

2009 National Household Education Surveys

Parent and Family Involvement in Education Survey

For parents of homeschooled children

FINAL: July 30, 2009

National Household Education Survey

A Survey About Homeschooling in America



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Sponsored by

U.S. Department of Education
National Center for Education Statistics



Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below is currently homeschooled for at least some classes. If this child attends public or private school instead of homeschooling, or is not homeschooled for kindergarten through 12th grade or equivalent, please call us at the toll-free number below so we can be sure you received the correct survey.

- ◆ These questions should be filled in by a parent or guardian who knows about:

{SAMPLED CHILD}

Please answer all the survey questions thinking about this child or youth. This information is also at the top of each page for your reference.

- ◆ To answer a question, simply mark the box that best represents your answer.

- ◆ Please use a black or blue pen, if available to complete this survey.

- ◆ If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.

- ◆ Our toll-free number is 1-888-880-3033.

We are authorized to collect this information by Section 9543, 20 US Code. 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. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 US Code). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take an average of 20 minutes, including time for reviewing instructions, 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: Andrew Zuckerberg National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. Do not return the completed form to this address.

No

1. Child's Homeschooling

- ▶ Thank you for your help with the previous survey your household completed.
- ▶ Answer all the survey questions thinking about the child listed below:

{SAMPLED CHILD}

1. Is this child getting all of his/her instruction at home, or is he/she getting some at school and some at home?

- All at home **➡ GO TO question 3.**
- Some at school and some at home
- He/she is not homeschooled at all

↳ Please STOP now and call 1-888-880-3033 so we can verify you received the correct survey.

2. How many hours each week does this child usually go to a school for instruction? Do not include time spent in extracurricular activities.

|_|_|
hours

3. Who is the person that mainly homeschools this child?

- Mother
- Father
- Grandparent
- Brother/sister
- Another person

↳ Who is that? _____

4. Is any of this child's home instruction taught by a private tutor or teacher?

- Yes

5. What grade or year would this child be in if he/she was attending school?

Mark [X] ONE only.

Preschool



Please STOP now and call 1-888-880-3033 so we can verify you received the correct survey.

Elementary through Middle school

Kindergarten (Including transitional K and Pre-first grade)

First grade

Second grade

Third grade

Fourth grade

Fifth grade

Sixth grade

Seventh grade

Eighth grade

High School

Ninth grade - *freshman*

Tenth grade - *sophomore*

Eleventh grade - *junior*

Twelfth grade - *senior*

6. How many days each week is this child homeschooled?

|__| days each week

7. About how many total hours per week is he/she homeschooled?

|__|__| hours per week

8. Does your family participate in the activities or meetings of a local homeschooling association or other local homeschool group?

Yes

No → **GO TO question 10.**

i. Internet sites?.....

9. Since September, how many times has your family gone to meetings or participated in the activities of a local homeschooling association or other local homeschool group?

|_|_| number of times

10. Since September, has this child participated in activities with other children who are homeschooled?

Yes

No

11. Thinking about sources of curriculum or books you use to homeschool this child, please tell us about all the sources that apply to you.

Since September, have you used materials from...

Mark [X] ONE box for each item below.

	Yes ▼	No ▼
a. A public library?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A homeschooling catalog, publisher, or individual who specializes in homeschooling materials?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Another educational publisher?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A homeschooling organization?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. A church, synagogue, or other religious organization?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Your local public school or school district?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. A private school?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. A retail bookstore or other store?..	<input type="checkbox"/>	<input type="checkbox"/>

12. Some homeschooled children take courses over the internet taught by people outside the household. Is this child receiving any instruction this way?

Yes

No → **GO TO question 14.**



13. Is that instruction provided by your public school?

Yes

No

14. Thinking about typical grade levels, for which grades was this child schooled at home for at least some classes or subjects?

Mark [X] all that apply.

Elementary through Middle school

Kindergarten

First grade

Second grade

Third grade

Fourth grade

Fifth grade

Sixth grade

Seventh grade

Eighth grade

High School

Ninth grade - *freshman*

Tenth grade - *sophomore*


Eleventh grade - *junior*

Twelfth grade - *senior*

15. There are many different reasons that parents choose to homeschool their children. Did you choose to homeschool this child because:

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|---|--------------------------|--------------------------|
| a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You are dissatisfied with the academic instruction at other schools?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You prefer to teach this child at home so that you can provide religious or moral instruction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. This child has a physical or mental health problem that has lasted six months or more?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. This child has a temporary illness that prevents him/her from going to school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. This child has other special needs that you feel the school can't or won't meet?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. You are interested in a nontraditional approach to children's education?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You have another reason for homeschooling your child?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Specify: 

16. Of the reasons you chose to homeschool your child, which one would you say is the most important to you?

Write the letter from question 15 or the most important reason you chose to homeschool your child.

letter from question 15

17. How far do you expect this child to go in his/her education?

Mark [X] ONE only.

- 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

▶ **Continue with section 2 on the next page.**

2. Family Activities

If this child's grade or equivalent is kindergarten, 1st, 2nd, 3rd, 4th, or 5th continue with question 18. If he/she is in any other grade GO TO question 19.

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

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|---|--------------------------|--------------------------|
| 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"/> |

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

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|--|--------------------------|--------------------------|
| 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"/> |

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

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|---|--------------------------|--------------------------|
| 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"/> |

► Continue with section 3, question 21 on the next page.

3. Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

Mark [X] ONE box for each item below.

- | | 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 22 continue with question 23. If you marked no for all disabilities then GO TO question 30, the next section.

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

- Yes
- No → **GO TO question 28.**

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

Mark [X] ONE box for each item below.

- | | 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"/> |

25. Are any of these services provided through an Individualized Educational Program or Plan (IEP)?

- Yes
- No → **GO TO question 28.**

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

- Yes
- No

27. During this school year, to what extent have you been satisfied or dissatisfied with the following aspects of this child's IEP?

a. The service provider's or school's communication with your family?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

b. The child's special needs teacher or therapist?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

c. The service provider's or school's ability to accommodate the child's special needs?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

d. The service provider's or school's commitment to help your child learn?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

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

- Yes
- No

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

- Yes
- No

► **Continue with section 4, question 30 on the next page.**

4. Child's Background

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

____ / ____
month year

31. Where was this child born?

One of the 50 United States or the District of Columbia

 **GO TO question 33.**

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

Another country

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

age

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

Yes

No

34. What is this child's race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific
Islander

White

35. For the current school year, does this child usually live at another address, for example because of a joint custody arrangement?

Do not include vacation properties.

Yes

No

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

Mark [X] ONE only.

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

Child is not able to speak

!
If you marked 'English' or 'Child is not able to speak' in question 36 GO TO question 38, otherwise continue with question 37.

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

Yes

No

▶ **Continue with section 5, question 38 on the next page.**

5. Child's Mother or Female Guardian

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

No **→ GO TO question 54.**

Yes

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

- Birth mother,
- Adoptive mother,
- Stepmother,
- Foster mother,
- Grandmother, or
- Other female guardian?

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

____|____|
age

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

Mark [X] ONE only.

- Married
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

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

Mark [X] ONE only.

English **→ GO TO question 44.**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

Mark [X] ONE only.

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

One of the 50 United States or the District of Columbia

→ GO TO question 46.

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

Another country

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

____|____|
age

46. Is she of Spanish, Hispanic, or Latino origin?

- Yes
- No

47. What is her race? You may mark one or more races.

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

48. What is the highest grade or level of school that she completed?

Mark [X] ONE only.

- 8th grade or less
- 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)
- Some graduate or professional education but no degree
- Master's degree (MA, MS)
- Doctorate Degree (PhD, EdD)
- Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)

49. Is she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- Yes
- No

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

Mark [X] ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work **➔ GO TO question 52.**
- Stay at home mother **➔ GO TO question 53.**
- Retired **➔ GO TO question 53.**
- Disabled or unable to work **➔ GO TO question 53.**

51. (If employed or self employed) About how many hours per week does she usually work for pay or income, counting all jobs?

|_|_| **➔ GO TO question 53.**
hours

52. (If unemployed or out of work) Has she been actively looking for work in the past 4 weeks?

- Yes
- No

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

|_|_|
months

► Continue with section 6, question 54 on the next page.

6. Child's Father or Male Guardian

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

No  **GO TO question 69.**

Yes

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

- Birth father,
- Adoptive father,
- Stepfather,
- Foster father,
- Grandfather, or
- Other male guardian?


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

Mark [X] ONE only.

- Married
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

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

Mark [X] ONE only.

- English  **GO TO question 59.**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

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

Mark [X] ONE only.

- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

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

One of the 50 United States or the District of Columbia

 **GO TO question 61.**

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

Another country

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

age

61. Is he of Spanish, Hispanic, or Latino origin?

- Yes
- No

62. What is his race? You may mark one or more races

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

63. What is the highest grade or level of school that he completed?

Mark [X] ONE only.

- 8th grade or less
- 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)
- Some graduate or professional education but no degree
- Master's degree (MA, MS)
- Doctorate Degree (PhD, EdD)
- Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)

64. Is he currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- Yes
- No

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

Mark [X] ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work **GO TO question 67.**
- Stay at home father **GO TO question 68.**
- Retired **GO TO question 68.**
- Disabled or unable to work **GO TO question 68.**

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

____|____| **GO TO question 68.**
hours

67. (If unemployed or out of work) Has he been actively looking for work in the past 4 weeks?

- Yes
- No

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

____|____|
months

► Continue with section 7, question 69 on the next page.

7. Your Household

69. 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 – birth, adoptive, step, or foster
- Father – birth, adoptive, step, or foster
- Brother – full, half, adoptive, step, or foster
- Sister – full, half, adoptive, step, or foster
- 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

70. How many females live in this household?

|_|_| number of females

71. How many males live in this household?

|_|_| number of males

72. Of everyone in this household, how many are age 20 or younger?

Include the child selected for this survey.

Do not include those living in college housing.

|_|_| number age 20 or younger

73. Are there any adults in this household who do not speak English at home?

- Yes
- No

74. What is the highest grade or level of school completed among the adults in this household?

Mark [X] ONE only.

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or associate's degree
- Four year college degree (BA or BS)
- Some graduate or professional education but no degree
- Graduate or professional degree beyond a bachelor's degree

75. Is this house...

Mark [X] ONE only.

- Owned or being bought by someone in this household,
- Rented by someone in this household, or
- Occupied by some other arrangement?

76. Other than this address does anyone in this household currently receive mail at another address including P.O. Boxes?

- Yes
- No

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

Mark [X] ONE box for each item below.

- | | 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"/> |

78. Which category best fits the total income of all persons in your household over the past 12 months?

Include your own income.

Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, 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
- \$60,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 or more

8. Questions about You

These questions are about the adult that filled in this survey. Your responses to these questions will help describe the homes children live in.

79. How are you related to this child?

Mark [X] ONE only.

- Mother/Father
(birth, adoptive, step, or foster)
- Aunt/Uncle
- Grandparent
- Girlfriend/Boyfriend of this child's parent or guardian
- Other relationship – specify:

80. Are you male or female?

- Male
- Female

81. How old are you?

|_|_|
age

82. How many years have you lived at this address?

Write '0' if less than 1 year.

|_|_| years at this address

83. Are you the person in this household who usually opens the mail?

- Yes
- No

84. Did anyone else complete or help with any part of this survey?

Yes

No

85. Do you have access to the internet at this address?

Yes

No **→ GO TO question 87.**

86. What type of internet access do you have?

Mark [X] ONE only.

Cable

DSL

FIOS

Satellite

Dial-up

AirCard

Other

87. Is there at least one telephone inside this home that is currently working and not a cell phone?

Yes

No

88. Do you have a working cell phone?

Yes

No **→ GO TO END OF SURVEY.**

89. Of all the telephone calls that you receive are...

all or almost all calls received on cell phones,

some received on cell phones and some on regular phones, or

very few or none on cell phones?

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
Westat
1600 Research Blvd. Room TB135
Rockville, MD 20850-3129**

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Commonly Asked Questions

Q: How did you get my address?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other households in the U.S.

Q: Why should I take part in this study? Do I have to do this?

A: You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative it is important that you complete and return this questionnaire.

Q: How will the information I provide be used?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20).

Q: Who is sponsoring the study? Is this study conducted by the Federal Government?

A: The National Center for Education Statistics, within the Department of Education is authorized to conduct this study (Section 9543, 20). Westat has been contracted to conduct this study. This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is XXXX-XXXX. You may send any comments about this survey, including its length, to the Federal Government. Write to Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to info@nhessurvey.org.

Q: Who is Westat?

A: Westat is a research company located in Rockville, Maryland. Westat is conducting this survey under contract to the U.S. Department of Education. If you have any questions about the study contact Westat toll-free at 1-888-880-3033.