



# PARENT QUESTIONNAIRE

## National Longitudinal Transition Study-2 (NLTS2) Wave 5

Sponsored by the U.S. Department of Education

Please answer the questions in this questionnaire for the youth whose first name appears below.

**JOHN**

**To thank you for your time and help with this important study, we will mail you a \$15 check when you complete and return this questionnaire.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0815. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: David Malouf, U.S. Department of Education, 555 New Jersey Ave., NW--Room 508H Washington DC 20208-5550

Draft



**IMPORTANT NOTE:**

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**To thank you for your time and help with this important study, we will mail you a \$15 check when you complete and return this questionnaire. Please PRINT the information below so that we can mail you the \$15 "thank you" gift:**

Your Name

Street Address

City

Phone number    -    -       State   Zip Code

E-mail address

**ABOUT THIS YOUTH****1 Where does this youth live now? (The place he/she usually spends at least 5 nights a week)**

Mark (X) all that apply.

- With his/her parent(s)  With a spouse or roommate
- With another relative  Other, please specify:
- On his/her own/alone

**2 Is he/she: Mark (X) one box.**

- Single, never married  In a marriage-like relationship
- Engaged  Other, please specify:
- Married



**3** Has this youth ever had or fathered any children?

- No  Yes

**4** What was this youth's (and his/her spouse's, if applicable) total income in 2006? (Include salaries, earnings, money from public assistance, etc., before taxes.) *Mark (X) one box.*

- \$25,000 or less  \$25,001 - \$50,000  \$50,001 - \$75,000  More than \$75,000

### ABOUT THIS YOUTH'S SCHOOL EXPERIENCES

**5** Is this youth enrolled in high school now?

- No  
 Yes → *PLEASE SKIP TO QUESTION 8 ON NEXT PAGE.*

**6** He/she is not in school now because he/she:

*Mark (X) one box.*

- |  |   |
|--|---|
| <input type="checkbox"/> Is on school vacation   | <input type="checkbox"/> Dropped out or stopped going       |
| <input type="checkbox"/> Graduated with a regular diploma  | <input type="checkbox"/> Was suspended                      |
| <input type="checkbox"/> Graduated with a certificate of completion                                  | <input type="checkbox"/> Was expelled                       |
| <input type="checkbox"/> Took a test for a diploma without taking all of his/her high school classes | <input type="checkbox"/> Is older than the school age limit |
|  | <input type="checkbox"/> Some other reason, please specify: |

**7** When did this youth leave high school?

<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month		year			



## ABOUT THIS YOUTH'S COLLEGE EXPERIENCES

2-YEAR OR COMMUNITY COLLEGE

**8** Has this youth ever taken classes from a 2-year or community college?

No → PLEASE SKIP TO QUESTION 14 ON NEXT PAGE.

Yes

**9** Was this youth enrolled continuously at a 2-year or community college, not counting time off for vacations or was he/she enrolled on and off?

Continuously

On and off

**10** What is/was this youth's major or primary course(s) of study in a 2-year or community college? Please specify:


**11** Has this youth taken any classes from a 2-year or community college in the past 2 years?

No → PLEASE SKIP TO QUESTION 13 BELOW.

Yes

**12** Is he/she enrolled in a 2-year or community college now?

No

Yes → PLEASE SKIP TO QUESTION 14 NEXT PAGE.

**13** Has he/she gotten a diploma, certificate, or license from a 2-year or community college?

No

Yes



4-YEAR COLLEGE OR UNIVERSITY

**14** Has this youth ever taken classes from a 4-year college or university?

No → PLEASE SKIP TO QUESTION 20 ON NEXT PAGE.

Yes

**15** Was this youth enrolled continuously at a 4-year college or university, not counting time off for vacations or was he/she enrolled on and off?

Continuously

On and off

**16** What is/was this youth's major or primary course(s) of study in a 4-year college or university? Please specify:


**17** Has this youth taken any classes from a 4-year college or university in the past 2 years?

No → PLEASE SKIP TO QUESTION 19 BELOW.

Yes

**18** Is he/she enrolled in a 4-year college or university now?

No

Yes → PLEASE SKIP TO QUESTION 20 ON NEXT PAGE.

**19** Has he/she gotten a diploma, certificate, or license from a 4-year college or university?

No

Yes



VOCATIONAL, BUSINESS, OR TECHNICAL SCHOOL AFTER HIGH SCHOOL

**20** Has this youth ever taken classes from a vocational, business, or technical school after high school?

No → PLEASE SKIP TO QUESTION 25 BELOW.

Yes

**21** What is/was this youth's major or primary course(s) of study in a vocational, business, or technical school? *Please specify:*


**22** Has this youth taken any classes from a vocational, business, or technical school in the past 2 years?

No → PLEASE SKIP TO QUESTION 24 BELOW.

Yes

**23** Is he/she enrolled in a vocational, business, or technical school now?

No

Yes → PLEASE SKIP TO QUESTION 25 BELOW.

**24** Has he/she gotten a diploma, certificate, or license from a post secondary vocational, business, or technical school?

No     Yes

ABOUT THIS YOUTH'S NONACADEMIC EXPERIENCES

**25** Does this youth take part in any group activities, such as scouting, church or temple youth group, or non school team sports like soccer or softball?

No     Yes

**26** Has this youth ever been arrested?

No → PLEASE SKIP TO QUESTION 28 ON NEXT PAGE.

Yes

**27** Has this youth ever been on probation or parole?

No     Yes



**28** Since high school has this youth received any services or help (not from family members or friends)?

Not applicable, still in high school → PLEASE SKIP TO QUESTION 30 BELOW.

No → PLEASE SKIP TO QUESTION 30 BELOW.

Yes

**29** If yes, what services has he/she received (e.g. career counseling, help in finding a job, training in or help with things like managing money or cooking, mental health services or counseling, etc.)?


### ABOUT THIS YOUTH'S EMPLOYMENT EXPERIENCES

**30** Has this youth ever had a paid job other than work around the house?

No → PLEASE SKIP TO THE NEXT PAGE

Yes

**31** How much per hour does/did this youth earn at his/her current or most recent job?

\$   .

**32** About how many hours per week does/did this youth usually work at that job?

**33** What is/was this youth's job title at that job and what are/were his/her main duties at that job?


**34** Has this youth had a paid job since high school?

Not applicable, still in high school → PLEASE SKIP TO QUESTION 36 BELOW

No → PLEASE SKIP TO THE NEXT PAGE

Yes

**35** Has this youth been fired from a job since high school?

No     Yes

**36** Does he/she have a paid job now?

No     Yes



**THANK YOU FOR COMPLETING THIS SURVEY!**

Please return this survey in the postage-paid envelope to the address below. You should expect to receive your **\$15** "thank you" check within 4 weeks.

NLTS2  
SRI International, BS135  
333 Ravenswood Avenue  
Menlo Park, CA 94025

If the youth named on the front page is able to answer similar questions him/herself, by mail, please provide his/her contact information.

**When he/she completes a questionnaire, we will send him/her a \$20 "thank you" check.**

Youth Name	<input type="text"/>											
Street Address	<input type="text"/>											
City	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Phone number	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	Zip Code
E-mail address	<input type="text"/>											

