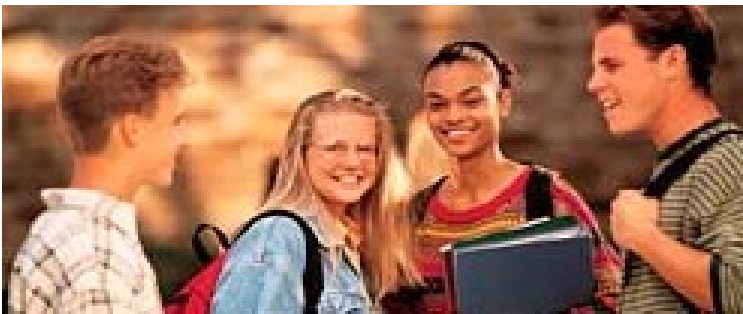


The National Household Education Survey

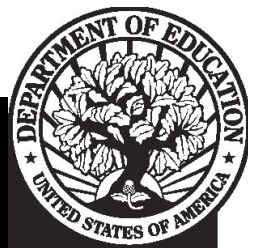
A Survey about Students' and Families' Experience with Their Schools



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.

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 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 but not Catholic
- Private, not religious
- Public school

GO TO

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**
- 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..... | <input type="text"/> <input type="text"/> |
| b. Problems this child is having with school work..... | <input type="text"/> <input type="text"/> |
| c. Very good behavior | <input type="text"/> <input type="text"/> |
| d. Very good school work | <input type="text"/> <input type="text"/> |

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**

↙ 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..... | <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"/> |

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**

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..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| b. Served as a volunteer in this child's classroom or elsewhere in the school..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| c. Attended a general school meeting, for example, an open house, or a back-to-school night..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| d. Attended a meeting of the parent-teacher organization or association..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| e. Gone to a regularly scheduled parent-teacher conference with this child's teacher..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| f. Participated in fundraising for the school..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| g. Served on a school committee..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| h. Met with a guidance counselor in person..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| i. Other..... | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |

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
- Child does not have homework

GO TO section

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

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..... | <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 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. .	<input type="checkbox"/>	<input type="checkbox"/>
b. An intellectual disability.....	<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. An orthopedic impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Autism.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>	<input type="checkbox"/>
j. Attention deficit disorder, ADD or ADHD.....	<input type="checkbox"/>	<input type="checkbox"/>
k. A developmental delay.....	<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"/>

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

No → GO TO question

Yes

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

No → GO TO question

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.....	<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"/>

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

No → GO TO question

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?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in sports, clubs, or other organized activities?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend school on a regular basis?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends?.....	<input type="checkbox"/>	<input type="checkbox"/>

► **Continue with Section 6, question 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

- 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

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.

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

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

GO TO Section 7

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.

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**
- 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**
- 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

Mark

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

Mark

out of work

parent

69. What is the highest grade or level of school

that this parent or guardian completed?

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?

ONE only.

Employed for pay or income

Self-employed

Unemployed or

GO TO

Stay at home

Retired

Disabled or

GO TO

unable to work

PARENT 2 LIVING IN HOUSEHOLD Answer questions 77

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

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?

hours

GO TO

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?

- Don't know

age

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

No



GO TO

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**
- 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**
- 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

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?

--	--

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 out of work
- Stay at home parent
- Retired
- Disabled or unable to work

→ **GO TO**

} **GO TO**

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?

hours



GO TO

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)

Write '0' if none.

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 non-relative(s)	<input type="text"/>

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.....	<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"/>

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.

	<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.}

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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.