

The National Household Education Survey

A Survey About Homeschooling in America



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



Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below is currently homeschooled for at least some classes. If this child attends public or private school instead of homeschooling, or is not 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.
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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 Homeschooling

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

1. Who is the person that mainly provides this child's home instruction?

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

↳ Who is that? _____

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

- No
- Yes

3. Is any of this child's instruction provided by a local homeschooling group or co-op?

- No
- Yes

4. Does this child attend a public or private school or a college or university for instruction?

- No → **GO TO question 7**
- Yes

5. What type of school(s) does this child attend?

Mark all that apply.

- Public school (K-12)
- Private school (K-12)
- College, community college, or university

6. How many hours each week does this child usually go to a school for instruction? Do not include time spent in extracurricular activities.

hours

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

Mark ONE only.

Kindergarten

Grade (1 through 12)

8. These next questions ask you to **estimate** the amount of time you homeschool this child.

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

days each week

B. About how many total hours **each week** is he/she homeschooled?

hours per week

9. Since September, has this child participated in activities with other children who are homeschooled?

No

Yes

10. Which of the following statements best describes the teaching style used to homeschool this child?

Mark ONE only.

We strictly follow a formal curriculum.

We mostly follow a formal curriculum, but also use informal learning (i.e. child-led learning, "teaching moments").


We mostly use informal learning, but sometimes use a formal curriculum.

We always use informal learning, and never follow a formal curriculum.

11. Thinking about sources of curriculum or books you use to homeschool this child, please tell us about **all** the sources that apply to you.

Since September, have you used materials from...

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. A public library?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A homeschooling catalog, publisher, or individual who specializes in homeschooling materials?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another educational publisher?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A homeschooling organization?.... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A church, synagogue, or other religious organization?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your local public school or school district?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. A private school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. A bookstore or other store (including online)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Websites, excluding retailers?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other source— Specify:  | | |

12. In the past year, have you or another family member taken any courses, either online or in-person, to help you prepare your child's home instruction?


No

Yes, both online and in-person

Yes, online only


Yes, in-person only

13. Some homeschooled children take courses over the internet taught by people outside the household. Is this child receiving any instruction this way?

- No  **GO TO question 16**
- Yes

14. 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
 - Offered by my state
 - Someplace else—Specify: 
-

15. Is there a charge or fee for that instruction?

- No
- Yes

16. Thinking about typical grade levels, for which grades was this child schooled at home for at least some classes or subjects?

Mark all that apply.

Include the current year.

Elementary through Middle school

Kindergarten (Including transitional K and Pre-first grade)

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

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You are dissatisfied with the academic instruction at other schools?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You prefer to teach this child at home so that you can provide religious instruction?... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You prefer to teach this child at home so that you can provide moral instruction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. This child has a physical or mental health problem that has lasted six months or more?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. This child has a temporary illness that prevents him/her from going to school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. This child has other special needs that you feel the school can't or won't meet?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You are interested in a nontraditional approach to children's education?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. You have another reason for homeschooling your child?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Specify: 

18. Of the reasons your family chose to homeschool this child, which one would you say is the most important to you?

Write the letter from question 17 for the most important reason you chose to homeschool your child.

letter from question 17

19. 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

20. Thinking about all years this child has been homeschooled, which of the following subject areas has this child been taught during his or her home instruction?

Mark all that apply.

- Art
- Music
- Basic algebra (Algebra I)
- Advanced algebra (Algebra II)
- Geometry
- Calculus
- Probability
- Scientific inquiry or experiments
- Earth sciences or geology
- Biology
- Chemistry or physics
- Geography
- English or literature
- Computer science (e.g., computer programming)
- Social science, history, social studies
- Foreign language

► **Continue with Section 2, question 21 on the next page.**

2. Family Activities

21. 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (Do not include reading to this child.) | | |
| b. Done activities like arts and crafts, coloring, painting, pasting, or using clay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Played board games or did puzzles with him/her..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Worked on a project like building, making, or fixing something..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Played sports, active games, or exercised together..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Discussed with him/her how to manage time..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talked with him/her about the family's history or ethnic heritage.... | <input type="checkbox"/> | <input type="checkbox"/> |

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

Write '0' if none.

days

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

Mark ONE box for each item below.

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

24. Does your family participate in the activities or meetings of a local homeschooling association, co-op, or other local homeschool group?

No **GO TO question 26**

Yes

25. Since September, how many times has your family gone to meetings or participated in the activities of a local homeschooling association, co-op, or other local homeschool group?

number of times

26. Is your family or someone in your household a member of a national homeschooling organization?

No

Yes

3. Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

28. 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A speech or language impairment..... | <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. Intellectual disabilities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Pervasive Developmental Disorder or PDD..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Developmental delays..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Traumatic brain injury..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> |

29. Did you mark yes to any condition in question 28?

No → **GO TO question 37**

Yes

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

No → **GO TO question 35**

Yes

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

Mark ONE box for each item below.

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

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

No → **GO TO question 35**

Yes

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

No

Yes

34. 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

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

No

Yes

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

Mark ONE box for each item below.

Child no longer has condition

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

► **Continue with Section 4, question 37 on the next page.**

4. Child's Background

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

month

year

38. Where was this child born?

One of the 50 United States or the District of Columbia

GO TO question 40

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

Another country

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

age

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

No

Yes

41. 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

42. 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

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

Mark ONE only.

Child is not able to speak

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

No

Yes

► Continue with Section 5, question 45 on the next page.

5. Child's Family

PARENT 1 LIVING IN HOUSEHOLD-

Answer questions 45 to 61 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 45 to 61 about one of this child's parents or guardians living in the household.

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

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

46. Is this person male or female?

- Male
- Female

47. 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

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

Mark ONE only.

- English → **GO TO question 50**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

49. 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

50. Where was this parent or guardian 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 person when he or she first moved to the 50 United States or the District of Columbia?

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

age

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

- No

Yes

53. 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

54. 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)

55. 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

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

Mark ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work → **GO TO question 58**
- Stay at home parent
- Retired } **GO TO question 59**
- Disabled or unable to work

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

hours



GO TO question 59

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

- No
- Yes

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

Months

60. How old is this person?

Age

61. 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 62 to 79 about a second parent or guardian living in the household.

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

NO

GO TO question 80

Yes

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

Biological parent

Adoptive parent

Step parent

Foster parent

Grandparent

Other guardian

64. Is this person male or female?

Male

Female

65. 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

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

Mark ONE only.

- English  **GO TO question 68**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

67. 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

68. Where was this parent or guardian born?

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

 **GO TO question 70**

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

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

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

age

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

- No
- Yes

71. 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

72. 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)

73. 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

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

Mark ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work
- Stay at home parent
- Retired
- Disabled or unable to work

→ **GO TO question 76**

} **GO TO question 77**

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

hours

→ **GO TO question 77**

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

- No
- Yes

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

months

78. How old is this person?

Age

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

Age

- Don't know

► Continue with Section 6, question 80 on the next page.

6. Your Household

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

people

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

Write '0' if none.


Example:

Brother(s)

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


82. 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: 

83. 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: 

84. 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?

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

- No
- Yes

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

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

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

87. 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

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

Write '0' if less than 1 year.

years at this address

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

- No
- Yes

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

- No
- Yes

91. Do you have a working cell phone?

No → **GO TO Thank you.**

Yes
↓

92. Of all the telephone calls that you receive are...

- all or almost all calls received on cell phones,
- some received on cell phones and some on regular phones, or
- very few or none on cell phones?

Thank you.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
Westat
1600 Research Blvd. Room XXXX
Rockville, MD 20850-3129**

Commonly Asked Questions

Q: How did you get my address?

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

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

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

Q: How will the information I provide be used?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. 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: 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 homeschooling from your perspective. It is the Department of Education's primary source of information on homeschooling in America. Your responses will be combined with those from other households to inform educators, policy makers, schools and universities about changes in the condition of education in the United States. Reports from past surveys can be found at <http://nces.ed.gov/nhes>.

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: Who is sponsoring the study? Is this study conducted by the Federal Government?

A: The National Center for Education Statistics, within the Department of Education, is authorized to conduct this study (Section 9543, 20 U.S. Code). Westat has been contracted to conduct this study. This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is 1850-0768. You may send any comments about this survey, including its length, to the Federal Government. Write to: Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to info@nhessurvey.org.

Q: Who is Westat?

A: Westat is a research company located in Rockville, Maryland. Westat is conducting this survey under contract to the U.S. Department of Education. If you have any questions about the study contact Westat toll-free at 1-888-880-3033.