

Evaluation of the DC Opportunity Scholarship Program

Elementary (Grades 4-5) Student Questionnaire

Spring 2008

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 1850-0800 (expiration date: 4/12/08). The time required to complete this information collection is estimated to average 1/4 hour, including the time to review instructions, search existing data resources, gather the data needed, and complete the information collection. **If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please contact:** Marsha Silverberg, U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208, marsha.Silverberg@ed.gov. **If you have comments or concerns regarding the status of your individual submission of this form, e-mail directly to:** babettegutmann@westat.com.

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

Please answer all the questions.

Part 1: About You

This first section asks about you.

Q1. Are you a

- Boy..... ¹
- Girl?..... ²

Q2. How many people are living in your home, including you? _____

Q3. Do you speak English at home?
(✓ Check one)

- Yes..... ¹
- No..... ²

Q4. Starting with first grade, how many schools have you gone to?
(✓ Check one)

- One school..... ¹
- Two schools..... ²
- Three schools..... ³
- Four or more schools..... ⁴

Q5. Do you mostly agree or mostly disagree with the comments below about yourself?
(✓ Check one box on each row)

	Mostly agree	Mostly disagree
a. I feel good about myself.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. If I work really hard, I will do well in school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Good luck is more important than hard work to do well in school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. I am able to do things as well as most other people.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
e. Every time I try to get ahead, something or somebody stops me.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
f. I am satisfied with myself.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
g. When I make plans, I am almost sure I can make them work.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

Q6. How often do you read for fun?
(✓ Check one)

- Every day..... ¹
- Most days..... ²
- Some days..... ³
- Never..... ⁴

Q7. How far do you expect to go in school?
(✓ Check one)

- Some high school, but will not finish..... ¹
- Will finish high school..... ²
- Some college, but will not finish..... ³
- Will finish a 2 year college..... ⁴
- Will finish a 4 year college..... ⁵
- Will go to more school after college..... ⁶

Q8. Have you done any of these things this year?
(✓ Check yes or no on each row)

	Yes	No
a. Took part in girl scouts or boy scouts.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Took part in groups at your church.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Played on team sports (like Little League)...	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. Went to religious services.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
Took classes in:		
e. Art, music, or dance.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
f. Foreign language.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
g. Religion.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
h. Sports exercise or gym.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
i. Helped work for the good of your community or volunteered at your school or in your community.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

Q9. On a regular school day, how long are you at home after school with no adult there?
(✓ Check one)

- Never, hardly ever..... ¹
- Less than 1 hour..... ²
- 1-2 hours..... ³
- 2-3 hours..... ³
- More than 3 hours..... ⁴

Q10. How often do you talk to adults in your family about:
(✓ Check one box on each row)

	Often	Sometimes	Rarely	Never
Good things at school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Problems you face at school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Other topics that interest you.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q11. How many of your friends do your parents know by name?
(✓ Check one)

- All of them ¹
- Most of them..... ²
- Some of them..... ³
- None of them..... ⁴

Part 2: About Your School

This section asks about your school and your school experiences.

Q12. Do you agree or disagree with these statements about your school?
(✓ Check one box on each row)

	Agree strongly	Agree	Disagree	Disagree strongly
Students are proud to go to this school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Students learn a lot at the school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Rules about behavior are strict.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
When students misbehave, they receive the same treatment.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
I don't feel safe.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
People at my school support me.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
I feel lonely at my school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
I enjoy going to school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q13. What overall grade would you give your school?
(✓ Check one)

- A-Excellent..... ¹
- B-Good..... ²
- C-Fair..... ³
- D-Unsatisfactory..... ⁴
- F-Failing..... ⁵

Q14. Do you agree or disagree with these statements about the students and teachers in your school?
 (✓ Check one box on each row)

	Agree strongly	Agree	Disagree	Disagree strongly
Students				
a. Students behave well in my classes....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Students neglect their homework.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. In class, I often feel made fun of by other students.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Other students often disrupt class.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Students who behave badly often get away with it.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Teachers				
f. Most of my teachers really listen to what I have to say.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. My teachers are fair.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. My teachers expect me to succeed.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
i. Some teachers ignore cheating when they see it.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q15. Did the following ever happen to you at school this year?
 (✓ Check one box on each row)

	Never	Once or twice	3 times or more
a. Had something stolen from your desk, locker, or other place.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b. Had someone use force or threats to take money or things from you.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c. Been offered drugs.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d. Been physically hurt by another student.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
e. Been threatened with physical harm.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
f. Seen anyone with a real or toy gun or knife at school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
g. Been bullied at school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
h. Been called a bad name.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Q16. How many times during the last two weeks were you:
 (✓ Check one box on each row)

	Never	1 or 2 times	3 or 4 times	5 or more times
a. Absent from school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Late for school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Part 3: About Your Classes

This next section asks questions about the classes you are taking at school.

Q17. Do you agree or disagree with these statements about your classes this year?
 (✓ Check one box on each row)

	Agree strongly	Agree	Disagree	Disagree strongly
Class work was hard to learn.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
I had trouble keeping up with the homework.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
I need more help from my teachers than I get.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
I understand what teachers explain in my class.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
Teachers encourage me to do my best.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q18. How many nights per week do you usually do homework?
 (✓ Check one)

- Zero nights per week..... ⁰
- 1 night per week..... ¹
- 2 nights per week..... ²
- 3 nights per week..... ³
- 4 nights per week..... ⁴
- 5 nights per week..... ⁵

Go to Question 20

Q19. How many minutes do you usually spend doing homework per day?

_____ (minutes)

Q20. During the past month, how often did your parents help you with your homework?
(✓ Check one)

- Never ¹
- Once ²
- 2-3 times..... ³
- 4-5 times ⁴
- 6 or more times ⁴

Part 5: About Private School Scholarships

This last section asks if you had a chance to attend a private school for free.

Q21. Did you receive a scholarship to go to a private school this year?
(✓ Check one)

- Yes..... ¹ Go to Question 22
- No..... ² **STOP** – please hand in your survey
- I Don't Know ³ **STOP** – please hand in your survey

Q22. Were you involved in deciding whether to go to a private school?
(✓ Check one)

- Yes..... ¹
- No..... ²

Q23. Are you now going to a private school using the scholarship you were offered?
(✓ Check one)

- a. **Yes**, I am now going to private school..... ¹
- b. **No**, I was offered a scholarship to attend a private school but decided not to use it..... ² Go to Question 24 on the next page
- c. **No**, I used the scholarship to attend a private school but I left that school..... ³ Go to Question 25 on the next page



STOP – please hand in your survey

Q24. If you were offered a scholarship to attend a private school but decided not to use it, why?
(✓ Check all that apply)

- a. I did not want to leave my friends in public school..... 01
- b. My public school has sports that the private school(s) did not..... 02
- c. I thought the work might be too hard for me in the private school(s)..... 03
- d. There was no space at the participating private school I wanted to attend..... 04
- e. The private school(s) I was interested in were too far from my home or too hard to get to..... 05
- f. My public school teachers are better..... 06
- g. I got into a charter school..... 07
- h. I did not want to be held back a grade..... 08
- i. I did not want to have religious instruction.... 09
- j. I do not have to wear a uniform in public school..... 10
- k. The private school I wanted was not participating..... 11



STOP – please hand in your survey

Q25. If you used the scholarship to attend a private school but left that school during the year, why?
(✓ Check all that apply)

- a. I did not like that private school..... 01
- b. The work at that private school was too hard..... 02
- c. The work at that private school was too easy..... 03
- d. It was too hard to get to that private school each day..... 04
- e. The discipline/rules were too strict at that private school..... 05
- f. I was unable to make friends in that private school..... 06
- g. The religious activities at that private school made me uncomfortable..... 07
- h. I wanted to return to my friends in public school..... 08
- i. I liked my public school better than that private school..... 09
- j. There was another private school I liked better..... 10

Thank you, please hand in your survey.