

# **2009 National Household Education Surveys**

## **Parent and Family Involvement in Education Survey**

**For parents of children enrolled in school**

**DRAFT: December 29, 2008**

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- ◆ This survey is for the family at:

{ADDRESS STREET}  
{ADDRESS CITY, STATE & ZIP}

If this is not your address please call the toll-free number 1-888-696-5670.

- ◆ If the address is correct, we ask that this survey be filled in by the adult who knows the most about:

**{SAMPLED CHILD}**

Please answer all the survey questions thinking about this child or youth.

If there is no one in this household who has either the same age or grade given above, or if you are unable to tell which child the survey is about, please call 1-888-696-5670.

- ◆ Not all of the questions will apply to you - you will sometimes be asked to skip one or more questions based on your answers.
- ◆ To answer a question, simply mark  the box that best represents your answer.
- ◆ Use a black or blue pen to complete this survey. Do not use felt-tip pen or pencil.
- ◆ Please choose only one answer per question, unless the question indicates *Mark all that apply*. Your best estimate is fine.
- ◆ In a response to our first survey, we recorded that the child/youth attends school. If this child is homeschooled instead of attending public or private school mark the box below and return this survey in the postage paid envelope and we will send you the correct survey for this child.

This child is homeschooled

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The Privacy Act requires us to tell you that we are authorized to collect this information by Section 411.285a, 42 USC. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9065, Washington, DC 20006-5650. Do not return the completed form to this address.

## **Section 1: Child's Schooling**

1. What grade or year of school is this child attending? If this child is not assigned a specific grade select the grade he/she would be in at a school with regular grades?

Mark [X] only one.

Child has not yet started kindergarten  DO NOT CONTINUE, CALL 1-888-696-5670

Full-day Kindergarten (including Transitional K and Pre-first grade)

Partial-day Kindergarten (including Transitional K and Pre-first grade)

First grade

Second grade

Third grade

Fourth grade

Fifth grade

Sixth grade

Seventh grade

Eighth grade

Ninth grade (freshman)

Tenth grade (sophomore)

Eleventh grade (junior)

Twelfth grade (senior)



2. Is he/she currently enrolled in advanced placement classes?

Yes

No

3. What type of school does this child attend?


Public

Private, Catholic

Private, religious not Catholic

Private, not religious

 GO TO QUESTION 6

4. Is it his/her regularly assigned school?
- Yes
- No
5. Is this school a charter school?
- Yes
- No
6. Did you move to your current neighborhood so that this child could attend his/her current school?
- Yes
- No
7. Did you consider other schools for this child?
- Yes
- No  TO QUESTION 9
8. In deciding between schools, did you seek information on the performance of the schools you were considering, like test scores, dropout rates, and so on?
- Yes
- No
9. Is the school this child attends your first choice that is the school you wanted most him/her to attend?
- Yes
- No

10. Since the beginning of this school year, has this child been in the same school?

Yes  TO QUESTION 12

No

11. In which month did this child start at his/her current school?

|\_|\_|\_|  
MONTH

12. We would like to identify this child's school so we can include information about the school in our study.

A list of schools in your area is on the last page of this questionnaire. Please use the list of schools to locate this child's school and write the four digit code for the school below.

If your child's school is not on the list, go to QUESTION 13.

|\_|\_|\_|  GO TO QUESTION 16  
SCHOOL ID

13. What is the name of the school he/she attends?

SCHOOL NAME \_\_\_\_\_

14. What is the street address of the school?

SCHOOL STREET ADDRESS \_\_\_\_\_

15. In what city and state is the school located?

SCHOOL CITY \_\_\_\_\_

SCHOOL STATE \_\_\_\_\_

16. How much do you agree or disagree with the following statement: "This child enjoys school."

- Strongly agree
- Agree
- Disagree
- Strongly disagree

17. Please tell us about this child's grades during this school year. Overall, across all subjects what grades does this child get?

- Mostly A's
  - Mostly B's
  - Mostly C's
  - Mostly D's and lower
  - This child's school does not give these grades
- } GO TO QUESTION 19  
} GO TO QUESTION 19  
} GO TO QUESTION 19  
} GO TO QUESTION 19

18. How would you describe his/her work at school?

- Excellent
- Above average
- Average
- Below average
- Failing

19. Since the beginning of this school year, how many times have any of this child's teachers or his/her school contacted any adult in your household about each of the following:

Number of times

Any behavior problems this child is having in school?..... \_\_\_\_\_

Any problems this child is having with school work?..... \_\_\_\_\_

Anything this child is doing particularly well or better in school?.... \_\_\_\_\_

20. Since starting kindergarten, has this child repeated any grades?

- Yes
- No  GO TO QUESTION 22

21. What grade or grades did he/she repeat?

Mark [X] all that apply.

- Kindergarden
- First grade
- Second grade
- Third grade
- Fourth grade
- Fifth grade
- Sixth grade
- Seventh grade
- Eighth grade
- Ninth grade (freshman)
- Tenth grade (sophomore)
- Eleventh grade (junior)
- Twelfth grade (senior)

22. Has this child ever had the following experiences?

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| a. An out-of-school suspension.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An in-school suspension, not counting detentions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Expelled from school.....                             | <input type="checkbox"/> | <input type="checkbox"/> |

23. How far do you expect this child to go in his or her education?

Mark [X] only one.

- Complete less than a high school diploma
- Graduate from high school
- Attend a vocational or technical school after high school
- Attend two or more years of college
- Earn a bachelor's degree
- Earn a graduate degree or professional degree beyond a bachelor's



## **Section 2: Families and Schools Together**

24. Since the beginning of this school year, has any adult in this child's household done any of the following things?

	Yes ▼	No ▼
a. Attended a general school meeting, for example, an open house, or a back-to-school night	<input type="checkbox"/>	<input type="checkbox"/>
b. Attended a meeting of the parent-teacher organization or association	<input type="checkbox"/>	<input type="checkbox"/>
c. Gone to a regularly scheduled parent-teacher conference with this child's teacher	<input type="checkbox"/>	<input type="checkbox"/>
d. Attended a school or class event, such as a play, dance, sports event, or science fair	<input type="checkbox"/>	<input type="checkbox"/>
e. Served as a volunteer in this child's classroom or elsewhere in the school	<input type="checkbox"/>	<input type="checkbox"/>
f. Participated in fundraising for the school	<input type="checkbox"/>	<input type="checkbox"/>
g. Served on a school committee	<input type="checkbox"/>	<input type="checkbox"/>
h. Met with a guidance counselor in person	<input type="checkbox"/>	<input type="checkbox"/>

25. During this school year, how many times has any adult in the household gone to meetings or participated in activities at this child's school?

\_\_\_\_\_ Number of times

26. During this school year, have you received any of the following:

- a. Notes or emails specifically about this child from his/her teachers or school administrators?
- Yes
- No
- b. Newsletters, memos or notices addressed to all parents?
- Yes
- No
- c. Phone calls specifically about this child from her/her teachers or school administrators?
- Yes
- No

27. How well has this child's school been doing the following things during this school year?

	Does it very well ▼	Just OK ▼	Not very well ▼	Doesn't do it at all ▼
a. Lets you know how this child is doing in school between report cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provides information about how to help this child with homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Provides information about why this child is placed in particular groups or classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provides information on your expected role at this child's school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**If the child is enrolled in 9<sup>th</sup> grade or higher (high school) continue with QUESTION 28, otherwise GO TO QUESTION 29.**



28. How well has this child's school been doing at providing information on how to help him/her plan for college or vocational school?

- Does it very well
- Just ok
- Not very well
- Doesn't do it at all
- Does not apply

29. To what extent would you say you are satisfied or dissatisfied with each of the following:

	Very satisfied ▼	Somewhat satisfied ▼	Somewhat dissatisfied ▼	Very dissatisfied ▼
a. The school this child attends this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The teachers this child has this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The academic standards of the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The order and discipline at the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The way that school staff interacts with parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Section 3: Homework**

30. How often does this child do homework, either at home, at an after-school program, or somewhere else outside of school?
- Less than once a week
  - 1 to 2 days a week
  - 3 to 4 days a week
  - 5 or more days a week
  - Never,  GO TO SECTION 4
  - Child does not have homework  GO TO SECTION 4
31. In an average week, how many hours does this child spend on homework outside of school?
- |\_\_|\_\_| Number of hours
32. How do you feel about the amount of homework this child is assigned?
- The amount is about right
  - It's too much,
  - It's too little
33. Is there a place in your home that is set aside for this child to do homework?
- Yes
  - No
  - Child does not do homework at home
34. Does any adult in your household check to see that this child's homework is done?
- Yes
  - No
35. During this school year, about how many days in an average week does anyone in your household help this child with his/her homework?
- Less than once a week
  - 1 to 2 days a week
  - 3 to 4 days a week

- 5 or more days a week,
- Never

## Section 4: Family Activities



If this child is in kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade continue with QUESTION 36. If he/she is in any other grade GO TO QUESTION 37.

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36. In the past **week**, has anyone in the family done the following things with this child?

- |  | Yes<br>▼                 | No<br>▼                  |
|--|--------------------------|--------------------------|
| a. Told him/her a story  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Done activities like coloring, painting, pasting, or using clay | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Played board games or did puzzles with him/her                  | <input type="checkbox"/> | <input type="checkbox"/> |

37. In the past **week**, has anyone in the family done the following things with this child?

- |   | Yes<br>▼                 | No<br>▼                  |
|---|--------------------------|--------------------------|
| a. Worked on a project with him/her like arts and crafts, building, making, or fixing something | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Played sports, active games, or exercised together   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Discussed with him/her how to manage time  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talked with him/her about the family's history or ethnic heritage                            | <input type="checkbox"/> | <input type="checkbox"/> |

38. In the past **month**, has anyone in the family done the following things with this child?

- |  | Yes<br>▼                 | No<br>▼                  |
|--|--------------------------|--------------------------|
| a. Visited a library   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visited a bookstore   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gone to a play, concert, or other live show   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visited an art gallery, museum, or historical site  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Visited a zoo or aquarium   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Attended an event sponsored by a community, religious, or ethnic group                        | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Attended an athletic or sporting event outside of school in which this child was not a player | <input type="checkbox"/> | <input type="checkbox"/> |

## **Section 5: This Child's Health**

39. In general, how would you describe this child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

40. Has a health professional told you that this child has any of the following disabilities?


	Yes ▼	No ▼
a. A specific learning disability	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
c. A speech or language delay	<input type="checkbox"/>	<input type="checkbox"/>
d. A serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
e. Deafness or another hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
f. Blindness or another visual impairment not corrected with glasses	<input type="checkbox"/>	<input type="checkbox"/>
g. An orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>
h. Autism	<input type="checkbox"/>	<input type="checkbox"/>
i. Attention deficit disorder, ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>
j. Pervasive Developmental Disorder or PDD	<input type="checkbox"/>	<input type="checkbox"/>
k. Another health impairment lasting 6 months or more	<input type="checkbox"/>	<input type="checkbox"/>



**If you marked yes for any disability in QUESTION 40 continue with this section.  
If you marked no for all disabilities then GO TO QUESTION 48.**

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41. Is this child receiving services for his/her condition?

- Yes
- No  TO QUESTION 46

42. Are these services provided by any of the following sources?

	Yes ▼	No ▼
a. Your local school district	<input type="checkbox"/>	<input type="checkbox"/>
b. A state or local health or social service agency	<input type="checkbox"/>	<input type="checkbox"/>
c. A doctor, clinic, or other health care provider	<input type="checkbox"/>	<input type="checkbox"/>

43. Are any of these services provided through an Individualized Educational Program or Plan, or IEP?

Yes

No  GO TO QUESTION 46

44. Did any adult in your household work with the school to develop or change this child's IEP?

Yes

No

45. During this school year, to what extent have you been satisfied or dissatisfied with the following aspects of this child's IEP (Individualized Education Program or Plan)?

	Very satisfied ▼	Somewhat satisfied ▼	Somewhat dissatisfied ▼	Very dissatisfied ▼	Does not apply ▼
a. The school's communication with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The child's special needs teacher or therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The school's ability to accommodate the child's special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The school's commitment to help your child learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Is this child currently enrolled in any special education classes or services?

Yes

No

47. Does this child's disability affect his/her ability to learn?

Yes

No




## **Section 6: Your Child's Background**

48. In what month and year was this child born?

|\_|\_| |      |\_|\_|\_|\_|\_|  
MONTH      YEAR

49. Where was this child born?

- One of the 50 United States or the District of Columbia  GO TO QUESTION 51
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

50. How old was this child when he/she first moved to the 50 United States or the District of Columbia?

|\_|\_| AGE

51. Is this child of Spanish, Hispanic, or Latino origin?

- Yes
- No


52. What is this child's race? You may mark more than one.

Mark [X] all that apply.

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

53. What language does this child speak most at home?

Mark [X] only one.

- English  GO TO SECTION 7
- Spanish
- A language other than English or Spanish
- English and Spanish equally

English and another language equally

54. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?

Yes

No

## **Section 7: Child's Mother or Female Guardian**

55. Does this child have a mother, stepmother or female guardian living in the same household?

Yes

No  GO TO SECTION 8

56. Is this person the child's...

Birth mother,

Adoptive mother,

Stepmother,

Foster mother,

Grandmother, or

Other female guardian?

57. How old was this woman when she first became a mother or guardian to any child?

|\_|\_| AGE

58. What is the marital status of this child's mother or female guardian?


Married

Separated

Divorced

Widowed

Never married

59. What was the first language this child's mother or female guardian learned to speak? 

Mark [X] only one.

English  GO TO QUESTION 64

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

60. What language does she speak most at home now?

Mark [X] only one.

English  GO TO QUESTION 64

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

61. How difficult is it for her to participate in activities at this child's school because she speaks a language other than English?

Very difficult

Somewhat difficult,

Not at all difficult

62. Does the school have interpreters who speak her native language for meetings or parent-teacher conferences?

Yes

No

63. Does the school have written materials, such as newsletters or school notices that are translated into her native language?

Yes

No

64. Where was this child's mother or female guardian born?

One of the 50 United States or the District of Columbia  GO TO QUESTION 66

One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

Another country



65. How old was she when she first moved to the 50 United States or the District of Columbia?

|\_|\_| AGE

66. Is she of Spanish, Hispanic, or Latino origin?
- Yes
- No
67. What is her race? You may mark more than one.
- Mark [X] all that apply.
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander?
68. What is the highest grade or year of school that she completed?
- Up to 8<sup>th</sup> grade
- High School, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associates degree (AA, AS)
- Bachelor's degree (BA, BS)
- Master's degree (MA, MS)
- Doctorate Degree (PhD, EDD)
- Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)
69. Is she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?
- Yes
- No

70. Which of the following best describes her employment status?

Mark [X] only one.

- Employed for pay or income
  - Self employed
  - Out of work for more than one year
  - Out of work for less than one year
  - A homemaker
  - Retired
  - Disabled or unable to work
- }  GO TO QUESTION 72
- }  GO TO QUESTION 73

71. (Employed or Self employed:) About how many hours per week does she usually work for pay or income, counting all jobs?

HOURS  GO TO QUESTION 73

72. (Out of work:) Has she been actively looking for work in the past 4 weeks?

- Yes
- No

73. In the past 12 months, how many months (if any) has she worked for pay or income?

MONTHS

## **Section 8: Child's Father or Male Guardian.**

74. Does this child have a father, stepfather or male guardian living in the same household?

Yes

No  GO TO SECTION 9

75. Is this person the child's...

Birth father,

Adoptive father,

Stepfather,

Foster father,

Grandfather, or

Other male guardian?

76. What is the marital status of this child's father or male guardian?

Married

Separated

Divorced

Widowed

Never married

77. What was the first language the child's father or male guardian learned to speak?

Mark [X] only one.

English  GO TO QUESTION 82

Spanish

A language other than English or Spanish


English and Spanish equally

English and another language equally



78. What language does he speak most at home now?

Mark [X] only one.

- English  GO TO QUESTION 82
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

79. How difficult is it for him to participate in activities at this child's school because he speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult


80. Does the school have interpreters who speak his native language for meetings or parent-teacher conferences?

- Yes
- No

81. Does the school have written materials, such as newsletters or school notices that are translated into his native language?

- Yes
- No

82. Where was this child's father or male guardian born?

- One of the 50 United States or the District of Columbia  GO TO QUESTION 84
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

83. How old was he when he first moved to the 50 United States or the District of Columbia?

|\_|\_| AGE


84. Is he of Spanish, Hispanic, or Latino origin?
- Yes
- No
85. What is his race?
- Mark [X] all that apply.
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
86. What is the highest grade or year of school that he completed?
- Up to 8<sup>th</sup> grade
- High School, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associates degree (AA, AS)
- Bachelor's degree (BA, BS)
- Master's degree (MA, MS)
- Doctorate Degree (PhD, EDD)
- Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)
87. Is he currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?
- Yes
- No

88. Which of the following best describes his employment status?

Mark [X] only one.

Employed for pay or income

Self employed

Out of work for more than one year }  GO TO QUESTION 90

Out of work for less than one year }

A homemaker

Retired

Disabled or unable to work }  GO TO QUESTION 91

89. (Employed or self employed:) About how many hours per week does he usually work for pay or income, counting all jobs?

 GO TO QUESTION 91  
HOURS

90. (Out of work:) Has he been actively looking for work in the past 4 weeks?

Yes

No

91. In the past 12 months, how many months (if any) has he worked for pay or income?

MONTHS

## **Section 9: Your Household**

92. Please mark all of the people who live in the household with this child, including yourself and those you have already been asked about.

Mark [X] all that apply.

- Mother (including birth, adoptive, step, or foster mothers)
- Father (including birth, adoptive, step, or foster fathers)
- Brother (full, half, adoptive, step, or foster brothers)
- Sister (full, half, adoptive, step, or foster sisters)
- Aunt
- Uncle
- Grandmother
- Grandfather
- Cousin
- Other relative
- Same sex parent
- Girlfriend or partner of this child's parent or guardian
- Boyfriend or partner of this child's parent or guardian
- Other nonrelatives

93. In the past 12 months did your family ever receive benefits from any of the following programs?

	Yes ▼	No ▼
a. Temporary Assistance for Needy Families, or TANF	<input type="checkbox"/>	<input type="checkbox"/>
b. Your state welfare or family assistance program	<input type="checkbox"/>	<input type="checkbox"/>
c. Women, Infants, and Children, or WIC	<input type="checkbox"/>	<input type="checkbox"/>
d. Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
f. Child Health Insurance Program (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>
g. Section 8 Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>

94. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on?

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,000 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 or more

## **Thank you.**

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey  
1650 Research Blvd. Room XXXX  
Rockville, MD 20850**