

National Institute for Literacy Parent Interview
Experiences and Satisfaction with *Our Reading and Writing Journey*

INTRODUCTION: Thank you for coming to talk with me today. I'm from RTI International, a not-for-profit research organization. We have been asked by the National Institute for Literacy to find out about the *Our Reading and Writing Journey* program that you participated in last summer. Before beginning, I'd like to tell you some more about what we will be doing and get your permission for this interview.

ADMINISTER INFORMED CONSENT

Part I. Experiences and Satisfaction with the Program and Staff

A. General Experiences with *Our Reading and Writing Journey*

First, I'd like to talk with you about your experiences with *Our Reading and Writing Journey*. Remember, you can skip anything that you don't want to answer.

A1. Why did you decide to participate in *Our Reading and Writing Journey*?

A2. What are 3 things you hoped to get from participating in the program?

A3. How well did the *Our Reading and Writing Journey* sessions meet your expectations? Would you say they were...

- ___ better than you expected?
___ exactly what you expected?
___ not what you expected?

A3a. Would you explain to me why they were [better than/exactly what/not what you] expected?

PROBE FOR SPECIFICS

A4. What did you like about the small group format?

A5. What didn't you like about the small group format?

A6. What did you like about sharing with the group?

A7. What didn't you like about sharing with the group?

A8. What was helpful about seeing the activities modeled?

A9. How could modeling have been more helpful?

A10. What was helpful about practicing the activities with the group?

A11. How could practicing the activities have been more helpful?

A12. What was helpful about having time for planning the *Learning and Using New Words* activities that you would do at home?

A13. How could it have been more helpful?

A14. Overall, how many of the group sessions did you attend? Would you say you attended..

- _____ all 12 sessions? GO TO ITEM A18
- _____ most sessions (i.e., 10 or 11)?
- _____ some sessions (10 or fewer)? (Please specify how many _____)

IF PARTICIPANT DIDN'T ATTEND ALL 12 SESSIONS, CONTINUE. OTHERWISE GOTO A18

A15. Please tell me about any issues that made it difficult or impossible for you to attend all group sessions. [PROBE FOR CONFLICTS WITH WORK, CHILD CARE, TRANSPORTATION, ILLNESS]

A16. Who else in your family attended the program if you were unable to attend sessions? [MARK ALL THAT APPLY]

____ CHILD'S MOTHER/FATHER [OTHER PARENT]

____ SPOUSE/PARTNER [IF NOT CHILD'S PARENT]

____ SISTER

____ BROTHER

____ RESPONDENT'S MOTHER [CHILD'S GRANDMOTHER]

____ CHILD'S OTHER GRANDMOTHER

____ RESPONDENT'S FATHER

____ CHILD'S OTHER GRANDFATHER

____ FRIEND

____ OTHER [SPECIFY] _____

A17. Did you lose interest in coming to the sessions?

____ YES [GO TO ITEM A17a]

____ NO [GO TO ITEM A18]

A17a. Why did you lose interest in the sessions?

Participant ID _____

Interviewer CR SH

Date ____/____/____

A18. How satisfied were you with the length of the program? [PROBE FOR NUMBER OF SESSIONS, LENGTH OF INDIVIDUAL SESSIONS, SPACING OF SESSIONS]

B. Perception of *Our Reading and Writing* Facilitator

Now, I'd like to hear your views about the Facilitator who worked with your group. Remember, none of the information you share with me today will be given to your Facilitator. And you can skip anything that you don't wish to answer.

B1. Describe how knowledgeable you think the Facilitator was about teaching children to read and write.

[PROBE FOR SPECIFIC EXAMPLES]

B2. How helpful was the Facilitator's feedback to you about your skills?

B3. Describe how well she addressed your questions on topics discussed in group sessions.

B4. Did you feel that your Facilitator was able to keep your group working well together?

_____ YES [GO TO ITEM B4a]

_____ NO [GO TO ITEM B4b]

B4a. Please tell me why you think your Facilitator was able to keep your group working well together.

B4b. Please tell me why you think your Facilitator wasn't able to keep your group working well together.

B5. What did you like the most about the Facilitator of your group?

B6. What did you like least about the Facilitator of your group?

C. Satisfaction with *My Reading and Writing Journey*

C1. Please describe how satisfied you are with the *My Reading and Writing Journey* program.

C2. If a friend or relative of yours had the chance to be involved with *My Reading and Writing Journey* and she wanted your opinion about the benefits of participating, what would you say?

C3. And what would you say if she then asked for about the drawbacks or disadvantages of participating in *My Reading and Writing Journey*?

C4. What are some ways you think the program could be improved, overall?

C5. What was your favorite session topic? Why was it your favorite topic? [PROBE FOR INTEREST IN TOPIC, PREPARATION FOR DOING ACTIVITIES, CHILD'S REACTION TO ACTIVITIES] IF THEY HAVE THEIR SCRAPBOOK "OUR READING AND WRITING JOURNEY," HAVE THEM USE THIS AS A REMINDER. IF NOT, USE THE BLANK COPY.

C6. Describe whether and how the program made you more confident about helping your child become a better reader and writer. [PROBE FOR SPECIFICS – WHAT DID THE PROGRAM DO TO MAKE THEM FEEL MORE CONFIDENT; IF THE PROGRAM DIDN'T MAKE THE FACILITATOR MORE CONFIDENT, DESCRIBE]

C7. Have you changed anything in your home environment to support your child's reading since completing the program?

_____ YES

_____ NO [GO TO ITEM C8]

C7a. What have you changed?

C8. How has being a part of this program changed the type of books you select for your child?

C9. What kind of books do you now read with your child?

C10. Have you visited the library with your child since completing the program?

_____ YES

_____ NO

C11. Have you continued the activities you learned in *My Reading and Writing Journey* with your child?

_____ YES [GO TO ITEM C11a]

_____ NO [GO TO ITEM C11b]

C11a. What is your child’s reaction to continuing to do reading and writing activities?

AFTER ITEM C11a, GO TO C12

C11b. Why didn’t you continue do the reading and writing activities you learned in *My Reading and Writing Journal*?

C12. What other ways of helping your child learn do you now do differently with your child?

C13. Since your parent group sessions ended, have you continued to participate in any groups designed to help you work with your child as s/he learns to read and write?

_____ YES

_____ NO [GO TO ITEM C14]

C13a. Please tell me about this group. [PROBE FOR WHO AND HOW HELPFUL]

C14. Have you received information or guidance from other resources since completing the training such as the library or school?

- _____ YES
- _____ NO [GO TO ITEM C15]

C14a. Please tell me about this information or guidance. [PROBE FOR WHO AND HOW HELPFUL]

C15. In what ways have your personal reading habits changed?

C16. Are you more involved with your child’s education since participating in the program?

- _____ YES [GO TO C16a]
- _____ NO [GO TO C16b]

C16a. In what ways are you more involved? [PROBE FOR SPECIFICS]

C16b. Why are you not more involved? [PROBE FOR SPECIFICS]

C17. Since you started coming to the “*Our Reading and Writing Journey*,” have your ideas about being able to help your child learn to read and write changed?

- _____ YES
- _____ NO [GO TO ITEM C18]

C17a. In what ways have your ideas about helping your child changed?

Participant ID _____

Interviewer CR SH

Date ____/____/____

C18. How much do you think your child has benefited from your participation in *My Reading and Writing Journey*? Why?

C19. Compared with other parent education classes you may have participated in, would you say *Our Reading and Writing Journey* provided.....

_____ About the same information as most programs

_____ More information than other programs

_____ Less information than other programs

Part II. Participant Background and Demographics

Now we'd like to find out a little about you and your family.

1. What is your current marital status?

_____ MARRIED

_____ SEPARATED

_____ DIVORCED

_____ WIDOWED

_____ NEVER MARRIED

_____ DON'T KNOW

_____ REFUSED

2. How many children in your home are less than 5 years of age?

_____ [RECORD NUMBER]

_____ REFUSED

3. How many children in your home are between 5-8 years of age?

_____ [RECORD NUMBER]

_____ REFUSED

4. How many children in your home are older than 8 years of age?

_____ [RECORD NUMBER]

_____ REFUSED

5. How old are you |_____|_____| YEARS

6. Are you of Spanish, Hispanic, or Latino origin?

_____ YES

_____ NO [GO TO ITEM 8]

_____ DON'T KNOW [GO TO ITEM 8]

_____ REFUSED [GO TO ITEM 8]

7. Which one of these best describes you...

_____ Mexican, Mexican American, Chicano,

_____ Puerto Rican,

_____ Cuban, or

_____ another Spanish/Hispanic/Latino group?

_____ DON'T KNOW

_____ REFUSED

8. What is your race? [MARK ALL THAT ARE MENTIONED]

_____ WHITE

_____ BLACK, AFRICAN AMERICAN, OR NEGRO

_____ AMERICAN INDIAN OR ALASKAN NATIVE

_____ ASIAN INDIAN

_____ CHINESE

_____ FILIPINO

_____ JAPANESE

_____ KOREAN

_____ VIETNAMESE

_____ OTHER ASIAN

_____ NATIVE HAWAIIAN

_____ GUAMANIAN OR CHAMORRO

_____ SAMOAN

_____ OTHER PACIFIC ISLANDER

_____ ANOTHER RACE (SPECIFY) _____

_____ DON'T KNOW

_____ REFUSED

9. What is the highest grade or year of school or degree that you completed? (MARK ONE RESPONSE.)

_____ UP TO 8TH GRADE

_____ 9TH TO 11TH GRADE

_____ 12TH GRADE BUT NO DIPLOMA

_____ HIGH SCHOOL DIPLOMA OR EQUIVALENT

_____ VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA

_____ VOC/TECH DIPLOMA AFTER HIGH SCHOOL

_____ SOME COLLEGE BUT NO DEGREE

_____ ASSOCIATE'S DEGREE

_____ BACHELOR'S DEGREE

_____ GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE

_____ MASTER'S DEGREE (MA, MS)

_____ DOCTORATE DEGREE (PHD, EDD)

_____ PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD;
DENTISTRY/DDS; LAW/JD/LLB; ETC.)

_____ DON'T KNOW

_____ REFUSED

10. Are you currently working full-time, working part-time, looking for work, in school, in a training program, keeping house or doing something else? (MARK ONLY ONE)

_____ WORKING FULL-TIME (35 HOURS OR MORE PER WEEK)

_____ WORKING PART-TIME

_____ LOOKING FOR WORK

_____ LAID OFF FROM WORK

_____ IN SCHOOL/TRAINING

_____ IN MILITARY

_____ KEEPING HOUSE

_____ SOMETHING ELSE (PLEASE SPECIFY)

_____ DON'T KNOW

TYPE OF BUSINESS _____

_____ DON'T KNOW

KIND OF WORK _____

IMPORTANT DUTY _____

TO BE CODED BY INTERVIEWER

OCCUPATION CODE _____

OCCUPATION CODE:	
Executive, Administrative, and Managerial Occupations.....	1
Engineers, Surveyors, and Architects	2
Natural Scientists and Mathematicians	3
Social Scientists, Social Workers, Religious Workers, and Lawyers	4
Teachers	5
Health Diagnosing and Treating Practitioners	6
Health Assessment and Treating Occupations.....	7
Writers, Artists, Entertainers, and Athletes.....	8
Health Technologists and Technicians	9
Technologists and Technicians, except Health	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical.....	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers	15
Construction and Extractive Occupations.....	16
Precision Production Occupations	17
Production Working Occupations.....	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers	20
Miscellaneous Occupations	21
NEVER WORKED/HOMEMAKERS	22
DON'T KNOW.....	97
REFUSED.....	98

Paperwork Burden Statement-Parent Participant Survey Revised

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 **1800-0011 V123**. The time required to complete this information collection is estimated to average **30** 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. 20202-4537. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** [insert program sponsor/office], U.S. Department of Education, 400 Maryland Avenue, S.W., [insert building/room number], Washington D.C. 20202-4537.