

SC Name:	Grantee ID:	RA Center ID:	Updater Name: _____
Grantee:			(Check one) Telephone: _____ In Person: _____
RA Center:			Date: ____/____/____
Child ID Number:			Start Time: _____ AM PM
Child Name:	Child DOB:		End Time: _____ AM PM
Child Language:	RA Group:		
Parent Language:			

***Building Futures: Head Start Impact Study***  
**Parent/Primary Caregiver Update**

**Good [morning, afternoon or evening]. Is this (NAME OF RESPONDENT)?** (IF NO, ASK FOR RESPONDENT; IF NOT AVAILABLE, ASK WHEN TO CALL BACK TO TALK WITH HIM/HER.) **My name is \_\_\_\_\_, and I'm calling from the *Building Futures: Head Start Impact Study* that you and your child have participated in. The study has been so successful and the information has been so valuable that the government is continuing the study with the same children through spring 2008 to learn how participation in Head Start or other preschool programs affects children's learning when the children are older. We'd like to ask you a few questions, much like the ones we asked you last fall, so we are calling you to do a short Parent Interview over the phone that should take about ten minutes to complete. We have a few questions about the school and before and after school settings that [CHILD] is in this year. We also will ask some questions to help make it possible to contact you in the future. We would like to thank you for completing this brief phone interview by sending you a check in the amount of 20 dollars. We would like to remind you that all information collected is confidential and will be kept private except as required by law. Your participation is voluntary. You may quit at any time. Your choice will not result in the loss of any current benefits you may have. We truly appreciate your help and your continued support of this important study. May we begin now? (IF AGREES, CONTINUE WITH THE INTERVIEW. IF NO, ASK: When would you like to schedule a date and time to complete this short interview?)**

**A. CONTACT INFORMATION UPDATE**

**A-1. Have you moved since September 1, 2006?**

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

**A-2. What is your current address and telephone number? Also, please tell me whether this is the correct spelling of your name.**

**(INTERVIEWER SPELL NAME AS LISTED ON CHILD PROFILE, VERIFY WITH RESPONDENT, AND RECORD BELOW WITH ADDRESS AND TELEPHONE NUMBER.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone: ( \_\_\_\_\_ ) - \_\_\_\_\_

**A-3. Is this the name and address where we should mail your 20 dollar check?**

YES.....1 (GO TO A-5)  
NO.....2

**(NOTE: IF RESPONDENT STATES THAT HE/SHE CANNOT CASH A CHECK, SAY THAT WE WILL SEND A MONEY ORDER AND CHECK BOX BELOW.)**

SEND MONEY ORDER

**A-4. What is the name and address where we should mail the check?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

**A-5. Are you planning to move between now and September 2007?**

YES.....1  
NO.....2 (GO TO A-8)

**A-6. Do you know what your new address will be or the general area where you are planning to move?**

YES.....1  
NO.....2 (GO TO A-8)

**A-7. What is the area where you are planning to move and, if you know, what will be your new address and telephone number?**

**(RECORD AS MUCH INFORMATION AS THE RESPONDENT KNOWS.)**

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Telephone: ( ) - \_\_\_\_\_

**A-8. Just in case we have trouble reaching you, who can we contact who will be able to tell us where to reach you next time we call?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Telephone: ( ) - \_\_\_\_\_

**DIRECTIONS FOR SECTION B – CURRENT SCHOOL AND/OR CHILD CARE ARRANGEMENTS:**COHORT/AGE

- o THE CHILD'S COHORT AND DATE OF BIRTH ARE PRE-PRINTED ON THE INTERVIEW LABEL.
- o COHORT A CHILDREN ARE LIKELY TO BE IN SECOND GRADE (WITH A FEW IN FIRST OR THIRD)
- o COHORT B CHILDREN ARE LIKELY TO BE IN THIRD GRADE (WITH A FEW IN SECOND OR FOURTH)
- o DATE OF BIRTH IS ANOTHER CLUE. CHECK THIS DATE PRIOR TO OBTAINING THE SETTING INFORMATION TO GET A SENSE OF WHICH SETTINGS THE CHILD WILL MOST LIKELY BE ENROLLED IN BASED ON AGE.
- o IF THE CHILD WAS BORN BEFORE 9/98, THE CHILD IS PROBABLY IN THIRD GRADE.
- o IF THE CHILD WAS BORN BETWEEN 10/98 AND 12/98, THE CHILD MAY BE IN THIRD GRADE.
- o OTHERWISE, THE CHILD PROBABLY IS IN SECOND GRADE.
- o THERE WILL BE SOME EXCEPTIONS. FOR EXAMPLE, SOME CHILDREN MAY BE IN AN EARLIER GRADE AND SOME MAY BE ADVANCED.
- o NOTE: WE WILL COLLECT INFORMATION ABOUT OTHER CHILD CARE ARRANGEMENTS IN ADDITION TO OR IN LIEU OF SCHOOL.

SETTINGS

- o HHS GUIDELINES FOR NON-HEAD START CLASSIFICATIONS CONTINUE TO APPLY.
- o A SCHOOL- OR CENTER-BASED SETTING MEANS THAT THE PROGRAM OPERATES FROM A SPACE THAT IS NOT A PRIVATE HOME (E.G. A FAITH-BASED BUILDING; A COMMUNITY CENTER).
- o A DAY CARE HOME MEANS THAT THE PROGRAM OPERATES FROM SOMEONE'S HOME. THIS CAN REFER TO BOTH FORMAL AND INFORMAL TYPES OF CARE OFFERED BY A HOME SETTING.
- o OWN HOME REFERS ONLY TO THE STUDY CHILD'S RESIDENCE.

**B. CURRENT SCHOOL AND/OR CHILD CARE ARRANGEMENTS**

Now I have a few questions about where your child is currently in school or other child care.

**B-1. Is your child currently enrolled in Fourth Grade, Third Grade, Second Grade, or First Grade?**

- YES, FOURTH GRADE.....1
- YES, THIRD GRADE.....2
- YES, SECOND GRADE.....3
- YES, FIRST GRADE.....4
- NO, UNGRADED.....5

**B-2. Which of the following best describes the school setting that [CHILD] is in?**

- Public School.....01
  - Private School.....02
  - Home School.....03
  - Other (Specify).....04
- 

**B-3. What is the name, address, and telephone number of this school?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**B-4. What is the name of [CHILD]'s teacher there?**

Name: \_\_\_\_\_

**B-5. What is the name of the principal there?**

Name: \_\_\_\_\_

B-6. What month did [CHILD] start [GRADE FROM QUESTION B-1] at [SCHOOL NAME FROM QUESTION B-3]?

|\_\_|\_\_|  
Month

B-7. In addition, does [CHILD] regularly spend time in any other enrichment program, or other before or after school arrangement, including care by relatives or neighbors, Monday through Friday, 8:00 a.m. to 6:00 p.m. for 5 or more hours per week? Do not include time with you or another parent.

YES.....1  
NO.....2 (PROBE RE: ANY ENRICHMENT OR REGULAR ARRANGEMENT. IF NONE, GO TO SECTION C)

B-8. How many different arrangements does [CHILD] attend?

\_\_\_\_\_  
Number of Arrangements

B-9. Please name each arrangement, tell us the month and year your child started to attend, and choose the setting description that best applies to each. (CIRCLE ONE)

(ASSIST THE RESPONDENT WITH PROBES TO DETERMINE THE SETTING TYPE IN TERMS OF HSIS'S DEFINITIONS.)

a. 1. Arrangement Name: \_\_\_\_\_

2. Start date:      |\_\_|\_\_|      |\_\_|\_\_|  
                          MONTH            YEAR

3. Arrangement Type: (CIRCLE ONE)

- School- or Center-Based Program.....01
  - Someone else's home (day care home) with relative.....02
  - Someone else's home (day care home) with non-relative.....03
  - Own home with relative.....04
  - Own Home with non-relative.....05
  - Other (Specify) .....06
- \_\_\_\_\_



**C-3. What is the area where the school will be located and, if you know it, what is the name, address and telephone number of that school and the name of your child's teacher or the person responsible for your child's care in this setting? What is the name of the Principal in that setting (if applicable)? (RECORD AS MUCH INFORMATION AS THE RESPONDENT KNOWS.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Teacher/Provider Name: \_\_\_\_\_

Principal Name: \_\_\_\_\_

END SCRIPT:

**That's all the questions I have. Thank you for your cooperation. You will receive your check for \$20 as soon as possible, but it may not be for 6-8 weeks.**

**[END OF INTERVIEW].**

**If found, return to:  
Westat  
1650 Research Boulevard  
Room RB 3111 – 8201.02  
Rockville, MD 20850**