

2009 National Household Education Surveys

Parent and Family Involvement in Education Survey

For parents of children enrolled in school

Revised August 27, 2010

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:

{SAMPLED CHILD}

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 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.

1. Child's Schooling

Twelfth grade - *senior*

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

{SAMPLED CHILD}

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

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

Mark [X] ONE only.

Child has not yet started kindergarten



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

Kindergarten – Including Transitional K and Pre-first grade

Full-day kindergarten

Partial-day kindergarten

Elementary through Middle school

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*



If the child is enrolled in 9th grade or higher (high school) answer question 2. Otherwise GO TO question 3.

2. (If enrolled in 9th – 12th grade) Is he/she currently enrolled in advanced placement classes?

Yes

No

3. What type of school does this child attend?

Private, Catholic

Private, religious
but not Catholic

Private, not religious

} **GO TO question 6.**



Public school

4. Is it his/her regularly assigned school?

Yes

No

5. Is this school a charter school?

Yes

No

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

Yes

No

7. Did you consider other schools for this child?

Yes

No → **GO TO question 9.**

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?

Yes

No

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

Yes

No

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

Yes → **GO TO question 12.**

No

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 his/her school contacted any adult in your household about each of the following:

Write ‘0’ if none.

Number

a. Any behavior problems this child is having in school.....

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

b. Any problems this child is having with school work.....

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

c. Anything this child is doing particularly well or better in school

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

► 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 [X] 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 [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|---|--------------------------|--------------------------|
| 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 [X] 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 [X] ONE only.

Excellent

Above average

Average

Below average

Failing

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

2. Families & School

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

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|--|--------------------------|--------------------------|
| a. Attended a school or class event, such as a play, dance, sports event, or science fair. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Served as a volunteer in this child's classroom or elsewhere in the school. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attended a general school meeting, for example, an open house, or a back-to-school night..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attended a meeting of the parent-teacher organization or association..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Gone to a regularly scheduled parent-teacher conference with this child's teacher..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Participated in fundraising for the school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Served on a school committee..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Met with a guidance counselor in person..... | <input type="checkbox"/> | <input type="checkbox"/> |

21. During this school year, how many times has any adult in the household gone to meetings or participated in activities at this child's school?

|_|_| number of times

22. During this school year, have you received any of the following:

- a. Notes or emails specifically about this child from his/her teachers or school administrators?
 - Yes
 - No
- b. Newsletters, memos or notices addressed to all parents?
 - Yes
 - No
- c. Phone calls specifically about this child from her/his teachers or school administrators?
 - Yes
 - No

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 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

! **If the child is enrolled in 9th grade or higher (high school) answer question 24. Otherwise GO TO question 25.**

24. (If enrolled in 9th – 12th grade) How well has this child's school been doing at providing information on how to help him/her plan for college or vocational school?

- Does it very well
- Just okay
- 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

► Continue with section 3, question 26 on the next page.

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

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

- Yes
- No
- Child does not do homework at home

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

- Yes
- No

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

If this child is in kindergarten, 1st, 2nd, 3rd, 4th, or 5th grade continue with question 32. If he/she is in any other grade GO TO question 33.

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

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|---|--------------------------|--------------------------|
| a. Told him/her a story..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Done activities like coloring, painting, pasting, or using clay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Played board games or did puzzles with him/her..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|--|--------------------------|--------------------------|
| a. Worked on a project with him/her like arts and crafts, building, making, or fixing something..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Played sports, active games, or exercised together..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Discussed with him/her how to manage time..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talked with him/her about the family's history or ethnic heritage.... | <input type="checkbox"/> | <input type="checkbox"/> |

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

Mark [X] ONE box for each item below.

- | | Yes
▼ | No
▼ |
|---|--------------------------|--------------------------|
| a. Visited a library..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visited a bookstore..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gone to a play, concert, or other live show..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visited an art gallery, museum, or historical site..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Visited a zoo or aquarium..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Attended an event sponsored by a community, religious, or ethnic group..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Attended an athletic or sporting event outside of school in which this child was not a player..... | <input type="checkbox"/> | <input type="checkbox"/> |

► 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

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

Mark [X] ONE box for each item below.

| | Yes ▼ | No ▼ |
|---|--------------------------|--------------------------|
| a. A specific learning disability..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mental retardation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A speech or language delay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A serious emotional disturbance... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Pervasive Developmental Disorder or PDD..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> |

! If you marked yes for any condition in question 36, continue with question 37. If you marked no for all conditions, then GO TO question 44, the next section.

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

- Yes
- No **→ GO TO question 42.**

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

Mark [X] ONE box for each item below.

| | Yes ▼ | No ▼ |
|--|--------------------------|--------------------------|
| a. Your local school district..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A state or local health or social service agency..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A doctor, clinic, or other health care provider..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Yes
- No **→ GO TO question 42.**

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

- Yes
- No

41. 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 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

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

- Yes
- No

43. Does this child's condition affect his/her ability to learn?

- Yes
- No

► **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?

Yes

No

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 the current school year, does this child usually live at another address, for example, because of a joint custody arrangement?

Do not include vacation properties.

Yes

No

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

Mark [X] ONE only.

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

Child is not able to speak

!
If you marked 'English' or 'Child is not able to speak' in question 50, GO TO question 52. Otherwise, continue with question 51.

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

Yes

No

▶ **Continue with Section 7, question 52 on the next page.**

7. Child's Mother or Female Guardian

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

No → **GO TO question 71.**

Yes

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

Birth mother,

Adoptive mother,

Stepmother,

Foster mother,

Grandmother, or

Other female guardian?

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

age

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

Mark [X] ONE only.

Married

Living with a partner

Separated

Divorced

Widowed

Never married

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

Mark [X] ONE only.

English → **GO TO question 61.**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

Mark [X] ONE only.

English → **GO TO question 61.**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

Very difficult

Somewhat difficult

Not at all difficult

59. Does the school have interpreters who speak her native language for meetings or parent-teacher conferences?

Yes

No

60. Does the school have written materials, such as newsletters or school notices, that are translated into her native language?

- Yes
- No

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

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



GO TO question 63.

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

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

__|__|
age

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

- Yes
- No

64. What is her 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

65. What is the highest grade or level of school that she completed?

[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)

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

- Yes
- No

► Continue with question 67 on the next page.

67. Which of the following best describes her employment status?

► Continue with section 8, question 71 on the next page.

Mark [X] ONE only.

Employed for pay or income

Self-employed

Unemployed or

out of work **GO TO question 69.**

Stay a home

mother **GO TO question 70.**

Retired **GO TO question 70.**

Disabled or unable to work **GO TO question 70.**

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

GO TO question 70.

hours

69. (If unemployed or out of work) Has she been actively looking for work in the past 4 weeks?

Yes

No

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

months

months

8. Child's Father or Male Guardian

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

No → **GO TO question 89.**

Yes

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

Birth father,

Adoptive father,

Stepfather,

Foster father,

Grandfather, or

Other male guardian?

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

Mark [X] ONE only.

Married

Living with a partner

Separated

Divorced

Widowed

Never married

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

Mark [X] ONE only.

English → **GO TO question 79.**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

Mark [X] ONE only.

English → **GO TO question 79.**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

Very difficult

Somewhat difficult

Not at all difficult

77. Does the school have interpreters who speak his native language for meetings or parent-teacher conferences?

Yes

No

78. Does the school have written materials, such as newsletters or school notices, that are translated into his native language?

Yes

No

► Continue with question 79 on the next page.

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

One of the 50 United States or the District of Columbia

GO TO question 81.

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

Another country

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

age

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

Yes

No

82. What is his 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

83. What is the highest grade or level of school that he 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)

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

Yes

No

► **Continue with question 85 on the next page.**

85. Which of the following best describes his employment status?

Mark [X] ONE only.

- Employed for pay or income
- Self-employed
- Unemployed or out of work **➔ GO TO question 87.**
- Stay at home father **➔ GO TO question 88.**
- Retired **➔ GO TO question 88**
- Disabled or unable to work **➔ GO TO question 88.**

► Continue with section 9, question 89 on the next page.

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

____ **➔ GO TO question 88.**
hours

87. (If unemployed or out of work) Has he been actively looking for work in the past 4 weeks?

- Yes
- No

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

months

9. Your Household

89. Please mark **all** of the people who live in the household with this child, **including** yourself and those you have already been asked about.

Mark [X] all that apply.

- Mother – birth, adoptive, step, or foster
- Father – birth, adoptive, step, or foster
- Brother – full, half, adoptive, step, or foster
- Sister – full, half, adoptive, step, or foster
- Aunt
- Uncle
- Grandmother
- Grandfather
- Cousin
- Other relative
- Same sex parent
- Girlfriend or partner of this child's parent or guardian
- Boyfriend or partner of this child's parent or guardian
- Other non-relatives

90. How many females live in this household?

|_|_| number of females

91. How many males live in this household?

|_|_| number of males

92. Of everyone in this household, how many are age 20 or younger?

Include the child selected for this survey.

Do not include those living in college housing.

|_|_| number age 20 or younger

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

Mark [X] all that apply.

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

94. Is this house...

Mark [X] ONE only.

- Owned or being bought by someone in this household,
- Rented by someone in this household, or
- Occupied by some other arrangement?

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

- Yes
- No

► Continue with question 96 on the next page.

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

► Continue with section 10 on the next page.

Mark [X] ONE box for each item below.

| | Yes ▼ | No ▼ |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 Housing assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |

97. 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

10. Questions about You

These questions are about the adult that filled in this survey. Your responses to these questions will help describe the homes children live in.

98. How are you related to this child?

Mark [X] ONE only.

- Mother/Father
(birth, adoptive, step, or foster)
- Aunt/Uncle
- Grandparent
- Girlfriend/Boyfriend of this child's parent or guardian
- Other relationship – specify: 

99. Are you male or female?

- Male
- Female

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

Write '0' if less than 1 year.

|_|_| years at this address

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

- Yes
- No

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

- Yes
- No

103. Do you have a working cell phone?

Yes

No

104. 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?

► **Continue with question 105 on the next page.**

105. 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 [X] the box next to the school this child attends. If this child's school is not in this list, GO TO question 106.

| | <u>School Name</u> ▼ | <u>Address</u> ▼ | <u>City</u> ▼ |
|--------------------------|----------------------------------|-----------------------------------|----------------------|
| <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.} |

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: 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: 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 US Code).

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 US 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.