

2009 National Household Education Surveys

Parent and Family Involvement in Education Survey

For parents of homeschooled children

DRAFT: December 29, 2008



THE National Household Education Survey

Start Here

➔ We ask that this survey be filled in by the adult who knows the most about:

{FILL 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 this survey is about, please call 1-888-696-5670.

➔ 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.

➔ In response to our first survey, we recorded that the child/youth is currently homeschooled. If this child attends either public or private school instead of homeschooling 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 attends either public or private school

➔ If this child is currently enrolled in preschool or nursery school, or is not in homeschool grades Kindergarten through 12th or equivalent, mark the box below and return this survey in the postage paid envelope. We will send you the correct survey for this child.



This child is in preschool, nursery school, or not yet in school.

➔ Please go to then next page and start this survey.

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: Your Child's Homeschooling


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 & some at home
- He/she is not homeschooled at all  DO NOT CONTINUE, PLEASE CALL 1-888-696-5670

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

Mark only one.

- Preschool  DO NOT CONTINUE, PLEASE CALL 1-888-696-5670
- 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)

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

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

Who is that? _____

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

- Yes
- No

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

|__| Days

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

|__||__| Hours

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

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. In homeschooling this child, have you used materials from any of the following sources?

	Yes ▼	No ▼
a. A public library	<input type="checkbox"/>	<input type="checkbox"/>
b. Any obtained directly from a homeschooling catalog, publisher, or individual who specializes in homeschooling materials	<input type="checkbox"/>	<input type="checkbox"/>
c. Any obtained directly from 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"/>
i. Internet sites	<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?

[PRINT ONLY GRADES (E-elementary, M-middle, OR S-senior high) UP TO THOSE ELIGIBLE FROM SCREENER.]

[MAY PERFORM BETTER AS A SELECT ALL THAT APPLY.]

	Yes	No
	▼	▼
a. All Grades	<input type="checkbox"/>	<input type="checkbox"/>
b. Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
c. First grade	<input type="checkbox"/>	<input type="checkbox"/>
d. Second grade	<input type="checkbox"/>	<input type="checkbox"/>
e. Third grade	<input type="checkbox"/>	<input type="checkbox"/>
f. Fourth grade	<input type="checkbox"/>	<input type="checkbox"/>
g. Fifth grade	<input type="checkbox"/>	<input type="checkbox"/>
h. Sixth grade	<input type="checkbox"/>	<input type="checkbox"/>
i. Seventh grade	<input type="checkbox"/>	<input type="checkbox"/>
j. Eighth grade	<input type="checkbox"/>	<input type="checkbox"/>
k. Ninth grade	<input type="checkbox"/>	<input type="checkbox"/>
l. Tenth grade	<input type="checkbox"/>	<input type="checkbox"/>
m. Eleventh grade	<input type="checkbox"/>	<input type="checkbox"/>
n. Twelfth grade	<input type="checkbox"/>	<input type="checkbox"/>

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

	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"/>
Write your other reason: → _____		

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

[NOTE: IN CATI ONLY OPTIONS SELECTED IN QUESTION 16 WERE DISPLAYED.]

	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"/>
Write your other reason: → _____		

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

Mark 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: Family Activities

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

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

- | | 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 the family done the following things with this child?

- | | 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 the family done the following things with this child?

- | | 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"/> |

Section 3: This 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?

	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 this section.
If you marked no for all disabilities then GO TO QUESTION 30.**

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

- Yes
- No  TO QUESTION 28

24. 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"/>

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

Yes

No  GO TO QUESTION 28

26. Did any adult in your household work with the 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 (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"/>

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

Section 4: Your 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 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)
- Some other country

32. How old was this child when he/she first moved to the 50 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 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

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

Mark [X] only one.

- English  GO TO SECTION 5
- Spanish
- A language other than English or Spanish
- English and Spanish equally

English and another language equally

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

Yes

No

Section 5: Child's Mother or Female Guardian

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

Yes

No  GO TO SECTION 6

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

Birth mother,

Adoptive mother,

Stepmother,

Foster mother,

Grandmother, or

Other female guardian?

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

|_|_| AGE

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


Married

Separated

Divorced

Widowed

Never married

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

Mark [X] only one.

English  GO TO QUESTION 43

Spanish

A language other than English or Spanish

English and Spanish equally


English and another language equally

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

Mark [X] only one.

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

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

- One of the 50 United States or the District of Columbia  GO TO QUESTION 45
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Some other country

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

|_|_| AGE

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

- Yes
- No

46. What is her race? You may mark more than one.

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

47. What is the highest grade or year of school that she completed?
- Up to 8th 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)
48. Is she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?
- Yes
 - No
49. 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 51
- } **➔** GO TO QUESTION 52

50. (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 52

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

Yes

No

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

|_|_|
MONTHS

Section 6: Child's Father or Male Guardian.

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

Yes

No  GO TO SECTION 7

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

Birth father,

Adoptive father,

Stepfather,

Foster father,

Grandfather, or

Other male guardian?

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

Married

Separated

Divorced

Widowed

Never married

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

Mark [X] only one.

English  GO TO QUESTION 58

Spanish

A language other than English or Spanish

English and Spanish equally


English and another language equally

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

Mark [X] only one.

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

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

- One of the 50 United States or the District of Columbia  GO TO QUESTION 67
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Some other country

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

|_|_| AGE




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

- Yes
- No

61. 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

62. What is the highest grade or year of school that he completed?
- Up to 8th 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)
63. Is he currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?
- Yes
 - No
64. 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
 - Out of work for less than one year
 - A homemaker
 - Retired
 - Disabled or unable to work
- }  GO TO QUESTION 66
- }  GO TO QUESTION 67
65. (Employed or self employed:) About how many hours per week does he usually work for pay or income, counting all jobs?
- |_|_|  GO TO QUESTION 67
HOURS

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

Yes

No

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

MONTHS

Section 7: Your Household

68. 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

69. 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"/>

70. 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**