OMB No. XXXX-XXXX Approval Expires XX/XX/XXXX

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| --- |
| 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

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| --- |
| **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. |

We are authorized to collect this information by Section 9543, 20 U.S. 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 U.S. 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.

|  |
| --- |
| **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)

**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

***GO TO question 6***

but not Catholic

* Private, not religious
* Public school

**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. Does your public school district let you choose which public school you want this child to attend?**

*This may include applying to a magnet program in a public school, transferring to another public school within the district, or transferring to a public school outside of the district.*

* No
* Yes
* Don’t know

**8. Did you consider other schools for this child?**

* No

***GO TO question 11***

* Yes

**9. 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

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

* No
* Yes

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

* No
* Yes

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

month (1 through 12)

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

**“This child enjoys school.”**

* Strongly agree
* Agree
* Disagree
* Strongly disagree

**14. 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 or lower
* This child’s school does not give these grades

**15. 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 |  |

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

days

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

* No

***GO TO question 18***

* Yes

**18. 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*

► **Continue with question 19 on the next page.**

**19. Has this child ever had the following experiences?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | An out of school suspension |  |  |
| b. | An in school suspension not counting detentions |  |  |
| c. | Been expelled from school |  |  |

**20. 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

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

*Mark*  *ONE only.*

* Excellent
* Above average
* Average
* Below average
* Failing

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

* No

***GO TO question 25***

* Yes

**23. 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:

**24. Is there a charge or fee for that instruction?**

* + - No
    - Yes

► **Continue with section 2, question 25 on the next page.**

**2. Families & School**

**25. 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 |  |  |
| b. | Served as a volunteer in this child’s classroom or elsewhere in the school. |  |  |
| c. | Attended a general school meeting, for example, an open house, or a back-to-school night. |  |  |
| d. | Attended a meeting of the parent-teacher organization or association. |  |  |
| e. | Gone to a regularly scheduled parent-teacher conference with this child’s teacher. |  |  |
| f. | Participated in fundraising for the school. |  |  |
| g. | Served on a school committee……………………… |  |  |
| h. | Met with a guidance counselor in person. |  |  |
| i. | Other.  Specify: |  |  |

**26. 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

**27. 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 okay
* Not very well
* Does not do it at all

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

* Very well
* Just okay
* 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 okay
* Not very well
* Does not do it at all

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

* Very well
* Just okay
* 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 okay
* Not very well
* Does not do it at all
* Does not apply

**28. 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**

**29. 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

***GO TO section 4***

* Child does not

have homework

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

number of hours per week

**31. 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

**32. 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

**33. 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

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

* Never
* Rarely
* Sometimes
* Always

**35. 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**

**36. 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.) | |  | |  | |
| b. | Done activities like arts and crafts, coloring, painting, pasting, or using clay | |  | |  | |
| c. | Played board games or did puzzles with him/her | |  | |  | |
| d. | Worked on a project like building, making, or fixing something…….. |  | |  | |
| e. | Played sports, active games, or exercised together |  | |  | |
| f. | Discussed with him/her how to manage time |  | |  | |
| g. | Talked with him/her about the family’s history or ethnic heritage |  | |  | |

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

*Write ‘0’ if none.*

days

**38. 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 |  |  | | b. | Visited a bookstore |  |  | | c. | Gone to a play, concert, or other live show |  |  | | d. | Visited an art gallery, museum, or historical site |  |  | | e. | Visited a zoo or aquarium |  |  | | f. | Attended an event sponsored by a community, religious, or ethnic group |  |  | | g. | Attended an athletic or sporting event outside of school in which this child was not a player |  |  | |  | |  | |  | |

► **Continue with section 5, question 39 on the next page.**

**5. Child’s Health**

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

* Excellent
* Very good
* Good
* Fair
* Poor

**40. Has a health or education 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 intellectual disability |  |  |
| 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. | An orthopedic impairment |  |  |
| h. | Autism |  |  |
| i. | Pervasive Developmental Disorder (PDD) |  |  |
| j. | Attention deficit disorder, ADD or ADHD |  |  |
| k. | A developmental delay |  |  |
| l. | Traumatic brain injury |  |  |
| m. | Another health impairment lasting 6 months or more |  |  |

**41. Did you mark yes to any condition in question 39?**

* No

***GO TO question 48***

* Yes

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

* No

***GO TO question 46***

* Yes

**43. 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 |  |  |

**44. Are any of these services provided through an Individualized Educational Program (IEP)?**

* No

***GO TO question 47***

* Yes

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

* No
* Yes

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

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

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**b. The child’s special needs teacher or therapist?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**c. The service provider’s or school’s ability to accommodate this 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 this child learn?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

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

* No
* Yes

**48. 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 sports, clubs, or other organized activities?......... |  |  |
| c. | Attend school on a regular basis?........................................ |  |  |
| d. | Make friends?............................ |  |  |

► **Continue with Section 6, question 49 on the next page.**

**6. Child’s Background**

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

month year

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

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

***GO TO question 52***

* One of the U.S. territories

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

* Another country

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

age

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

* No
* Yes

**53. 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

**54. 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

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

*Mark*  *ONE only.*

* Child is not able to speak

***GO TO Section 7***

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

**56. 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 57 to 76 about yourself if you are the child’s parent or guardian.*

*If you are not the child’s parent or guardian, answer questions 57 to 76 about one of this child’s parents or guardians living in the household.*

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

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

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

* Male
* Female

**59. 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

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

*Mark*  *ONE only.*

* English

***GO TO question 65***

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

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

*Mark*  *ONE only.*

* English

***GO TO question 65***

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

**62. How difficult is it for this person 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

**63. Does the school have interpreters who speak this person’s native language for meetings or parent-teacher conferences?**

* No
* Yes

**64. Does the school have written materials, such as newsletters or school notices, that are translated into this person’s native language?**

* No
* Yes

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

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

***GO TO question 66***

* One of the U.S. territories

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

* Another country

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

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

age

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

* No
* Yes

**68. 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

**69. 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)

**70. 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

**71. 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 73***

out of work

* Stay at home

parent

* Retired

***GO TO question 74***

* Disabled or

unable to work

**72. (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 74***

hours

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

* No
* Yes

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

months

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

age

**76. 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 77 to 97 about a second parent or guardian living in the household.*

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

* No

***GO TO question 98***

* Yes

**78. Is this person the child’s…**

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

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

* Male
* Female

**80. 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

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

*Mark*  *ONE only.*

* English

***GO TO question 85***

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

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

*Mark*  *ONE only.*

* English

***GO TO question 85***

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

**83. How difficult is it for this person 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

**84. Does the school have interpreters who speak this person’s native language for meetings or parent-teacher conferences?**

* No
* Yes

**85. Does the school have written materials, such as newsletters or school notices, that are translated into this person’s native language?**

* No
* Yes

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

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

***GO TO question 88***

* One of the U.S. territories

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

* Another country

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

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

age

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

* No
* Yes

**89. 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

► **Continue with question 90 on the next page.**

**90. 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)

**91. 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

**92. 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 94***

out of work

* Stay at home

parent

* Retired

***GO TO question 95***

* Disabled or

unable to work

**93. (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 95***

hours

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

* No
* Yes

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

months

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

age

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

age

* **Don’t know**

► **Continue with Section 8, question 98 on the next page.**

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

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

people

**99. 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) |  |
|  |  |

**100. 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:

**101. 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 102 on the next page.**

**102. 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 |  |  |

**103.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

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

*Write ‘0’ if less than 1 year.*

years at this address

**105.** **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?

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

**110. 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?

**111. 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 112.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School Name**  **▼** | **Address**  **▼** | **City**  **▼** |
|  | {SCHOOL 1 UP TO ~40 CHARACTERS} | {ADDRESS 1 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 2 UP TO ~40 CHARACTERS} | {ADDRESS 2 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 3 UP TO ~40 CHARACTERS} | {ADDRESS 3 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 4 UP TO ~40 CHARACTERS} | {ADDRESS 4 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 5 UP TO ~40 CHARACTERS} | {ADDRESS 5 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 6 UP TO ~40 CHARACTERS} | {ADDRESS 6 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 7 UP TO ~40 CHARACTERS} | {ADDRESS 7 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 8 UP TO ~40 CHARACTERS} | {ADDRESS 8 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 9 UP TO ~40 CHARACTERS} | {ADDRESS 9 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 10 UP TO ~40 CHARACTERS} | {ADDRESS 10 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 11 UP TO ~40 CHARACTERS} | {ADDRESS 11 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 12 UP TO ~40 CHARACTERS} | {ADDRESS 12 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 13 UP TO ~40 CHARACTERS} | {ADDRESS 13 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 14 UP TO ~40 CHARACTERS} | {ADDRESS 14 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {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 111, then SKIP this question and return your survey in the postage-paid envelope. Otherwise, continue with question 112.** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | **C** | **H** | **O** | **O** | **L** |  |  |

*Please use block or capital letters for example:*

**a. School name**

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

*SCHOOL NAME*

**b. School street address**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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*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 RC B16**

**Rockville, MD 20850-3129**

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**Commonly Asked Questions**

**Q: How did you get my address?**

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

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

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

**Q: How will the information I provide be used?**

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 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 condition of education in the United States. This survey is the only way that the Department of Education can learn about schooling from your perspective. 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.