programs [CHILD] can watch?.....	1	2
b. How many hours [CHILD] can watch TV?.....	1	2
c. What time [CHILD] eats?.....	1	2
d. What time [CHILD] goes to bed?.....	1	2

F2. 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.

G1. How many times have you or someone in your family read to [CHILD] in the past week? Would you say... (CIRCLE ONE RESPONSE)

- Not at all,..... 1
- Once or twice,..... 2
- Three or more times, or..... 3
- 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
- Once or twice,..... 2
- Three or more times, or..... 3
- 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 so far,..... 2
- Once or twice in the past month, or..... 3
- Once or twice in the past week..... 4

G5. 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>	<u>Has done it once or twice</u>	<u>Once or twice in the past month</u>	<u>One or more times in the past week</u>
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.....	1	2	3	4
k. Learn about rhyming words and word families such as cat, mat, sat.....	1	2	3	4
l. Practice or teach directional words such as over, up, or in.....	1	2	3	4

G6. How often do you work with [CHILD] on things he/she learned in school?

- Never..... 1
- Has done it once or twice..... 2
- Once or twice in the past month..... 3
- 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?..... 4

G8. 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 <i>Newsweek</i> or <i>People</i> or <i>Sports Illustrated</i>	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

G9. In the past month did you take any books home from the library or buy any books?

YES.....	1
NO.....	2

G10. Does [CHILD] have (his/her) own library card?

YES.....	1
NO.....	2

PARENT DEMOGRAPHICS

RESPONDENT IS: (CIRCLE ONE)	
CHILD'S BIO/ADOPTIVE MOTHER.....1	(ASK QUESTIONS ABOUT RESPONDENT, GO TO H2)
<u>NOT</u> CHILD'S BIO/ADOPTIVE MOTHER.....2	(ASK QUESTIONS ABOUT MOTHER, GO TO H1)

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..... 1
- MOTHER NOT IN HOUSEHOLD..... 2
- MOTHER DECEASED..... 3

H2. What is (your/her) birth date?

_____/_____/19_____
MONTH DAY YEAR

H3. (Are you/Is she) Hispanic or Latino?

- YES..... 1
- NO..... 2

H4. What is (your/her) race? Please select one or more. (CIRCLE ONE OR MORE)

- a. American Indian or Alaska Native..... 1
- b. Asian..... 2
- c. Black or African American..... 3
- d. Native Hawaiian or Other Pacific Islander..... 4
- e. White..... 5

H5. In what country (were you/was she) born?

- USA..... 1 (GO TO H7)
- OTHER (SPECIFY COUNTRY) 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..... 1
- All or most of (my/her) schooling was outside the United States... 2
- Attended schools both in and outside the United States..... 3

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..... 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 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
- SEPARATED..... 2
- DIVORCED..... 3
- WIDOWED..... 4
- NEVER MARRIED..... 5

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 | 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..... 1
- NO..... 2 (GO TO H13)

H12. Which certificate, diploma, or degree (are you/is she) 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 |

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..... | <u>02</u> | } GO TO BOX H15 |
| LOOKING FOR WORK..... | 03 | |
| LAI D OFF FROM WORK..... | 04 | |
| IN SCHOOL/TRAINING..... | 05 | |
| KEEPING HOUSE..... | 06 | |
| SOMETHING ELSE
(SPECIFY) _____..... | 07 | |

H14. How many hours per week is (your/her) main job?

|_|_|_| HOURS

BOX H-15

RESPONDENT IS: (CIRCLE ONE)

CHILD'S BIO/ADOPTIVE FATHER.....1 (ASK QUESTIONS ABOUT RESPONDENT, GO TO H16)

NOT CHILD'S BIO/ADOPTIVE FATHER.....2 (ASK QUESTIONS ABOUT FATHER, GO TO H15)

Now I'm going to ask you some questions about ([CHILD]'s father/about you).

H15. Is [CHILD]'s father in your household?

- FATHER IN HOUSEHOLD..... 1
- FATHER NOT IN HOUSEHOLD..... 2
- FATHER DECEASED..... 3

H16. What is (his/your) birth date?

_____/_____/19_____
MONTH DAY YEAR

H17. (Is he/are you) Hispanic or Latino?

YES..... 1
NO..... 2

H18. What is (his/your) race? Please select one or more. (CIRCLE ONE OR MORE)

- a. American Indian or Alaska Native..... 1
- b. Asian..... 2
- c. Black or African American..... 3
- d. Native Hawaiian or Other Pacific Islander..... 4
- e. White..... 5

H19. In what country (was he/were you) born?

USA..... 1 (GO TO H21)
OTHER (SPECIFY COUNTRY) 2

H20. 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.....1
- All or most of (his/my) schooling was outside the United States.....2
- Attended schools both in and outside the United States.....3

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..... 1
- SEPARATED..... 2
- DIVORCED..... 3
- WIDOWED..... 4
- NEVER MARRIED..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

H24. Currently, (does he/do you) have any of the following diplomas, degrees, or job-related licenses?

	<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

H25. (Is he/are you) now working toward a certificate, diploma, or degree?

- YES..... 1
- NO..... 2 (GO TO H27)

H26. Which certificate, diploma, or degree (is he/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

H27. (Is he/Are you) 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.....	<u>02</u>	} GO TO BOX H29
LOOKING FOR WORK.....	03	
LAI D OFF FROM WORK.....	04	
IN SCHOOL/TRAINING.....	05	
KEEPING HOUSE.....	06	
SOMETHING ELSE (SPECIFY) _____	07	

H28. How many hours per week is (his/your) main job?

|_|_|_| HOURS

BOX H-29

RESPONDENT IS: (CIRCLE ONE)

CHILD'S BIO/ADOPTIVE MOTHER OR FATHER.....1 (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?

_____/_____/19_____
MONTH DAY YEAR

H30. Are you Hispanic or Latino?

YES..... 1
NO..... 2

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

- a. American Indian or Alaska Native..... 1
- b. Asian..... 2
- c. Black or African American..... 3
- c. Native Hawaiian or Other Pacific Islander..... 4
- d. White..... 5

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 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

H34. Currently, do you have any of the following diplomas, degrees, or job-related licenses?

- | | <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 |

H35. Are you now working toward a certificate, diploma, or degree?

- YES..... 1
- NO..... 2 (GO TO H37)

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, in school, in a training program, keeping house, or doing something else? (CIRCLE ONE)

WORKING FULL-TIME (35 HOURS OR MORE PER WEEK).....	01	} GO TO I1
WORKING PART-TIME.....	<u>02</u>	
LOOKING FOR WORK.....	03	
LAI D OFF FROM WORK.....	04	
IN SCHOOL/TRAINING.....	05	
KEEPING HOUSE.....	06	
SOMETHING ELSE (SPECIFY) _____	07	

H38. How many hours per week is your main job?

|_|_|_| HOURS

PARENT LANGUAGE/LITERACY

11. What language do you usually speak at home? (CIRCLE ONE)

- ENGLISH..... 1
- SPANISH..... 2
- BOTH ENGLISH AND SPANISH..... 3
- OTHER (*SPECIFY*) _____ 4

12. Is English your second language?

- YES..... 1
- NO..... 2 (GO TO I4)

13. How well do you speak, read, and write your native language? For each one, tell me if it is not at all, not well, well, or very well. (USE RESPONSE CARD)

	<u>Not at all</u>	<u>Not Well</u>	<u>Well</u>	<u>Very Well</u>
a. Speak your native language.....	1	2	3	4
b. Read your native language.....	1	2	3	4
c. Write your native language.....	1	2	3	4

14. How well do you understand, speak, and read English? For each one, tell me if it is not at all, not well, well, or very well. (USE RESPONSE CARD)

	<u>Not at all</u>	<u>Not Well</u>	<u>Well</u>	<u>Very Well</u>
a. Understand English.....	1	2	3	4
b. Speak English.....	1	2	3	4
c. Read English.....	1	2	3	4

15. If you read to your children, what language do you usually use now? (CIRCLE ONE)

- ENGLISH..... 1
- SPANISH..... 2
- BOTH ENGLISH AND SPANISH..... 3
- UNABLE TO/DO NOT READ TO CHILDREN 4
- OTHER (*SPECIFY*) _____ 5

HOUSEHOLD DEMOGRAPHICS

Now we want to ask you about the ages of people who are currently living in your household.

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..... 1
- Couple with child(ren) and no other adult relatives..... 2
- Single parent or couple living with child(ren)
and with other adult relatives..... 3
- OTHER (SPECIFY) _____ 4

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..... 4

J6. How many times has [CHILD] moved in the last twelve months?

|__|__| TIMES

INCOME

K1. Currently, where does most of the money your household lives on come from? Please think about the income of everyone in your household. (CIRCLE ONE)

- Wages from a job..... 1
- Alimony or child support..... 2
- Government assistance (e.g., TANF, public assistance, Supplemental Security Income).. 3
- OTHER (SPECIFY)_____ 4

K2. Now, including everyone in your household, what was the total income for your household in the past month before taxes and other deductions? Would you say it was... (USE RESPONSE CARD)

- \$250 or less..... 01
- Between \$251 and \$500,..... 02
- Between \$501 and \$1,000,..... 03
- Between \$1,001 and \$1,500,..... 04
- Between \$1,501 and \$2,000,..... 05
- Between \$2,001 and \$2,500, or..... 06
- Over \$2,500?..... 07
- REFUSED..... 97
- DON'T KNOW..... 98

K3. In the past year, have you or anyone in your household received any of the following?

	<u>YES</u>	<u>NO</u>
a. Income assistance, including welfare, SSI, or unemployment insurance	1	2
b. 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	1	2
e. Child support or alimony payments	1	2

CHILD'S HEALTH/DISABILITIES

L1. 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?

YES..... 1
NO..... 2 (GO TO END)

L2. Does [CHILD]'s disability or special need affect (his/her) ability to learn?

YES..... 1
NO..... 2

L3. Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?

YES..... 1
NO..... 2

Thank you for spending this time with me and for participating in this interview!

COMPLETE AFTER INTERVIEW IS CONCLUDED.

CONFIDENCE RATINGS

N1. Interview Completion Code:

- Respondent terminated interview prematurely 1
- Respondent refused interview 2
- Respondent unable to respond (SPECIFY)..... 3

- 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 |

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