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| The National Household Education SurveyOur Children’s Future: A Survey of Young Children’s Care and Education |

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

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| **Instructions*** In response to the survey you answered earlier, we recorded that the child/youth listed below has not yet started kindergarten. If this child is attending public or private school or is 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:

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.
 |

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 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.

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| **1. Childhood Care and Programs** |

**► Thank you for your help with the previous survey your household completed.**

**► Answer all the survey questions thinking about the child listed below:**

**► Care Your Child Receives from Relatives**

*These questions ask about different types of child care this child may now receive on a regular basis from someone other than his/her parents or guardians.*

**1. Is this child now receiving care from a relative other than a parent or guardian on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?**

* + - No

***GO TO question 17***

* + - Yes

**2. Are any of these care arrangements regularly scheduled at least once a week?**

* + - No

***GO TO question 17***

* + - Yes

**3. These next questions are about the care that this child receives from the relative who provides the most care. How is that relative related to this child?**

*Mark*  *ONE only.*

* + - Grandmother/Grandfather
		- Aunt /Uncle
		- Brother /Sister
		- Another relative

**4. How old is the relative who provides the most care to this child?**

age

**5. Is this care provided in your home or another home?**

* + - Own home
		- Other home
		- Both

**6. How many days each week does this child receive care from this relative?**

|\_\_| days each week

**7. How many hours each week does this child receive care from this relative?**

|\_\_|\_\_| hours each week

**8. How old was this child in years and months when this particular regular care arrangement with this relative began?**

|\_\_ years months

**9. What language does this relative speak most when caring for this child?**

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

**10. Will this relative care for this child when the child is…**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No▼ | Yes▼ |
| a. | Sick but does not have a fever?  |  |  |
| b. | Sick and has a fever?  |  |  |

**11. Is there any charge or fee for the care this child receives from this relative, paid either by you or some other person or agency?**

* No

***GO TO question 15***

* Yes

**12. Do any of the following people, programs, or organizations help pay for this relative to care for this child?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  No▼ | Yes▼ |
| a. | A relative of this child outside your household who provides money specifically for that care, not including general child support  |  |  |
| b. | Temporary Assistance for Needy Families, or TANF  |  |  |
| c. | Another social service, welfare, or child care agency  |  |  |
| d. | An employer, not including a tax-free spending account for child care  |  |  |
| e. | Someone else  |  |  |

**13. How much does your household pay for this relative to care for this child, not counting any money that may be received from others to help pay for care?**

*Write ‘0’ if your household does not pay this relative for care.*

$ .00

**Is that amount per…**

* + - Hour
		- Day
		- Week
		- Month
		- Year
		- Every 2 weeks
		- Other Specify:

**14. How many children from your household is this amount for, including this child?**

* + - This child only
		- 2 children
		- 3 children
		- 4 children
		- 5 or more children

**15. Does this child have any other care arrangements with a relative on a regular basis?**

* No

***GO TO question 17***

* Yes

**16. How many total hours each week does this child spend in those other care arrangements with relatives?**

|\_\_|\_ hours each week

**► Care Your Child Receives from Non-relatives**

*The next questions ask about any care this child receives from someone not related to him/her, either in your home or someone else’s home. This includes home child care providers or neighbors, but not day care centers or preschools.*

**17. Is this child now receiving care in your home or another home on a regular basis from someone who is not related to him/her?**

* + - No

***GO TO question 35***

* + - Yes

**18. Are any of these care arrangements regularly scheduled at least once a week?**

* + - No

***GO TO question 35***

* + - Yes

**19. These next questions are about the care that this child receives from someone who is not related to him/her who provides the most care.**

**Is this care provided in your own home or in another home?**

* + - Own home
		- Other home
		- Both

**20. Does this person who cares for this child live in your household?**

* + - No
		- Yes

**21. How many days each week does this child receive care from this person?**

 days each week

**22. How many hours each week does this child receive care from this person?**

 hours each week

**23. How old was this child in years and months when this particular regular care arrangement with this person began?**

 years months

**24. Was this care provider someone you already knew?**

* + - No
		- Yes

**25. Is this child’s care provider age 18 or older?**

* + - No
		- Yes

**26. What language does this care provider speak most when caring for this child?**

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

**27. Will this care provider care for this child when this child is…**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  No ▼ | Yes▼ |
| a. | Sick but does not have a fever?  |  |  |
| b. | Sick and has a fever?  |  |  |

**28. Would you recommend this care provider to another parent?**

* + - No
		- Yes

**29. Is there any charge or fee for the care this child receives from this care provider, paid either by you or some other person or agency?**

* No

***GO TO question 33***

* Yes

**30. Do any of the following people, programs, or organizations help pay for this person to care for this child?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  No▼ | Yes▼ |
| a. | A relative of this child outside your household who provides money specifically for that care, not including general child support  |  |  |
| b. | Temporary Assistance for Needy Families, or TANF  |  |  |
| c. | Another social service, welfare, or child care agency  |  |  |
| d. | An employer, not including a tax-free spending account for child care  |  |  |
| e. | Someone else  |  |  |

**31. How much does your household pay for this person to care for this child, not counting any money that may be received from others to help pay for care?**

*Write ‘0’ if your household does not pay this non-relative for care.*

$ .00

**Is that amount per…**

* + - Hour
		- Day
		- Week
		- Month
		- Year
		- Every 2 weeks
		- Other Specify:

**32. How many children from your household is this amount for, including this child?**

* + - This child only
		- 2 children
		- 3 children
		- 4 children
		- 5 or more children

**33. Does this child have any other home-based care arrangements on a regular basis with someone who is not a relative? Do not include arrangements at day care centers or preschools.**

* + - No

***GO TO question 35***

* + - Yes

**34. How many total hours each week does this child spend in those other care arrangements with non-relatives?**

 hours each week

**► Day Care Centers and Preschool Programs Your Child Attends**

 *The next questions ask about any day care centers and early childhood programs that this child attends. This does not include care provided in a private home.*

*.*

**35. Is this child now attending a day care center, preschool, or prekindergarten not in a private home?**

* + - No

***GO TO question 54***

* + - Yes

**36. Does this child go to a day care center, preschool, or prekindergarten, at least once each week?**

* + - No

***GO TO question 54***

* + - Yes

**37. The next questions ask about the program where this child spends the most time.**

 **Is this child’s current program a day care program, a preschool program, or a prekindergarten program?**

* + - Day care
		- Preschool
		- Prekindergarten

**38. Is this program a Head Start or Early Head Start program?**

 *Head Start and Early Head Start are federally sponsored preschool programs primarily for children from low-income families.*

* + - No
		- Yes
		- Don’t know

**39. Where is this program located?**

*Mark*  *ONE only.*

* + - In a church, synagogue, or other place of worship
		- In a public elementary or secondary school
		- In a private elementary or secondary school
		- At a college or university
		- At a community center
		- At a public library
		- In its own building, office space, or storefront
		- Some other place

Specify:

**40. Is this program run by a church, synagogue, or other religious group?**

* + - No
		- Yes

**41. Is this program located at your workplace or this child’s other parent’s workplace?**

* + - No
		- Yes

**42. How many days each week does this child go to this program?**

 days each week

**43. How many hours each week does this child go to this program?**

 hours each week

**44. How old was this child in years and months when he/she started going to this particular program?**

 years months

**45. What language does this child’s main care provider or teacher at this program speak most when caring for this child?**

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

**46. Would you recommend this program to another parent?**

* + - No
		- Yes

**47. Does this program provide any of the following services to this child or your family?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  No▼ | Yes▼ |
| a. | Hearing, speech, or vision testing  |  |  |
| b. | Physical examinations  |  |  |
| c. | Dental examinations  |  |  |
| d. | Formal testing for developmental or learning problems  |  |  |
| e. | Sick child care when this child is sick but does not have a fever  |  |  |
| f. | Sick child care when this child is sick and has a fever  |  |  |

**48. Is there any charge or fee for this program, paid either by you or some other person or agency?**

* No

***GO TO question 52***

* Yes

**49. Do any of the following people, programs, or organizations help pay for this child to go to this program?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No▼ | Yes▼ |
| a. | A relative of this child outside your household who provides money specifically for that care, not including general child support  |  |  |
| b. | Temporary Assistance for Needy Families, or TANF  |  |  |
| c. | Another social service, welfare, or child care agency  |  |  |
| d. | An employer, not including a tax-free spending account for child care  |  |  |
| e. | Someone else  |  |  |

**50. How much does your household pay for this child to go to this program, not counting any money that you may receive from others to help pay for care?**

*Write ‘0’ if your household does not pay for this program.*

$ .00

**Is that amount per…**

* + - Hour
		- Day
		- Week
		- Month
		- Year
		- Every 2 weeks
		- Other Specify:

**51. How many children from your household is this amount for, including this child?**

* + - This child only
		- 2 children
		- 3 children
		- 4 children
		- 5 or more children

**52. Does this child have any other care arrangements at a day care center or preschool on a regular basis?**

* No

***GO TO question 54***

* Yes

**53. How many total hours each week does this child spend at those day care centers or preschools?**

 hours each week

**► Continue with section 2.**

|  |
| --- |
| **2. Finding and Choosing Care for Your Child** |

**54. Has this child ever attended a Head Start or Early Head Start program?**

 *Head Start and Early Head Start are federally sponsored preschool programs primarily for children from low-income families.*

* + - No
		- Yes
		- Don’t know

**55. What is the main reason your household wanted a care program for this child in the past year?**

*Mark ONE box.*

* + - To provide care when a parent was at work or school
		- To prepare child for school
		- To provide cultural or language learning
		- To make time for running errands or relaxing
		- Some other reason
		- Did not have care in the past year

**56. Do you feel there are good choices for child care or early childhood programs where you live?**

* + - No
		- Yes
		- Don’t know

**57. How much difficulty did you have finding the type of child care or early childhood program you wanted for this child?**

* + - Have not tried

***GO TO question 59***

to find care

* + - Did not find the child care program you wanted
		- A lot of difficulty
		- Some difficulty
		- A little difficulty
		- No difficulty

**58. How important was each of these reasons when you chose the child care arrangement or program where this child spends the most time?**

**a. The location of the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**b. The cost of the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**c. The reliability of the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**d. The learning activities at the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**e. The child spending time with other kids his/her age?**

* Not at all important
* A little important
* Somewhat important
* Very important

**f. The times during the day that this caregiver is able to provide care?**

* Not at all important
* A little important
* Somewhat important
* Very important

**g. The number of other children in the child’s care group?**

* Not at all important
* A little important
* Somewhat important
* Very important

**► Continue with section 3, question 59 on the next page.**

|  |
| --- |
| **3. Family Activities** |

 *The next questions ask about this child’s activities with family members in the past week*

*or month.*

**59. About how many books does this child have of his/her own, including those shared with brothers or sisters?**

 number of books

**60. How many times have you or someone in your family read to this child in the past week?**

* + - Not at all

***GO TO question 62***

* + - times

**61. About how many minutes on each of those times did you or someone in your family read to this child?**

 minutes

**62. In the past week, how many times has anyone in your family done the following things with this child?**

**a. Told this child a story? (Do not include reading to this child.)**

* Not at all
* 1 or 2 times
* 3 or more times

**b. Taught this child letters, words, or numbers?**

* Not at all
* 1 or 2 times
* 3 or more times

**c. Sang songs with this child?**

* Not at all
* 1 or 2 times
* 3 or more times

**d. Worked on arts and crafts with this child?**

* Not at all
* 1 or 2 times
* 3 or more times

**63. In the past month, have you or someone in your family visited a library with this child?**

* + - No
		- Yes

**64. In the past month, have you or someone in your family visited a bookstore with this child?**

* + - No
		- Yes

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

 *Write ‘0’ if none.*

days

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

|  |
| --- |
| **4. Things Your Child May be Learning** |

 *These next questions ask about things that different children do at different ages. These things may or may not be true for this child.*

**66. Is this child under 2 years old or is he/she 2 years old or older?**

* + - Under 2 years

***GO TO question 74***

* + - 2 years or older

**67. Can this child identify the colors red, yellow, blue, and green by name?**

* + - No
		- Yes, some of them
		- Yes, all of them

**68. Can this child recognize the letters of the alphabet?**

* + - No
		- Yes, some of them
		- Yes, most of them
		- Yes, all of them

**69. How high can this child count?**

* + - This child cannot count
		- Up to 5
		- Up to 10
		- Up to 20
		- Up to 50
		- Up to 100 or more

**70. Can this child write his/her first name, even if some of the letters are backwards?**

* + - No
		- Yes

**71. Does this child ever read or pretend to read storybooks on his/her own?**

* + - No

***GO TO question 74***

* + - Yes

**72. Does this child actually read the words written in the book, or does he/she look at the book and pretend to read?**

* + - Pretends to read
		- Actually reads the written

***GO TO question 74***

words

* + - Does both

**73. When this child pretends to read a book, does it sound like a connected story, or does he/she tell what is in each picture without much connection between them?**

* + - Sounds like connected story
		- Tells what’s in each picture
		- Does both
		- Does neither

**► Continue with section 5, question 74 on the next page.**

|  |
| --- |
| **5. This Child’s Health** |

**74. In general, how would you describe this child’s health?**

* Excellent
* Very good
* Good
* Fair
* Poor

**75.Has a health, education, or early intervention 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  |  |  |
| b. | An orthopedic impairment  |  |  |
| c. | A speech or language impairment  |  |  |
| d. | A serious emotional disturbance  |  |  |
| e. | Deafness or another hearing impairment  |  |  |
| f. | Blindness or another visual impairment not corrected with glasses  |  |  |
| g. | Intellectual disabilities  |  |  |
| h. | Autism  |  |  |
| i. | Pervasive Developmental Disorder (PDD)  |  |  |
| j. | Attention deficit disorder, ADD or ADHD  |  |  |
| k. | Developmental delays  |  |  |
| l. | Traumatic brain injury  |  |  |
| m. | Infant or toddler under 3 years old is “at-risk” for substantial developmental delay  |  |  |
| n. | Another health impairment lasting 6 months or more  |  |  |

**76. Did you mark yes to any condition in question 75?**

* No

***GO TO question 84***

* Yes

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

* No

***GO TO question 82***

* Yes

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No▼ | Yes▼ |
| a. | Your local school district  |  |  |
| b. | A state or local health or social service agency  |  |  |
| c. | A doctor, clinic, or other health care provider  |  |  |

**79. Are any of these services provided through an Individualized Family Service Plan (IFSP) or an Individualized Educational Program (IEP)?**

* No

***GO TO question 82***

* Yes

**80. Did any adult in your household work with the service provider or school to develop or change this child’s IFSP or IEP?**

* No
* Yes

**81. Since September, to what extent have you been satisfied or dissatisfied with the following aspects of this child’s IFSP or 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

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

* No
* Yes

**83. 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?................................... …. |  |  |
| b. | Participate in play with other children?.................................... |  |  |
| c. | Go on outings?.......................... |  |  |
| d. | Make friends?............................ |  |  |

**► Continue with section 6, question 84 on the next page.**

|  |
| --- |
| **6. Child’s Background** |

**84. In what month and year was this child born?**

 month year

**85. Where was this child born?**

* One of the 50 United States or the District of Columbia

***GO TO question 87***

* One of the U.S. territories

(*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

* Another country

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

age

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

* No
* Yes

**88. 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

**89. Since September, has this child usually lived at this address or another address (for example, because of a joint custody arrangement)?**

*Do not include vacation properties.*

* Child usually lived at this address
* Child usually lived at another address

**90. What language does this child speak most at home?**

 *Mark*  *ONE only.*

* Child has not

***GO TO Section 7***

started to speak

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

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

* No
* Yes

**► Continue with section 7 on the next page.**

|  |
| --- |
| **7. Child’s Family** |

**PARENT 1 LIVING IN HOUSEHOLD**

*Answer questions 92 to 108 about yourself if you are the child’s parent or guardian.*

*If you are not the child’s parent or guardian, answer questions 92 to 108 about one of this child’s parents or guardians living in the household.*

**92. Is this parent or guardian the child’s…**

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

**93. Is this person male or female?**

* Male
* Female

**94. 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

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

*Mark*  *ONE only.*

* English

***GO TO question 97***

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

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

*Mark*  *ONE only.*

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

**97. Where was this parent or guardian born?**

* One of the 50 United States or the District of Columbia

***GO TO question 99***

* One of the U.S. territories

(*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

* Another country

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

|  |  |
| --- | --- |
|  |  |

age

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

* No
* Yes

**100. 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

**101. 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)

**102. 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

**103. Which of the following best describes this person’s employment status?**

*Mark ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 105***

out of work

* Stay at home

parent

* Retired

***GO TO question 106***

* Disabled or

unable to work

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

***GO TO question 106***

 hours

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

* No
* Yes

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

 Months

**107. How old is this person?**

 Age

**108. 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 109 to 126 about a second parent or guardian living in the household.*

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

* No

***GO TO question 127***

* Yes

**110. Is this person the child’s…**

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

**111. Is this person male or female?**

* Male
* Female

**112.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

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

*Mark*  *ONE only.*

* English

***GO TO question 115***

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

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

*Mark*  *ONE only.*

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

**115. Where was this parent or guardian born?**

* One of the 50 United States or the District of Columbia

***GO TO question 117***

* One of the U.S. territories

(*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

* Another country

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

|  |  |
| --- | --- |
|  |  |

age

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

* No
* Yes

**118. 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

**119. 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)

**120. 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

**121. Which of the following best describes this person’s employment status?**

*Mark*   *ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 123***

out of work

* Stay at home

parent

* Retired

***GO TO question 124***

* Disabled or

unable to work

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

***GO TO question 124***

 hours

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

* No
* Yes

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

 months

**125. How old is this person?**

 Age

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

 Age

* **Don’t know**

|  |
| --- |
| **8. Your Household** |

**127. Including yourself, how many total people live in this household?**

people

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

*Example: Brother(s)*

**2**

 *Write ‘0’ if none.*

|  |  |
| --- | --- |
| This child’s…. | *Number* |
| Brother(s) |  |
| Sister(s) |  |
| Aunt(s) |  |
| Uncle(s) |  |
| Grandmother(s) |  |
| Grandfather(s) |  |
| Cousin(s) |  |
| Parent’s girlfriend/ boyfriend/ partner |  |
| Other relative(s) |  |
| Other non-relative(s) |  |

**129. 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:

**130. 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:

► **Continue with question 131 on the next page.**

**131. 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  |  |  |
| b. | Your state welfare or family assistance program  |  |  |
| c. | Women, Infants, and Children, or WIC  |  |  |
| d. | Food Stamps  |  |  |
| e. | Medicaid  |  |  |
| f. | Child Health Insurance Program (CHIP)  |  |  |
| g. | Section 8 Housing assistance  |  |  |

**132. 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

**133. How many years have you lived at this address?**

*Write ‘0’ if less than 1 year.*

 years at this address

**134.** **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?

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

**138. Do you have a working cell phone?**

* No
* Yes

**139. 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
* all or almost all calls received on regular 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 RC B16**

**Rockville, MD 20850-9973**

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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 U.S. Code).

**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 www.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 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 NHES@westat.com.

**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.