

The National Household Education Survey

A Survey about Students' and Families' Experience with Their Schools



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.

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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 attends school. If this child is homeschooled instead of attending public or private school, or if this child has not yet started kindergarten, 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:

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

- ◆ 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.
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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 responses are protected by federal statute (P.L. 107-279, Title I, Part E, Sec. 183). 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 [Education Sciences Reform Act of 2002 (ESRA 2002) Public Law 107-279, Section 183].

This voluntary 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 Zukerberg 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.

1. Child's Schooling

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

1. This child's grade may be shown above. To confirm this child's grade, please mark or write the grade this child is attending.

If this child is not assigned a specific grade, mark or write the grade he/she would be in at a school with regular grades.

- Full-day kindergarten
- Partial-day kindergarten
- Grade (1 through 12)
- Child has not yet started kindergarten



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

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

- No
- Yes
- Does not apply

3. What type of school does this child attend?

- Private, Catholic
- Private, religious but not Catholic
- Private, not religious
- Public school

GO TO question 6



4. Is it his/her regularly assigned school?

- No
- Yes

5. Is this school a charter school?

- No
- Yes

6. Did you move to your current neighborhood so that this child could attend his/her current school?

- No
- Yes

7. Did you consider other schools for this child?

No **→** **GO TO question 10**

↓ Yes

8. In deciding between schools, did you seek information on the performance of the schools you were considering, like test scores, dropout rates, and so on?

No

Yes

9. Is the school this child attends your first choice, that is, the school you wanted most for him/her to attend?

No

Yes

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

No

Yes

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

month (1 through 12)

12. How much do you agree or disagree with the following statement:

“This child enjoys school.”

Strongly agree

Agree

Disagree

Strongly disagree

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

Mostly A's

Mostly B's

Mostly C's

Mostly D's and lower

This child's school does not give these grades

14. Since the beginning of this school year, how many times have any of this child's teachers or school staff contacted your household about...

Write '0' if none.

Number

a. Behavior problems this child is having in school.....

b. Problems this child is having with school work.....

c. Very good behavior

d. Very good school work

14A. Since the beginning of this school year, how many days has this child been absent from school?

days

► Continue with question 15 on the next page.

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

No  **GO TO question 17**

 Yes

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

Mark 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*

17. Has this child ever had the following experiences?

Mark ONE box for each item below.

- | | No | Yes |
|---|--------------------------|--------------------------|
| | ▼ | ▼ |
| a. An out of school suspension..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An in school suspension not counting detentions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Been expelled from school..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

Mark 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

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

Mark ONE only.

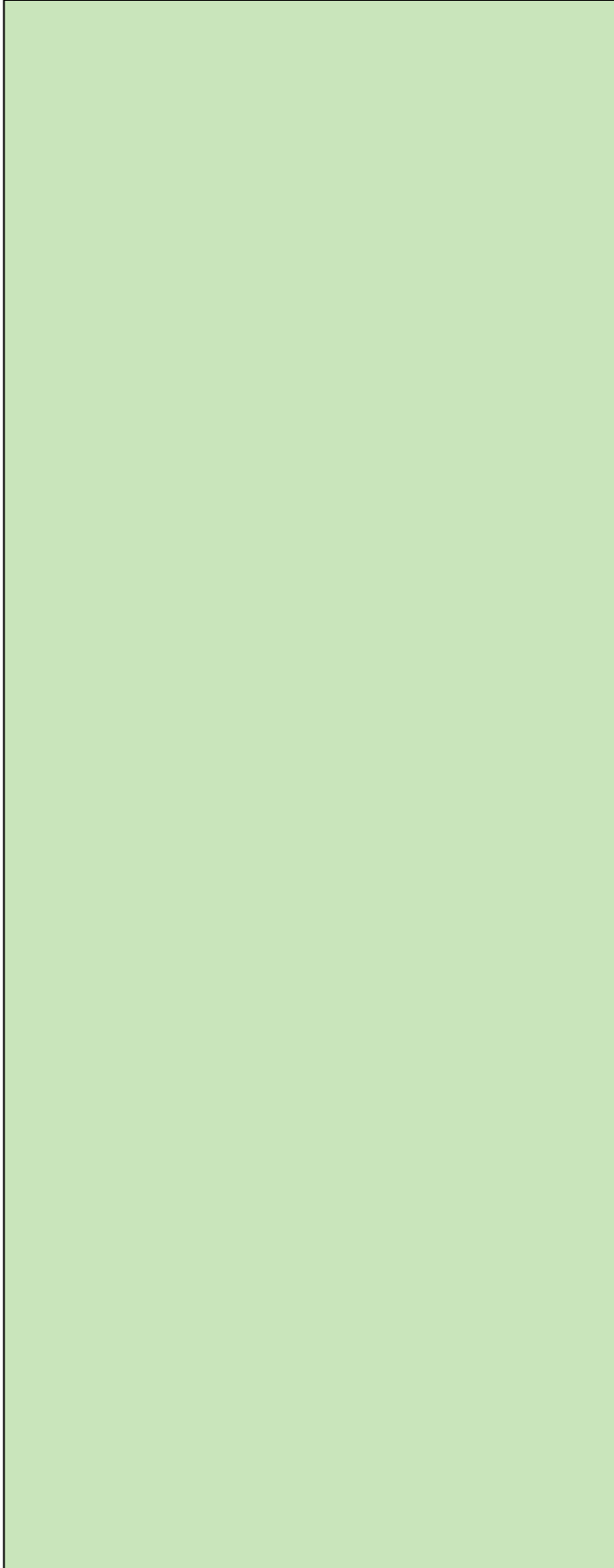
Excellent

Above average


Average

Below average

Failing



19A. Some students take school-related courses over the internet. Is this child receiving any instruction this way?

- No  **GO TO question 20**
- Yes

19B. Is that instruction provided by any of the following places?

Mark *all that apply.*

- Your local public school
- A charter school
- Another public school
- A private school
- A college, community college, or university
- Someplace else—Specify:

19C. Is there a charge or fee for that instruction?

- No
- Yes

▶ **Continue with section 2, question 20 on the next page.**

2. Families & School

20. Since the beginning of this school year, how many times has any adult in this child's household done any of the following things at this child's school?

Write '0' if none.

- | | Number |
|--|---|
| a. Attended a school or class event, such as a play, dance, sports event, or science fair..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| b. Served as a volunteer in this child's classroom or elsewhere in the school..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| c. Attended a general school meeting, for example, an open house, or a back-to-school night..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| d. Attended a meeting of the parent-teacher organization or association..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| e. Gone to a regularly scheduled parent-teacher conference with this child's teacher..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| f. Participated in fundraising for the school..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| g. Served on a school committee..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| h. Met with a guidance counselor in person..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| i. Other..... | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

Specify:

22. During this school year, has your family received any of the following:

a. Notes or emails specifically about this child from his/her teachers or school administrators?

No

Yes

b. Newsletters, memos, emails, or notices addressed to all parents?

No

Yes

c. Phone calls specifically about this child from his/her teachers or school administrators?

No

Yes

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

a. Letting you know how this child is doing in school between report cards.

Very well

Just ok

Not very well

Does not do it at all

b. Providing information about how to help this child with homework.

Very well

Just ok

Not very well

Does not do it at all

c. Providing information about why this child is placed in particular groups or classes.

- Very well
- Just ok
- Not very well
- Does not do it at all

d. Providing information on your expected role at this child's school.

- Very well
- Just ok
- Not very well
- Does not do it at all

e. Providing information on how to help this child plan for college or vocational school.

- Very well
- Just ok
- Not very well
- Does not do it at all
- Does not apply

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

a. The school this child attends this year?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

b. The teachers this child has this year?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

c. The academic standards of the school?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

d. The order and discipline at the school?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

e. The way that school staff interacts with parents?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied

Very dissatisfied

3. Homework

26. How often does this child do homework, either at home, at an after-school program, or somewhere else outside of school?

- Less than once a week
- 1 to 2 days a week
- 3 to 4 days a week
- 5 or more days a week
- Never
- Child does not have homework

GO TO section 4

27. In an average week, how many hours does this child spend on homework outside of school?

number of hours per week

28. How do you feel about the amount of homework this child is assigned?

- The amount is about right
- It's too much
- It's too little

28A. How does this child feel about the amount of homework he or she is assigned?

- The amount is about right
- It's too much
- It's too little

29. Is there a place in your home that is set aside for this child to do homework?

- No
- Yes

Child does not do homework at home

30. How often does any adult in your household check to see that this child's homework is done?

Never

Rarely

Sometimes

Always

31. During this school year, about how many days in an average week does anyone in your household help this child with his/her homework?

Less than once a week

1 to 2 days a week

3 to 4 days a week

5 or more days a week

Never

► **Continue with section 4 on the next page.**

4. Family Activities

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

Mark **ONE** box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Told him/her a story.....
(Do not include reading to this child.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Done activities like arts and crafts, 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"/> |
| d. Worked on a project like building, making, or fixing something..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Played sports, active games, or exercised together..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Discussed with him/her how to manage time..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talked with him/her about the family's history or ethnic heritage.... | <input type="checkbox"/> | <input type="checkbox"/> |

33. In the past week, how many days has your family eaten the evening meal together?

Write '0' if none.

days

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

Mark **ONE** box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| 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 5, question 35 on the next page.**

5. Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

36A. Has a health professional told you that this child has any of the following conditions?

Mark ONE box for each item below.

	No ▼	Yes ▼
a. A specific learning disability..	<input type="checkbox"/>	<input type="checkbox"/>
b. An orthopedic impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A speech or language delay..	<input type="checkbox"/>	<input type="checkbox"/>
d. A serious emotional disturbance		
e. Deafness or another hearing impairment.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. Blindness or another visual impairment not corrected with glasses.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental retardation.....	<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"/>

36B. Did you mark yes to any condition in question 36A?

No → **GO TO question 44**



Yes

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

No → **GO TO question 42**



Yes

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

Mark ONE box for each item below.

	No ▼	Yes ▼
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"/>

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

No → **GO TO question 42**



Yes

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

No

Yes

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

Very dissatisfied

Does not apply

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

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

No

Yes

43A. Does this child's condition interfere with his/her ability to do any of the following things?

Mark ONE box for each item below.

Child no longer has condition

- | | No | Yes |
|--|--------------------------|--------------------------|
| | ▼ | ▼ |
| a. Learn?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Participate in sports, clubs, or other organized activities?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attend school on a regular basis?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Make friends?..... | <input type="checkbox"/> | <input type="checkbox"/> |

► **Continue with Section 6, question 44 on the next page.**

6. Child's Background

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

month

year

45. Where was this child born?

One of the 50 United States or the District of Columbia

GO TO question 47

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

Another country

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

age

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

No

Yes

48. 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

49. For this school year, does this child usually live at this address or another address (for example because of a joint custody arrangement)?

Do not include vacation properties.

Child usually lives at this address

Child usually lives at another address

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

Mark ONE only.

English

GO TO question 87

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

Child is not able to speak

GO TO question 87

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

No

Yes

► Continue with Section 7, question 87 on the next page.

7. Child's Family

PARENT 1 LIVING IN HOUSEHOLD-

Answer questions 88 to 103 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 88 to 103 about one of this child's parents or guardians living in the household.

88. Is this parent or guardian the child's...

- Biological parent
- Adoptive parent
- Step parent
- Foster parent
- Grandparent
- Other guardian

89. Is this person male or female?

- Male
- Female

90. What is the current marital or partner status of this parent or guardian?

Mark ONE only.

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

91. What was the first language this parent or guardian learned to speak?

Mark ONE only.

- English → **GO TO question 93**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

92. What language does this person speak most at home now?

Mark ONE only.

- English → **GO TO question 93**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

92A. How difficult is it for him/her to participate in activities at this child's school because he/she speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult

92B. Does the school have interpreters who speak his/her native language for meetings or parent-teacher conferences?

- No
- Yes

92C. Does the school have written materials, such as newsletters or school notices,

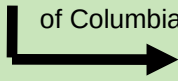
that are translated into his/her native language?

No

Yes

93. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia



GO TO question 95

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

Another country

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

--	--

age

95. Is this person of Spanish, Hispanic, or Latino origin?

No

Yes

96. What is this person'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

97. What is the highest grade or level of school that this parent or guardian completed?

Mark 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

Associate's 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)

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

No

Yes

99. Which of the following best describes this person's employment status?

Mark ONE only.

Employed for pay or income

Self employed

Unemployed or out of work



GO TO question 101

Stay at home

parent

Retired



GO TO question 102

Disabled or
unable to work

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

--	--

hours



GO TO question 102

101. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

No

Yes

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

--	--

Months

103A. How old is this person?

--	--

Age

103B. How old was this person when he or she first became a parent to any child?

--	--

Age

Don't know

PARENT 2 LIVING IN HOUSEHOLD -

Answer questions 104 to 120B about a second parent or guardian living in the household.

104. Is there a second parent or guardian living in this household?

NO →

GO TO question 121

Yes

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

Biological parent

Adoptive parent

Step parent

Foster parent

Grandparent

Other guardian

106. Is this person male or female?

Male

Female

107. What is the current marital or partner status of this parent or guardian?

Mark ONE only.

Married

In a registered domestic partnership or civil union

Living with a partner

Separated

Divorced

Widowed

Never married

108. What was the first language this parent or guardian learned to speak?

Mark ONE only.

English →

GO TO question 110

Spanish

A language other than English or

Spanish

English and Spanish equally

English and another language
equally

109. What language does this person speak most at home now?

Mark ONE only.

English →

GO TO question 110

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

109A. How difficult is it for him/her to participate in activities at this child's school because he/she speaks a language other than English?

Very difficult

Somewhat difficult

Not at all difficult

109B. Does the school have interpreters who speak his/her native language for meetings or parent-teacher conferences?

No

Yes

109C. Does the school have written materials, such as newsletters or school notices,

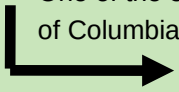
that are translated into his/her native language?

No

Yes

110. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia



GO TO question 112

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

Another country

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

age

112. Is this person of Spanish, Hispanic, or Latino origin?

No

Yes

113. What is this person'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

114. What is the highest grade or level of school that this parent or guardian 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

Associate's 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)

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

No

Yes

116. Which of the following best describes this person's employment status?

Mark [X] ONE only.

Employed for pay or income

Self employed

Unemployed or

out of work



GO TO question 118

Stay at home

parent



Retired

GO TO question 119

Disabled or
unable to work

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

hours

GO TO question 119

118. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

No

Yes

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

months

120A. How old is this person?

Age

120B. How old was this person when he or she first became a parent to any child?

Age

Don't know

8. Your Household

121A. Including yourself, how many total people live in this household?

people

121B. Other than the parents or guardians already reported, how many of the following people live in the household with this child?

Write '0' if none.

Example:

Brother(s)

This child's....	Number
Brother(s)	<input type="text"/>
Sister(s)	<input type="text"/>
Aunt(s)	<input type="text"/>
Uncle(s)	<input type="text"/>
Grandmother(s)	<input type="text"/>
Grandfather(s)	<input type="text"/>
Cousin(s)	<input type="text"/>
Parent's girlfriend/ boyfriend/ partner	<input type="text"/>
Other relative(s)	<input type="text"/>
Other nonrelative(s)	<input type="text"/>

121. How are you related to this child?

Mark ONE only.

- Mother
(birth, adoptive, step, or foster)
- Father
(birth, adoptive, step, or foster)
- Aunt
- Uncle
- Grandmother
- Grandfather
- Parent's girlfriend/ boyfriend/
partner
- Other relationship Specify:

122. What language(s) are spoken at home by the adults in this household?

Mark all that apply.

- English
- Spanish or Spanish Creole
- French (including Patois, Creole, Cajun)
- Chinese
- Other languages – Specify:

124. Is this house...

Mark ONE only.

Owned or being bought by someone in this household,

Rented by someone in this household, or

Occupied by some other arrangement?

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

No
 Yes

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

Mark ONE box for each item below.

	No ▼	Yes ▼
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"/>

127. 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

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

Write '0' if less than 1 year.

years at this address

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

No

Yes

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

No

Yes

137. Do you have a working cell phone?



GO TO question 139.

Yes



138. 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?

► Continue with Question 139 on the next page.

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

Using the list of schools below mark the box next to the school this child attends. If this child's school is not in this list, GO TO question 140.

School Name ▼	Address ▼	City ▼
<input type="checkbox"/> {SCHOOL 1 UP TO ~40 CHARACTERS}	{ADDRESS 1 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 2 UP TO ~40 CHARACTERS}	{ADDRESS 2 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 3 UP TO ~40 CHARACTERS}	{ADDRESS 3 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 4 UP TO ~40 CHARACTERS}	{ADDRESS 4 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 5 UP TO ~40 CHARACTERS}	{ADDRESS 5 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 6 UP TO ~40 CHARACTERS}	{ADDRESS 6 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 7 UP TO ~40 CHARACTERS}	{ADDRESS 7 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 8 UP TO ~40 CHARACTERS}	{ADDRESS 8 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 9 UP TO ~40 CHARACTERS}	{ADDRESS 9 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 10 UP TO ~40 CHARACTERS}	{ADDRESS 10 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 11 UP TO ~40 CHARACTERS}	{ADDRESS 11 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 12 UP TO ~40 CHARACTERS}	{ADDRESS 12 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 13 UP TO ~40 CHARACTERS}	{ADDRESS 13 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 14 UP TO ~40 CHARACTERS}	{ADDRESS 14 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 15 UP TO ~40 CHARACTERS}	{ADDRESS 15 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}



If you found and marked this child's school in the list provided in question 139 then **SKIP** this question and return your survey in the postage-paid envelope. Otherwise continue with question 140.

140. To help us identify the school this child attends, write the name and address of this child's school in the spaces below.

Please use block or capital letters for

S C H O O L

example:

a. School name

SCHOOL NAME

b. School street address

NUMBER AND STREET ADDRESS

c. School city

CITY

d. School state

STATE

e. School zip code

ZIP

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 XXXX
Rockville, MD 20850-3129**

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 and may not be disclosed, or used, in identifiable form for any other purpose except as required by law [Education Sciences Reform Act of 2002 (ESRA 2002) Public Law 107-279, Section 183].

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?

A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?

A: The Department of Education wants to understand the care and early education of children. This survey is the only way that the Department of Education can learn about the types of care and early learning activities children receive. Your responses will be combined with those from other households to inform educators, policy makers, schools and universities about changes in the condition of education in the United States. Reports from past surveys can be found at <http://surveys.nces.ed.gov/nhes/>.

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 U.S Code). 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 1850-0803. 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.

