

# Evaluation of NASA's Science, Engineering, Mathematics, and Aerospace Academy

# Parent Survey

## Instructions for Completing and Returning the Parent and Student Surveys

- Step 1: Read and sign the Parent Consent and Permission Form**
- Step 2: Read the Child Assent Form to your child and answer your child's questions.**

**Please do not complete this Parent Survey until you have read and signed the Parent Consent and Permission Form. Please do not allow your child to complete the Student Survey until you have read the Child Assent form with your child and are sure that he or she understands it.**

- Step 3: Complete the Parent Survey.**
- Step 4: Ask your child to complete the Student Survey.** If your child does not understand an item on the Student Survey, you may explain the question to your child. However, please try not to tell your child how to answer the questions on the Student Survey.
- Step 5: After completing the Parent Survey:**  
Put it in the manila envelope labeled "Parent Survey," wet the seal, and close the flap.
- Step 6: After your child has completed the Student Survey:**
- Have **your** child place the completed survey in the manila envelope labeled "Student Survey," wet the seal and close the flap.
- Step 7: Place the following into the large pre-paid return envelope:**
  - A signed copy of the Parent Consent and Permission Form;
  - A signed copy of the Child Assent Form
  - The two manila envelopes with completed surveys.
- Step 8: Drop the return envelope at any US Post Office or in any Postal Drop Box. Thank you!**

*Some items on this survey were adapted from the Modified Attitudes Towards Science Inventory, Weinburgh and Steele (2000) and the Math and Science Interest Survey, Hulett, Williams, Twitty, Turner, Salamo, and Hobson*

(2004).

**Parent Survey**

**Parent ID number:** do not write in this box

**Evaluation of NASA’s Science, Engineering, Mathematics, and Aerospace Academy**

**Please print your own first and last name here on this page.**

Parent’s First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Please print your child’s first and last name here.**

Child’s First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**What month, date, and year was this child born (date of birth)?**

Month: \_\_\_\_\_ Date: \_\_\_\_ Year: \_\_\_\_\_ (e.g., January 1, 2000)

**Do you have other children in 4<sup>th</sup> through 8<sup>th</sup> grades who are also applying for the Fall 2009 SEMAA session?**

YES  NO (check one)

**If YES, please write the names and birthdates of these other children below:**

Child #2: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: Month: \_\_\_\_\_ Date: \_\_\_\_ Year: \_\_\_\_\_

Child #3 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: Month: \_\_\_\_\_ Date: \_\_\_\_ Year: \_\_\_\_\_

**Please answer the questions on the following pages for the child whose name you have written inside the box above. This child should be enrolled in the 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade for the 2009-2010 school year.**

**A. Background Information**

A1. What is today's date?  
Today's date: Month: \_\_\_\_\_ Date: \_\_\_\_ Year: \_\_\_\_\_

**Questions on this survey ask about the child whose name you have listed inside the box on the preceding page.**

A2. What is your child's gender:  Male  Female

A3. What is your relationship to this child?

- |  |  |
|--|--|
| <input type="checkbox"/> Mother/Stepmother     | <input type="checkbox"/> Other male relative |
| <input type="checkbox"/> Father/Stepfather     | <input type="checkbox"/> Female guardian     |
| <input type="checkbox"/> Grandfather           | <input type="checkbox"/> Male guardian       |
| <input type="checkbox"/> Grandmother           | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Other female relative |  |

A4. What is your child's grade in school this year:

- 4<sup>th</sup>       5<sup>th</sup>       6<sup>th</sup>       7<sup>th</sup>       8<sup>th</sup>

A5. How did you find out about the SEMAA program? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Information sent home from school | <input type="checkbox"/> Newspaper advertisement |
| <input type="checkbox"/> Previous participation            | <input type="checkbox"/> Newspaper article       |
| <input type="checkbox"/> Word of mouth                     | <input type="checkbox"/> Web site or internet    |
| <input type="checkbox"/> Radio                             | <input type="checkbox"/> Brochure                |
| <input type="checkbox"/> Other (please specify): _____     |  |

**NASA's SEMAA program has two kinds of sessions. There are sessions held during the school year and there are summer sessions held when children are not in school.**

A6. Has your child ever attended a SEMAA **summer** session?  
 Yes       No       I'm not sure

If NO, please skip to Question A7.

A6a. If YES, how many **summer** SEMAA sessions has your child ever participated in?

- 1 summer session
- 2-4 summer sessions
- 5-7 summer sessions
- 8 summer sessions

*If you are Not Sure, please make your best guess.*

**Please go to the next page.**

- A7. Has your child previously attended the SEMAA program **during a regular school year**?  
 Yes       No       I'm not sure

If NO, please skip to Question A8.

- A7a. If YES, how many SEMAA sessions, if any, **during the regular school year**, has your child ever participated in? Please do not include participation in SEMAA summer sessions.

- This year will be my child's first time in a school-year SEMAA session
- 1 school year SEMAA session before
- 2-4 school year SEMAA sessions before
- 5-7 school year SEMAA sessions before
- 8 school year SEMAA sessions before

*If you are Not Sure, please make your best guess.*

- A7b. If your child has ever participated in a **school-year** SEMAA session **before** this year, please check which grade or grades they were in when they participated in the past. Check all that apply:

- Kindergarten     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>     7<sup>th</sup>

**This item will only appear in the post-test survey.**

- A--. If your student participated in SEMAA this year, please tell us how many times you attended a Family Café session. (Family Café sessions are designed for parents and are usually held at the same time as the student sessions).

If your child did not participate in SEMAA this year, please check "My child did not participate in SEMAA and then go to the next question.

- My child did not participate in SEMAA this year

My child participated in SEMAA this year. This year, I attended the following number of Family Cafe sessions:

- |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 0 sessions | <input type="checkbox"/> 3 sessions | <input type="checkbox"/> 6 sessions |
| <input type="checkbox"/> 1 session  | <input type="checkbox"/> 4 sessions | <input type="checkbox"/> 7 sessions |
| <input type="checkbox"/> 2 sessions | <input type="checkbox"/> 5 sessions | <input type="checkbox"/> 8 sessions |

**Please go to the next page.**

This item will appear in the pre-test survey only.

A8. What are your reasons for supporting your child's application to the SEMAA program this year?  
Check all that apply.

- My child attended SEMAA previously
- My child's brother/sister had attended SEMAA previously
- My child was excited about SEMAA
- My child's brother/sister was excited about SEMAA
- A friend of my child was excited about SEMAA
- I was looking for a fun, hands-on program for my child
- I was looking for something educational for my child
- I wanted my child to have something to do on the weekend
- My child does not like science or math
- My child enjoys science or math
- I wanted my child to do better in school in general
- I wanted my child to do better in science/math in particular
- My child is good at science/math
- I wanted to build my child's confidence in science/math
- Other (please specify): \_\_\_\_\_

**Please go to the next page.**

## B. Student's Interest in Science

The following statements are about you, your child and science. Please read each statement carefully. Use the following scale to show how much you agree or disagree with each statement.

If you <b>STRONGLY DISAGREE</b> :	1	2	3	4
If you <b>DISAGREE</b> :	1	2	3	4
If you <b>AGREE</b> :	1	2	3	4
If you <b>STRONGLY AGREE</b> :	1	2	3	4

It is important that you respond to *every statement*, and that you circle only one number that best describes how you feel about each statement.

STATEMENTS	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
	B1. Science is useful for solving problems of everyday life.	1	2	3
B2. Science is something that my child enjoys very much.	1	2	3	4
B3. My child likes to do some reading in science which was not assigned in school.	1	2	3	4
B4. Science is easy for my child.	1	2	3	4
B5. When my child hears the word "science," he/she has a feeling of dislike.	1	2	3	4
B6. Most people should study some science.	1	2	3	4
B7. Sometimes my child reads ahead in the science book he/she uses in school.	1	2	3	4
B8. I don't think my child could do advanced science.	1	2	3	4
B9. I think my child could do more difficult science work than what he/she does now.	1	2	3	4
B10. Science is helpful in understanding today's world.	1	2	3	4
B11. My child usually understands science when it is talked about in class at school.	1	2	3	4
B12. No matter how hard he/she tries, my child cannot understand science.	1	2	3	4
B13. My child feels tense when someone talks to him/her about science.	1	2	3	4
B14. My child likes to understand the scientific explanation for things.	1	2	3	4

**Please go to the next page.**

Here are more statements about you, your child and science. Please read each statement carefully and use the following scale to show how much you agree or disagree with each statement.

<b>STATEMENTS</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
B15. My child often thinks, "I cannot do this," when a science assignment seems hard.	1	2	3	4
B16. When my child can't immediately solve a science problem, he/she sticks with it until a solution is reached.	1	2	3	4
B17. Science is of great importance to a country's development.	1	2	3	4
B18. It is important to know science in order to get a good job.	1	2	3	4
B19. My child likes the challenge of science assignments.	1	2	3	4
B20. It makes my child nervous to even think about doing science.	1	2	3	4
B21. It scares my child to have to take a science class.	1	2	3	4
B22. My child thinks it is important to understand the schoolwork he/she does in science.	1	2	3	4
B23. My child has a good feeling toward science.	1	2	3	4
B24. Science is one of my child's favorite subjects.	1	2	3	4
B25. My child has a real desire to learn science.	1	2	3	4
B26. My child does not do very well in science.	1	2	3	4
B27. Sometimes my student wants to learn more about science than the teacher covers at school.	1	2	3	4

**Please go to the next page.**



### **C. Out of school activities**

[This item will appear on the pre-test only. The post-test version will substitute the words “over the past three months” in place of “over the summer.” ]

Below is a list of activities that you and your child may or may not have shared over the summer.

For each activity, please tell us about how often you and your child have done that activity **together**, on average, **over the summer**.

**Over the summer**, how often did you and your child **together**:

	<b>Not at all in the past 3 months</b>	<b>One time</b>	<b>About once a month</b>	<b>About twice a month</b>	<b>About once a week</b>	<b>More than once a week</b>
C1. Gone to a science museum or zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Gone to a sports event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Read a book or magazine about science that was not fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Taken something apart or put something together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Watched a science program on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6. Watched a sports program on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7. Watched a movie at home or at a theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. Used the internet to look up science information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9. Planned and cooked a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10. Used a science kit or done a science project at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11. Used computers or technology to solve a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12. Played a video game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13. Read a science-fiction book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please go to the next page.**

Next, we'd like you to predict how often you think that you and your child might do these activities together over the next three months:

***In the next 3 months***, how often do you think that you and your child together will:

	Not at all in the past 3 months	One time	About once a month	About twice a month	About once a week	More than once a week
C14. Go to a science museum or zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15. Go to a sports event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16. Read a book or magazine about science that is not fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C17. Take something apart or put something together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C18. Watch a science program on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C19. Watch a sports program on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C20. Watch a movie at home or at a theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C21. Use the internet to look up science information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C22. Plan and cook a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C23. Use a science kit or do a science project at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C24. Use computers or technology to solve a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C25. Play a video game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C26. Read a science-fiction book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C27. During the past three months, was your child participating in any of the following science or mathematics activities **other than SEMAA**?

- A science fair at school
- A science or mathematics club at school
- My child has had a science or mathematics tutor
- My child has been a science or mathematics tutor
- A science or math program not based at my child's school:

(What is the name of this program: \_\_\_\_\_)

(Who is the sponsor of this program: \_\_\_\_\_)

- None of the above

**Please go to the next page.**

## **D. Science and math in school**

Please tell us how much you agree or disagree with the following two statements:

		<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
D1.	I feel confident in my ability to help my child with his or her <b>science</b> coursework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2.	I feel confident in my ability to help my child with his or her <b>math</b> coursework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. My child's end-of-year grade in **science** class last year was (select the option that best matches the grade your child received):

- Excellent (some schools assign a letter grade A)
- Good (some schools assign a letter grade B)
- Satisfactory (some schools assign a letter grade C)
- Barely Passing (some schools assign a letter grade D)
- Failing (some schools assign a letter grade E or F)
- I don't know
- Not applicable, my child did not receive a science grade last year

D4. I believe my child's ability in **science** is...

- Much higher than average
- Somewhat higher than average
- About average
- Somewhat lower than average
- Much lower than average

D5. I believe my child's ability in **math** is...

- Much higher than average
- Somewhat higher than average
- About average
- Somewhat lower than average
- Much lower than average

D6. My child's end-of-year grade in **math** class last year was (select the option that best matches the grade your child received):

- Excellent (some schools assign a letter grade A)
- Good (some schools assign a letter grade B)
- Satisfactory (some schools assign a letter grade C)
- Barely Passing (some schools assign a letter grade D)
- Failing (some schools assign a letter grade E or F)
- I don't know
- Not applicable, my child did not receive a math grade last year

**Please go to the next page.**

**E. Educational and Career Expectations**

E1. When your child reaches high school, there may be classes that your child is required to take and other classes that your child is not required to take. Please indicate how much you agree or disagree with the following statement:

When my child reaches high school, I will advise my child to take the following classes, even if they are not required:

COURSES	Strongly disagree	Disagree	Agree	Strongly agree
a. Physics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Biology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Earth sciences/geology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Astronomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Computer science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Anatomy & Physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Advanced Physics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Advanced Biology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Advanced Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Algebra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Trigonometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Calculus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. To what extent do you agree or disagree with each of the following statements:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. When my child is an adult, he/she will need a good understanding of <b>basic science</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When my child is an adult, he/she will need a good understanding of <b>advanced science</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When my child is an adult, he/she will need a good understanding of <b>basic mathematics</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When my child is an adult, he/she will need a good understanding of <b>advanced mathematics</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please go to the next page.**

E3. If your child goes to college and has trouble deciding what to choose as a college major, how much encouragement would you give your child to earn a degree in:

DEGREE	Not very strong encouragement	Some encouragement	Strong encouragement	Very Strong encouragement
a. Physical science (e.g., physics, astronomy, earth sciences, geology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Biology or chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Computer science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social science (e.g., economics, psychology, anthropology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. English, literature or a foreign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. History, political science, or geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Engineering (e.g., civil, electrical, mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Art, music, or acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Medicine, dentistry, or veterinary science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Business, accounting, or finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please go to the next page.**

**Section F. About you and your child**

F1. What is your child's ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

F2. What is your child's race? Mark one or more:

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

F3. What language or languages do you and your child use at home? Check all that apply:

- English
- Spanish
- French
- Italian
- German
- Russian
- Arabic
- Chinese
- Other. Specify: \_\_\_\_\_

F4. What language or languages does your child use at school? Check all that apply:

- English
- Spanish
- French
- Italian
- German
- Russian
- Arabic
- Chinese
- Other. Specify: \_\_\_\_\_

F5. What is the highest level of education that you have completed? What is the highest level of education that your child's other parent or caregiver has completed?

	You	Child's other parent/caregiver
Some High School	<input type="checkbox"/>	<input type="checkbox"/>
High School (diploma or GED)	<input type="checkbox"/>	<input type="checkbox"/>
Some College or University	<input type="checkbox"/>	<input type="checkbox"/>
Community college degree (AA)	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree (BA or BS)	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Degree (Master's, PhD, MD, JD, EdD)	<input type="checkbox"/>	<input type="checkbox"/>

F6. Please indicate if you, or another adult your child knows well, is working in one of the following areas (check all that apply):

	I work in:	Another adult my child knows well works in:
Physical Sciences	<input type="checkbox"/>	<input type="checkbox"/>
Biological or Chemical Sciences	<input type="checkbox"/>	<input type="checkbox"/>
Computer Sciences	<input type="checkbox"/>	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
Robotics	<input type="checkbox"/>	<input type="checkbox"/>
Aeronautics or Aerospace	<input type="checkbox"/>	<input type="checkbox"/>
Science Education	<input type="checkbox"/>	<input type="checkbox"/>
Math Education	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above	<input type="checkbox"/>	<input type="checkbox"/>

F7. Do you currently work for NASA?  
 Yes       No

F8. Please indicate, to the best of your knowledge, the annual household income for the household in which your child primarily lives:

- Under \$10,000
- \$10,001 - \$25,000
- \$25,001 – 40,000
- \$40,001 – 55,000

- \$55,001 – 70,000
- \$70,001 -- \$85,000
- Over \$85,000
- Choose not to answer

Thank you for completing the survey!