

## Contact Information

1. Please print your name, address, home telephone number, and e-mail address.

**Name:** \_\_\_\_\_  
 Last name First name MI

**Address (include number, street, apartment number, P. O. box, etc.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City State Zip Code

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  I do not have a telephone

**E-mail address:** \_\_\_\_\_  I do not have an e-mail address

2. Please provide the name of one parent or guardian with whom you live most of the time.

**Name:** \_\_\_\_\_  
 Last name First name MI

3. What is your parent or guardian's work phone number?

**Work telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_  Does not have a work telephone

4. Is your parent or guardian's address and telephone number the same as yours?

Check one response:

- No  
 Yes → Skip to Question 6

5. Please fill in your parent or guardian's address and telephone number in the space below. If you don't know the complete address, fill in as much as you know.

**Address (include number, street, apartment number, P. O. box, etc.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City State Zip Code

**Home telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  She does not have a telephone

**Please provide the names and contact information of TWO people close to you.**

6. Please write in the name and telephone number of a relative or close friend who does not live with you and who will always know how to contact you.

**Name:** \_\_\_\_\_  
Last name First name MI

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

7. What is this person's relationship to you?

*Check one response:*

- A parent
- A grandparent
- An aunt or uncle
- A brother or sister
- A friend
- Other

8. Please write in the name and telephone number of another relative or close friend who does not live with you and who will always know how to contact you.

**Name:** \_\_\_\_\_  
Last name First name MI

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

9. What is this person's relationship to you?

*Check one response:*

- A parent
- A grandparent
- An aunt or uncle
- A brother or sister
- A friend
- Other

## Background Information

10. What is your sex?

- Male
- Female

11. Are you Hispanic or Latino/Latina?

- Yes
- No

12. Please select one or more of the following choices to best describe your race.

*Please select one or more:*

- White
- Black/African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

13. Is English your native language (the first language you learned to speak when you were a child)?

- Yes
- No

14. When were you born?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month                  Day                  Year

15. What is the grade level and school you are attending this year (2006-2007)? What is the grade level and school you will be attending next year (2007-2008)?

	2006-2007 School Year	2007-2008 School Year
a. Grade level	<input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup>	<input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup>
b. School	_____ (Name of School) <input type="checkbox"/> Same school as last year	_____ (Name of School) <input type="checkbox"/> Same school as last year

## Family Background

16. Do you have brothers and sisters? Include stepbrothers or stepsisters who live or have lived in your home.

- Yes
- No → *Skip to Question 18*

17. How many brothers and sisters do you have, how old are they, and are they in college?

	Brothers	Sisters
a. How many siblings do you have?	_____ Brothers	_____ Sisters
b. Are any older than 17 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are any of your siblings participating now in Upward Bound	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are any of your siblings in college?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. How far in school did your parents go? Indicate your mother's (or female guardian's) and father's (or male guardian's) highest level of education.

Mother's (or female guardian's) highest level (Mark one response)	Father's (or male guardian's) highest level (Mark one response)
<input type="checkbox"/> Did not finish high school	<input type="checkbox"/> Did not finish high school
<input type="checkbox"/> Graduated from high school or equivalent (GED)	<input type="checkbox"/> Graduated from high school or equivalent (GED)
<input type="checkbox"/> Graduated from high school and attended a two-year school (such as a vocational or technical school, a junior college, or a community college), but did not complete a degree	<input type="checkbox"/> Graduated from high school and attended a two-year school (such as a vocational or technical school, a junior college, or a community college), but did not complete a degree
<input type="checkbox"/> Graduated from a two-year school (such as a vocational or technical school, junior college, or a community college)	<input type="checkbox"/> Graduated from a two-year school (such as a vocational or technical school, junior college, or a community college)
<input type="checkbox"/> Graduated from high school and went to college, but did not complete a four-year degree	<input type="checkbox"/> Graduated from high school and went to college, but did not complete a four-year degree
<input type="checkbox"/> Graduated from college	<input type="checkbox"/> Graduated from college
<input type="checkbox"/> Completed a Master's degree or equivalent	<input type="checkbox"/> Completed a Master's degree or equivalent
<input type="checkbox"/> Completed a Ph.D., M.D., or other advanced professional degree	<input type="checkbox"/> Completed a Ph.D., M.D., or other advanced professional degree
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Does not apply

19. How far in school do you think your mother (or female guardian) and father (or male guardian) want you to go?

<b>Your mother (or female guardian)</b> <i>(Mark one response)</i>	<b>Your father (or male guardian)</b> <i>(Mark one response)</i>
<input type="checkbox"/> Less than high school graduation	<input type="checkbox"/> Less than high school graduation
<input type="checkbox"/> High school graduation or GED only	<input type="checkbox"/> High school graduation or GED only
<input type="checkbox"/> Attend or complete a 2-year school course in a community or vocational school	<input type="checkbox"/> Attend or complete a 2-year school course in a community or vocational school
<input type="checkbox"/> Attend college, but not complete a 4-year degree	<input type="checkbox"/> Attend college, but not complete a 4-year degree
<input type="checkbox"/> Graduate from college	<input type="checkbox"/> Graduate from college
<input type="checkbox"/> Obtain a Master's degree or equivalent	<input type="checkbox"/> Obtain a Master's degree or equivalent
<input type="checkbox"/> Obtain a Ph.D., M.D., or other advanced degree	<input type="checkbox"/> Obtain a Ph.D., M.D., or other advanced degree
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Does not apply

20. How often do your parents or guardians do the following?

Please mark one response for each line.

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
a. Check on whether you have done your homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help you with your homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Give you privileges as a reward for good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Limit privileges because of poor grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Require you to do work or chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Limit the amount of time watching TV/playing video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Limit the amount of time going out with friends on school nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. During the most recent semester or term of the school year, how often have you discussed the following with either or both of your parents or guardians?

Please mark one response for each line.

	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
a. Selecting courses or programs at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. School activities or events of particular interest to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Things you've studied in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transferring to another school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Plans and preparation for ACT or SAT tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Going to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Community, national and world events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Things that are troubling you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Does your family have the following in your home?

Please mark one response for each line.

	Have	Does not have
a. A daily newspaper	<input type="checkbox"/>	<input type="checkbox"/>
b. Regularly received magazine	<input type="checkbox"/>	<input type="checkbox"/>
c. A computer	<input type="checkbox"/>	<input type="checkbox"/>
d. Access to the Internet	<input type="checkbox"/>	<input type="checkbox"/>
e. DVD player	<input type="checkbox"/>	<input type="checkbox"/>
f. Electric dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
g. Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>
h. More than 50 books	<input type="checkbox"/>	<input type="checkbox"/>
i. A room of your own	<input type="checkbox"/>	<input type="checkbox"/>
j. A fax machine	<input type="checkbox"/>	<input type="checkbox"/>

## School Experiences

23. At any time during middle school, junior high school, or high school, have you participated in any programs that help students prepare for college?

- Yes
- No → Skip to Question 25

23. If you participated in any programs that help prepare students for college, what are the names of the programs?

Program Name	Time in Program	Still Participating?
_____ (Name of Program)	<input type="checkbox"/> Under 1 month <input type="checkbox"/> Over 3 <input type="checkbox"/> 1-3 months        months	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Name of Program)	<input type="checkbox"/> Under 1 month <input type="checkbox"/> Over 3 <input type="checkbox"/> 1-3 months        months	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Name of Program)	<input type="checkbox"/> Under 1 month <input type="checkbox"/> Over 3 <input type="checkbox"/> 1-3 months        months	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Name of Program)	<input type="checkbox"/> Under 1 month <input type="checkbox"/> Over 3 <input type="checkbox"/> 1-3 months        months	<input type="checkbox"/> Yes <input type="checkbox"/> No

24. How did you hear about the Upward Bound program?

*Please select one or more:*

- From a guidance counselor at school?
- From one of your teachers?
- From your school principal or vice-principal?
- From a parent or relative?
- From your friends?
- By attending a school assembly or presentation on Upward Bound?
- Some other way? *(Please write in:)* \_\_\_\_\_

## Future Plans

25. How important is each of the following to you in your life?

Please mark one response for each line.

	Not important	Somewhat important	Very important
a. Being successful in my line of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Finding the right person to marry and having a happy family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Having lots of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Having strong friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being able to find steady work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Helping other people in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Being able to give my children better opportunities than I've had	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Living close to parents and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Getting away from this area of the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Working to correct social and economic inequalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Having leisure time to enjoy my own interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Becoming an expert in my field of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Getting a good education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. As things stand now, how far in school do you think you will get?

*Mark one response:*

- Less than high school graduation
- High school graduation or GED only
- Attend or complete a 2-year school course in a community or vocational school
- Attend college, but not complete a 4-year degree
- Graduate from college
- Obtain a Master's degree or equivalent
- Obtain a Ph.D., M.D., or other advanced degree
- Don't know

26. Do you plan to continue your education after high school?

- Yes → *Answer question 28a*
- No, I don't plan to continue my education after high school
- I don't know if I will continue my education after high school

28a. Which of the following do you plan to attend?

*Mark one response:*

- Four-year college or university
- Two-year community college
- Vocational, technical or trade school

**Thank you for completing this survey.**

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