

APPENDIX H
PARENT INTERVIEW

TITLE I EARLY CHILDHOOD LANGUAGE DEVELOPMENT STUDY

Title I Parent Interview – Spring 2012

August 1, 2011



Notice of Confidentiality

Information collected for this study come under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Information that could identify an individual or institution will be separated from the survey responses submitted, kept in secured locations, and be destroyed as soon as they are no longer required. Survey responses will be used only for research purposes. The reports prepared for the study will summarize findings across individuals and institutions and will not associate responses with a specific district, school, or person.

Conducted by: Mathematica Policy Research
www.mathematica-mpr.com

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S. SCREENER

Sample Info: PRELOAD FROM SMS AS INTERVIEWER NOTES

DISPLAY INFORMATION FOR INDIVIDUAL WHO GAVE CONSENT: Respondent is [RESPONDENT NAME], [RELATIONSHIP TO CHILD], to [CHILD], consent given [DATE CONSENT FORM WAS SIGNED OR WHEN INDIVIDUAL WAS LOADED INTO SMS]

MakeDialPhone

AUTO DIAL.....01	}	→ follow cati MODULE
MANUAL DIAL.....02		
QUICK EXIT.....03		
RESPONDENT CALLING IN/CAPI.....04		GO TO Hello

{MakeDialPhone = 1,2,4}

Hello.

My name is _____ at Mathematica Policy Research. [(IF MakeDialPhone = 4) Thank you for calling in to complete the survey].

{PROGRAMMER NOTE: FILL WITH NAME ON CONSENT FORM}

[NAME] AVAILABLE.....1	→	GO TO SampMemb
[NAME] COMES TO THE PHONE.....2	→	GO TO SampMemb
[NAME] ASKS WHAT THE CALL IS ABOUT.3	→	GO TO WHATABOUT
[NAME] NOT AVAILABLE.....4	→	GO TO PREVIOUS INTERVIEW BOX
[NAME] HAS MOVED.....5	→	GO TO KNOWWHERE
[NAME] DOES NOT SPEAK ENGLISH.....6	→	GO TO LANG
NEVER HEARD OF [NAME]/WRONG NUMBER/ DIFFERENT RESPONDENT.....7	→	GO TO THANKS
HUNG UP DURING INTRODUCTION.....8	→	GO TO TERMINATE INTERVIEW

SampMemb. [(IF Hello=2 OR WhatAbout=2) **Hello, my name is _____.**] [(IF MakeDialPhone≠4) **I'm calling about [CHILD] and her/his experiences at school. [CHILD]'s school is participating in a national study to learn more about how children's language develops and what strategies schools and teachers can use to improve children's language development and their reading comprehension skills.**] **We would like to interview you about [CHILD]'S experiences in school and other things related to (his/her) language development. Is this [(If MakeDialPhone=4) still] a good time to talk?**]

- YES, CONTINUE.....1 → GO TO PREVIOUS INTERVIEW BOX
- NOT A GOOD TIME.....2 → MAKE APPOINTMENT
- HUNG UP DURING INTRODUCTION.....3 → TERMINATE INTERVIEW SUPERVISOR REVIEW.....4 → TERMINATE INTERVIEW
- REFUSED.....r → GO TO EXIT TAB, THEN TERMINATE INTERVIEW

{IF Hello=3}

WhatAbout[(IF MakeDialPhone≠4) **I'm calling about a study we are conducting / (IF MakeDialPhone=4) **We are conducting a study**] about how children's language develops and what strategies schools and teachers can use to improve children's language development and their reading comprehension skills. [(IF MakeDialPhone≠4) **May I speak with [NAME]?**]**

- [NAME] AVAILABLE.....1 → GO TO SampMemb
- [NAME] COMES TO THE PHONE.....2 → GO TO SampMemb
- [NAME] CURRENTLY UNAVAILABLE.....3 → GO TO CallBack
- [NAME] MOVED.....4 → GO TO KnowWhere
- [NAME] DOES NOT SPEAK ENGLISH.....5 → GO TO LANG
- NEVER HEARD OF [NAME]/WRONG NUMBER/
DIFFERENT RESPONDENT.....6 → GO TO THANKS
- HUNG UP DURING INTRODUCTION.....7 → TERMINATE INTERVIEW
- SUPERVISORY REVIEW.....8 → TERMINATE INTERVIEW

{IF Hello=5 OR WhatAbout=3}

KnowWhere: **Do you or anyone there know how we can reach [NAME]?**

- YES.....1 → GO TO NewPhone
- NO.....0 → GO TO Thanks

{IF Hello=6 OR WhatAbout=4}

Lang. CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF POSSIBLE THEN END INTERVIEW

- SPANISH.....1 → GO TO THANKS
- FRENCH.....2 → GO TO THANKS
- CHINESE.....3 → GO TO THANKS
- RUSSIAN.....4 → GO TO THANKS
- GERMAN.....5 → GO TO THANKS
- OTHER LANGUAGE (SPECIFY).....6 → GO TO OtherLang

{IF LANG=6}

OtherLang IF POSSIBLE, RECORD LANGUAGE SPOKEN STRING[15] → GO TO THANKS

{IF Hello=5 OR WhatAbout=3 AND KnowWhere=1}

NewPhone. **May I please have (his/her) telephone number?**

- YES.....1 → GO TO pGETPHONE
- NO.....0 → GO TO NewAddr

{IF Hello=5 OR WhatAbout=3 AND KnowWhere=1}

NewAddr. **May I please have (his/her) address?**

- YES.....1 → GO TO pGETADDRESS
- NO.....0 → GO TO Thanks

{Hello=5,6,7 OR WhatAbout=3,4,5}

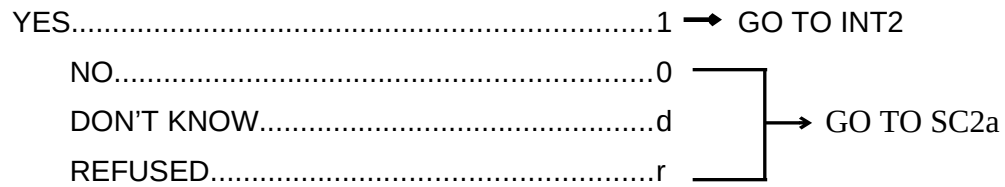
Thanks: **Thank you for your time.** TERMINATE INTERVIEW

SC1. **I would like to talk with the person most responsible for [CHILD]'s care. Are you that person?**

- YES.....1 → GO TO SC1a
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO SC2a

SC1a. **Do you live in the same household as [CHILD]?**

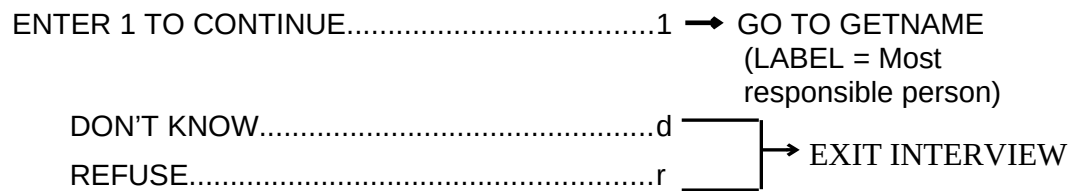
YES.....1 → GO TO INT2
NO.....0
DON'T KNOW.....d
REFUSED.....r



{IF SC1, SC1a = 0, d, r}

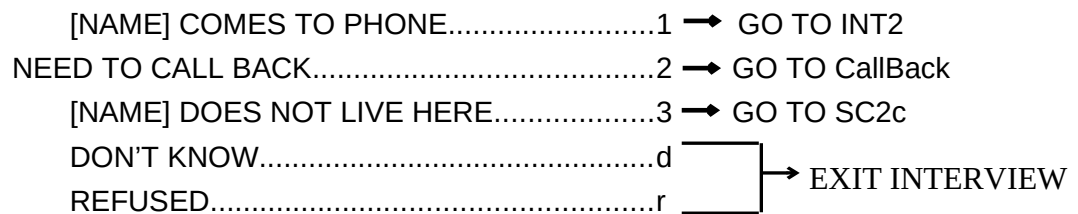
SC2a. **Among the people that live with [CHILD], who is most responsible for [CHILD]'s care?**

ENTER 1 TO CONTINUE.....1 → GO TO GETNAME
(LABEL = Most responsible person)
DON'T KNOW.....d
REFUSE.....r



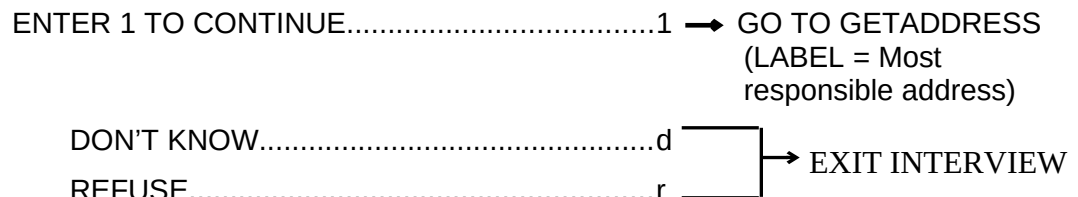
SC2b. **Is [PERSON IDENTIFIED IN SC2a OR GETNAME] there and can I speak to (him/her)?**

[NAME] COMES TO PHONE.....1 → GO TO INT2
NEED TO CALL BACK.....2 → GO TO CallBack
[NAME] DOES NOT LIVE HERE.....3 → GO TO SC2c
DON'T KNOW.....d
REFUSED.....r



SC2c. **Can I have (his/her) address and telephone number?**

ENTER 1 TO CONTINUE.....1 → GO TO GETADDRESS
(LABEL = Most responsible address)
DON'T KNOW.....d
REFUSE.....r



GETADDRESS_____ → GO TO GETPHONE
(LABEL = Most responsible phone)

GETPHONE_____ → EXIT INTERVIEW

INT2. [(IF SC2b=1) Hello, my name is _____. [CHILD]'s school is participating in a national study about early childhood language development in Title I schools. The purpose of this study is to learn more about how children's language develops and what strategies schools and teachers can use to improve children's language development and their reading comprehension skills. Thank you for agreeing to talk with me.

Everything we talk about today is private. Neither your name nor [CHILD]'s name will be attached to any of the information you give us. If I ask you something that you are uncomfortable answering, just tell me and I will move on to the next question. And if you have any questions at any time during this interview, please feel free to ask them.

I will ask you questions and type in your answers. You may stop me at any time and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions. No one from your child's school will see or hear your answers. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals.

S1. Before we get started, I would like to make sure we have your name recorded correctly.

INTERVIEWER: READ NAME TO RESPONDENT AND VERIFY SPELLING

NAME CORRECT.....1 → GO TO S3

NAME INCORRECT.....2 → GO TO S2

{IF S1 = 2}

S2. May I have the correct spelling of your name?

FIRST NAME:_____

MIDDLE INITIAL:_____

LAST NAME:_____

DON'T KNOW.....d

REFUSED.....r

S3. Now, I would like to make sure we have (CHILD)'s name recorded correctly.

INTERVIEWER: READ NAME TO RESPONDENT AND VERIFY SPELLING

FIRST NAME:_____

MIDDLE INITIAL:_____

LAST NAME:_____

DON'T KNOW.....d

REFUSED.....r

NAME CORRECT.....1 → GO TO S5

NAME INCORRECT.....2 → GO TO S4

{S3= INCORRECT}

S4. May I have the correct spelling of (CHILD)'s name?

FIRST NAME:_____

MIDDLE INITIAL:_____

LAST NAME:_____

DON'T KNOW.....d

REFUSED.....r

S5. What is (CHILD)'s birth date?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d

REFUSED.....r

S6. What is your relationship to (CHILD)?

CIRCLE ONLY ONE

BIOLOGICAL MOTHER.....11

BIOLOGICAL FATHER.....12

ADOPTIVE MOTHER.....13

ADOPTIVE FATHER.....14

STEPMOTHER.....15

STEPFATHER.....16

GRANDMOTHER.....17

GRANDFATHER.....18

GREAT GRANDMOTHER.....19

GREAT GRANDFATHER.....20

SISTER/STEPSISTER.....21

BROTHER/STEPBROTHER.....22

OTHER RELATIVE OR IN-LAW (FEMALE)...23

OTHER RELATIVE OR IN-LAW (MALE).....24

FOSTER PARENT (FEMALE).....25

FOSTER PARENT (MALE).....26

OTHER NON-RELATIVE (FEMALE).....27

OTHER NON-RELATIVE (MALE).....28

PARENT'S PARTNER (FEMALE).....29

PARENT'S PARTNER (MALE).....30

DON'T KNOW.....d

REFUSED.....r

S6a. In what year were you born?

|_|_|_|_| YEAR

DON'T KNOW.....d

REFUSED.....r

S6b. In what month were you born?

JANUARY.....1

FEBRUARY.....2

MARCH.....3

APRIL.....4

MAY.....5

JUNE.....6

JULY.....7

AUGUST.....8

SEPTEMBER.....9

OCTOBER.....10

NOVEMBER.....11

DECEMBER.....12

DON'T KNOW.....d

REFUSED.....r

A. HOME LEARNING ENVIRONMENT

A1. Is any language other than English spoken in your home?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r



{IF A1=1}

A2. What other languages are spoken in your home?

PROBE: Any other languages?

CODE ALL THAT APPLY

FRENCH.....1

SPANISH.....2

CAMBODIAN (KHMER).....3

CHINESE.....4

HAITIAN CREOLE.....5

HMONG.....6

JAPANESE.....7

KOREAN.....8

VIETNAMESE.....9

ARABIC.....10

AFRICAN LANGUAGE.....11

NATIVE AMERICAN OR ALASKAN
LANGUAGE.....12

OTHER (SPECIFY).....13

DON'T KNOW.....d

REFUSED.....r

A3. What language do you usually speak to (CHILD) at home?

CIRCLE ONLY ONE

- FRENCH.....1
 - SPANISH.....2
 - CAMBODIAN (KHMER).....3
 - CHINESE.....4
 - HAITIAN CREOLE.....5
 - HMONG.....6
 - JAPANESE.....7
 - KOREAN.....8
 - VIETNAMESE.....9
 - ARABIC.....10
 - AFRICAN LANGUAGE.....11
 - NATIVE AMERICAN OR ALASKAN LANGUAGE.....12
 - OTHER (SPECIFY).....13
-
- ENGLISH.....14
 - DON'T KNOW.....d
 - REFUSED.....r

A4. Next, I'd like to ask you about reading materials you may have in your home.

About how many children's books does (CHILD) have in your home now, including library books? Please only include books that are for children.

PROBE: Your best estimate is fine.

(VALID RANGE = 0 to 1,000)

|_|,|_|_|_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF A1=1}
 A5. About what portion of these children’s books are written in a language other than English? Please only include books that are for children. Would you say...

PROBE: Your best estimate is fine.

- none,.....0
- less than half,.....1
- about half,.....2
- more than half, or.....3
- most?.....4
- DON'T KNOW.....d
- REFUSED.....r

A6. Which of the following reading materials are available in your home?

	YES	NO	DON'T KNOW	REFUSED
a. Comic books.....	1	0	d	r
b. Magazines for children.....	1	0	d	r
c. Newspapers.....	1	0	d	r
d. Catalogs.....	1	0	d	r
e. Religious books like a bible or prayer book.....	1	0	d	r
f. Dictionaries or encyclopedias.....	1	0	d	r
g. Other books like novels, biographies, or non-fiction.....	1	0	d	r

A7. In the past month, did you look for materials for your child to read, such as at a library, or at a book store or other store like Walmart, or online?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF A7=1}
 A8. How difficult was it to find the reading materials you were looking for? Would you say very difficult, somewhat difficult, or not at all difficult?

- VERY DIFFICULT1
- SOMEWHAT DIFFICULT2
- NOT AT ALL DIFFICULT3
- DON'T KNOWd
- REFUSEDr

A9A. Now I'd like to talk with you about (CHILD)'s activities with family members. In a typical week, how often do you or any other family members do the following things with (CHILD)?

PROBE: Would you say not at all, once or twice, 3-6 times, or every day?

	NOT AT ALL	ONCE OR TWICE	3-6 TIMES	EVERY DAY	DON'T KNOW	REFUSED
a. Tell stories to (CHILD).....	1	2	3	4	d	r
b. Sing songs with (CHILD).....	1	2	3	4	d	r
c. Help (CHILD) to do arts and crafts.....	1	2	3	4	d	r
d. Involve (CHILD) in household chores, like cooking, cleaning, setting the table, or caring for pets.....	1	2	3	4	d	r
e. Play games or do puzzles with (CHILD).	1	2	3	4	d	r
f. Talk about nature or do science projects with (CHILD).....	1	2	3	4	d	r
g. Build something or play with construction toys with (CHILD).....	1	2	3	4	d	r
h. Play a sport or exercise together.....	1	2	3	4	d	r
i. Practice reading or writing.....	1	2	3	4	d	r
j. Teach (CHILD) letters, words, or numbers.....	1	2	3	4	d	r

{IF A1=1 and any A9a-j >.1 and ne d, r}

A9B. Are any of the activities we just talked about conducted in (PRIMARY LANGUAGE/
a language other than English)? How about...

	YES	NO	DON'T KNOW	REFUSE D
(A9a>1 and ne d, r) a. Tell stories to (CHILD).....	1	0	d	r
(A9b>1 and ne d, r) b. Sing songs with (CHILD).....	1	0	d	r
(A9c>1 and ne d, r) c. Help (CHILD) to do arts and crafts.....	1	0	d	r
(A9d>1 and ne d, r) d. Involve (CHILD) in household chores, like cooking, cleaning, setting the table, or caring for pets.....	1	0	d	r
(A9e>1 and ne d, r) e. Play games or do puzzles with (CHILD).....	1	0	d	r
(A9f>1 and ne d, r) f. Talk about nature or do science projects with (CHILD)	1	0	d	r
(A9g>1 and ne d, r) g. Build something or play with construction toys with (CHILD).....	1	0	d	r
(A9h>1 and ne d, r) h. Play a sport or exercise together.....	1	0	d	r
(A9i>1 and ne d, r) i. Practice reading or writing.....	1	0	d	r
(A9j>1 and ne d, r) j. Teach (CHILD) letters, words, or numbers.....	1	0	d	r

A9C. Now I'd like to talk with you about (CHILD)'s activities with family members. In a typical week, how often do you or any other family members do the following things with (CHILD)?

PROBE: Would you say not at all, once or twice, 3-6 times, or every day?

	NOT AT ALL	ONCE OR TWICE	3-6 TIMES	EVERY DAY	DON'T KNOW	REFUSED
a. Read books to (CHILD) (in English).....	1	2	3	4	d	r
(A1=1)						
b. Read books to (CHILD) in (PRIMARY LANGUAGE/a language other than English).....	1	2	3	4	d	r
c. Talk to (CHILD) about what (he/she) is reading.....	1	2	3	4	d	r
d. Talk with (CHILD) about (his/her) family history or ethnic heritage.....	1	2	3	4	d	r
e. Write stories together with (CHILD).....	1	2	3	4	d	r
f. Ask (CHILD) to help read shopping lists, directions or recipes.....	1	2	3	4	d	r
g. Listen to (CHILD) read aloud.....	1	2	3	4	d	r
h. Talk about what (CHILD) read at school or books that were read to (CHILD) at school.....	1	2	3	4	d	r
i. Talk to (CHILD) about a book, article or story (CHILD) read at home.....	1	2	3	4	d	r
j. Practice working with numbers.....	1	2	3	4	d	r

A10. Now I'm going to ask you about a variety of things parents may do with books for their children. Which of the following do you do...

	YES	NO	DO N'T KNOW	REFUSED
a. Give books to your child as gifts?.....	1	0	d	r
b. Read the same books as your child?.....	1	0	d	r
c. Build reading into your child's daily schedule or routine?.....	1	0	d	r

d. Help your child pick out books at a store or library to bring home to read?..... 1 0 d r

A11. Does (CHILD) have someone who can help (him/her) with homework in reading or language arts? Language arts includes writing, spelling, etc. This can be someone in your home or another person.

- YES.....1
 - NO.....0
 - CHILD DOESN'T HAVE HOMEWORK.....2
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO B1**

A12. During this school year, how often did someone help (CHILD) with (his/her) reading or language arts homework? Would you say...

- never,.....1
- less than once a week,.....2
- 1 to 2 times a week,.....3
- 3 to 4 times a week, or.....4
- 5 or more times a week?.....5
- DON'T KNOW.....d
- REFUSED.....r

A13. Who usually helps (CHILD) with (his/her) reading or language arts homework?

- MOTHER.....1
 - FATHER.....2
 - SISTER OR BROTHER.....3
 - GRANDPARENT.....4
 - ANOTHER ADULT IN THE HOUSEHOLD.....5
 - SOMEONE AT AN AFTER SCHOOL PROGRAM. .6
 - ADULTS WHO DON'T LIVE IN THE HOUSEHOLD 7
 - OTHER (SPECIFY).....8
-
- DON'T KNOW.....d
 - REFUSED.....r

B. FAMILY READING AND TV VIEWING BEHAVIORS

B1. Now I have a question about your own reading habits. How often have you read books, magazines or the newspaper, in English or in another language, during the past week? Was it...

not at all,.....1
once or twice,.....2
three or more times, but not every day, or.....3
every day?.....4
DON'T KNOW.....d
REFUSED.....r

B2. Next, I have a few questions about (CHILD)'s television viewing habits. How many hours per day does (CHILD) usually watch TV or videos on school days?

|_|_| HOURS PER DAY

IF RESPONDENT HAS NO TV.....99 → **GO TO B4**
DON'T KNOW.....d
REFUSED.....r

B3. Now think about the weekend. How many hours does (CHILD) usually watch TV or videos on Saturday and Sunday combined?

|_|_| HOURS

IF RESPONDENT HAS NO TV.....99
DON'T KNOW.....d
REFUSED.....r

B4. Does your child read from a computer or handheld device?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

C. FAMILY COMMUNITY LEARNING ACTIVITIES

C1. The next questions are about activities people in your family may have done with (CHILD) in the past month. In the past month, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with (CHILD)?

	YES	NO	DON'T KNOW	REFUSED
a. Visited a library.....1...	0	0	d	r
b. Gone to a movie.....1...	0	0	d	r
c. Gone to a play, concert, or other live show.....1...	0	0	d	r
d. Gone to a mall.....1...	0	0	d	r
e. Visited an art gallery, museum, or historical site.....1...	0	0	d	r
f. Visited a playground, park, or gone on a picnic.....1...	0	0	d	r
g. Visited a zoo or aquarium.....1...	0	0	d	r
h. Attended an event sponsored by a community, ethnic, or religious group.....1...	0	0	d	r
i. Attended an athletic or sporting event in which (CHILD) was not a player.....1...	0	0	d	r
j. Attended a church, mosque, or temple activity or school.....1...	0	0	d	r

D. CHILD OUT-OF-SCHOOL TIME AND RESOURCES

D1. Does (CHILD) have (his/her) own library card?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

Some children participate in after-school programs that provide supervision and organized activities. These programs are usually held in a school or a center, and are different from individual activities like sports, scouts, or special lessons, or may offer those types of activities in addition to activities with an academic focus.

D2. Is (CHILD) now attending an after-school program at a school or in a center, either on a scheduled or a drop-in basis?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

D3. All together, how many days each week does (CHILD) go to the after-school program(s)?

|_|_| DAYS
DON'T KNOW.....d
REFUSED.....r

D4. Other than regular school hours, how many hours each day does (CHILD) go to the program(s) after school?

|_|_| HOURS
DON'T KNOW.....d
REFUSED.....r

D5. Now I'd like to ask about (CHILD)'s activities during the time (he/she) spends at the program(s). During those after-school hours, what does (CHILD) spend most of (his/her) time doing? You may name up to three things.

CODE UP TO THREE ACTIVITIES.

- HOMEWORK/EDUCATIONAL/READING/
WRITING.....1
 - COMPUTERS.....2
 - ARTS (PERFORM OR STUDY MUSIC,
CRAFTS, DRAMA, ETC.).....3
 - CHORES/WORK.....4
 - OUTDOOR PLAY/ACTIVITIES/SPORTS.....5
 - INDOOR PLAY.....6
 - TELEVISION/VIDEOS/VIDEO GAMES/
LISTENING TO MUSIC.....7
 - GARDENING, COOKING, OR
NUTRITION CLASSES?.....8
 - OTHER (SPECIFY).....9
-
- DON'T KNOW.....d
 - REFUSED.....r

D6. Now I'm going to ask you about other after-school or extracurricular activities your child may participate in outside of school hours. These activities would include lessons, clubs, or sports that happen outside of the after-school programs we just talked about. Outside of school hours, has (CHILD) ever participated in...

	YES	NO	DON' T KNO W	REFUSE D
--	-----	----	-----------------------	-------------

a. Art classes or lessons or organized performing arts programs, such as children's choirs, dance programs, music lessons or theater performances?.....	1	0	d	r
b. Team or individual sports or lessons?.....	1	0	d	r

HELP TEXT: Examples of team sports may include soccer, basketball, T-ball, etc.

c. Organized clubs or recreational programs, like scouts or 4-H?.....	1	0	d	r
d. Non-English language instruction?.....	1	0	d	r

D7. Is (CHILD) tutored on a regular basis, by someone other than you or a family member, in a specific subject, such as reading, science, or a foreign language?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO D9

D8. What is (CHILD) tutored in?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

- READING.....1
- LANGUAGE ARTS.....2
- MATH.....3
- SCIENCE.....4
- FOREIGN LANGUAGE.....5
- OTHER (SPECIFY).....6
- _____
- DON'T KNOW.....d
- REFUSED.....r

D9. Summer school includes programs that schools suggest or require a child to attend, and also school enrichment programs that are optional. Did (CHILD) attend summer school last summer (summer 2011)? Please do not include summer camp or child care.

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO E1

D10. Did this program include...

	YES	NO	DON'T KNO W	RE- FUSED
a. reading?.....	1	0	d	r
b. language arts?.....	1	0	d	r
c. math?.....	1	0	d	r
d. science?.....	1	0	d	r
e. foreign language?.....	1	0	d	r
f. art, dance, or music?.....	1	0	d	r
g. computers?.....	1	0	d	r
h. sports?.....	1	0	d	r

D11. Was the summer school a program...

required by the school,.....1
 suggested by the school, or.....2
 a program you decided to send (him/her) to?.....3
 DON'T KNOW.....d
 REFUSED.....r

E. FAMILY SCHOOL INVOLVEMENT

E1. How often did the following activities happen this school year?

	Never	1-2 times	Several times (3-9 times)	Often (10 or more times)	DON'T KNOW	REFUSED
a. Information was sent home about what my child is learning at school (separate from report card)	0	1	2	3	d	r
b. Teacher suggested ways I could help my child do well at school	0	1	2	3	d	r
c. Teacher invited me to school....	0	1	2	3	d	r
d. Teacher called me or sent a note to let me know that my child did well at something	0	1	2	3	d	r
e. Teacher called me or sent a note to let me know that my child was having problems	0	1	2	3	d	r
f. I volunteered to help in my child's classroom	0	1	2	3	d	r
g. I asked the teacher how I can help my child with school work	0	1	2	3	d	r
h. I went to parent-teacher conferences	0	1	2	3	d	r
i. I visited my child's classroom....	0	1	2	3	d	r
j. I called or went to see my child's teacher	0	1	2	3	d	r

F. CHILD DEVELOPMENT AND ABILITIES

F1. How far do you expect (CHILD) to go in (his/her) education? Would you say you expect (him/her)...

- to receive less than a high school diploma,.....1
- to graduate from high school,.....2
- to attend a vocational or technical school
after high school,.....3
- to attend two or more years of college,.....4
- to finish a four- or five-year college degree, or.....5
- to earn a graduate degree or professional degree
beyond a Bachelor's?.....6
- DON'T KNOW.....d
- REFUSED.....r

Now I have some questions about different special needs (CHILD) might have.

F2. Has (CHILD) been evaluated by a doctor, psychologist or other health professional because of a concern about (his/her) ability to pay attention or learn?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO F3**

F2a. Did you obtain a diagnosis of a problem from a doctor, psychologist or other health professional?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

F3. Has (CHILD) been evaluated by a psychologist or health professional because of a concern about (his/her) overall activity level?

NOTE: A HELP SCREEN IS AVAILABLE WITH AN EXPLANATION OF ACTIVITY LEVEL.

HELP SCREEN:

By activity level, we mean concern about excessive physical activity. Examples of excessive activity include fidgetiness, an inability to sit still, and hyperactivity.

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

} → GO TO F4

F3a. Did you obtain a diagnosis of a problem from a doctor, psychologist, or health professional?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

} → GO TO F4

F3b. What was the diagnosis?

CIRCLE ALL THAT APPLY

ATTENTION DEFICIT DISORDER (ADD).....1
ATTENTION DEFICIT HYPERACTIVITY
DISORDER (ADHD).....2
OTHER (SPECIFY).....3

NO PROBLEM.....4
DON'T KNOW.....d
REFUSED.....r

F4. Has (CHILD) been evaluated by a doctor or other health professional because of a concern about (his/her) ability to hear and understand speech in a normal conversation?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO F5

F4a. Did you obtain a diagnosis of a problem from a doctor or other health professional?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO F5

F4b. What was the diagnosis?

CODE ALL THAT APPLY

- EAR INFECTION.....1
 - HEARING IMPAIRMENT/HARD OF HEARING 2
 - DEAFNESS.....3
 - LANGUAGE IMPAIRMENT.....4
 - AUTISM OR PERVASIVE DEVELOPMENTAL DELAY (PDD).....5
 - MENTAL RETARDATION OR COGNITIVE IMPAIRMENT.....6
 - EMOTIONAL/BEHAVIORAL DISABILITY.....7
 - OTHER (SPECIFY).....8
-
- NO PROBLEM.....9
 - DON'T KNOW.....d
 - REFUSED.....r

F4c. Does (CHILD) usually wear a hearing aid?

NOTE: Hearing Aids are small electronic sound amplifiers worn in or behind the ear that compensates for hearing loss.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

F4d. Does (CHILD) have cochlear implants?

NOTE: Cochlear Implants are electronic devices that are surgically placed in the inner ear which are designed to provide useful hearing and improved communication ability to individuals who are profoundly hearing impaired and unable to understand speech with hearing aids.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

F5. Has (CHILD) been evaluated by a doctor or other health professional because of a concern about (his/her) ability to communicate?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO F6

F5a. Did you obtain a diagnosis of a problem from a doctor or other health professional?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO F6

F5b. What was the diagnosis?

CODE ALL THAT APPLY

- SPEECH IMPAIRMENT.....1
- LANGUAGE IMPAIRMENT.....2
- AUTISM OR PERVASIVE
DEVELOPMENTAL DELAY (PDD).....3
- MENTAL RETARDATION OR
COGNITIVE IMPAIRMENT.....4
- EMOTIONAL/BEHAVIORAL DISABILITY.....5
- OTHER (SPECIFY).....6

- HEARING IMPAIRMENT.....7
- NO PROBLEM.....8
- DON'T KNOW.....d
- REFUSED.....r

F6. Now I want to ask you about (CHILD)'s vision. Does (CHILD) have difficulty seeing objects in the distance or letters on paper?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO F7**

F6a. Has (CHILD)'s vision been evaluated by a doctor or other health professional?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → **GO TO F7**

F6b. Did you obtain a diagnosis of a problem from a doctor or other health professional?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

F6c. What was the diagnosis?

CIRCLE ALL THAT APPLY

- NEARSIGHTED.....1
- FARSIGHTED.....2
- LEGALLY BLIND.....3
- OTHER (SPECIFY).....4

- ASTIGMATISM.....5
- LAZY EYE/AMBLYOPIA.....6
- DON'T KNOW.....d
- REFUSED.....r

F7. Does (CHILD) usually wear glasses or contact lenses?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

F8. Which of these best describes (CHILD)'s eyesight? Is it...

- Correctable with glasses,.....1
- Improvable with glasses, or.....2
- Not correctable with glasses?.....3
- DON'T KNOW.....d
- REFUSED.....r

F9. Other than the conditions we just discussed, has (CHILD) been evaluated and diagnosed with any other problem from a doctor or other health professional?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF F9=1}

F9a. What special condition or need?

CIRCLE ALL THAT APPLY

- BEHAVIORAL PROBLEM.....1
 - EMOTIONAL PROBLEM.....2
 - ATTENTION PROBLEM.....3
 - DEVELOPMENTAL DELAY.....4
 - PROBLEM WITH USE OF ARMS OR LEGS.5
 - OPPOSITIONAL DEFIANT DISORDER.....6
 - SPEECH PROBLEM.....7
 - HEARING PROBLEM.....8
 - VISION PROBLEM.....9
 - OTHER (SPECIFY).....10
-
- DON'T KNOW.....d
 - REFUSED.....r

{IF F9=1}

F10. What was the diagnosis? **RECORD VERBATIM**

- DON'T KNOW.....d
- REFUSED.....r

F11. Does (CHILD) currently have an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), or a 504 Plan?

NOTE: A HELP SCREEN IS AVAILABLE WITH AN EXPLANATION OF INDIVIDUALIZED EDUCATION PROGRAM AND 504 PLAN.

HELP SCREEN:

An Individualized Education Program (IEP) is developed for a child with a disability and is geared toward children who are older than three years. The plan includes what the child will achieve and the specific services that will be provided to the child.

An Individualized Family Service Plan (IFSP) is the coordination of services that are family-centered. It is based on your child's strengths, as well as your concerns and priorities for your child.

A 504 plan spells out the modifications and accommodations that will be needed for students with disabilities to have an opportunity to perform at the same level as their peers, and might include such things as wheelchair ramps, blood sugar monitoring, an extra set of textbooks, a peanut-free lunch environment, home instruction, or a tape recorder or keyboard for taking notes.

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

G. CHILD EDUCATIONAL PROGRESS AND SERVICES

{If child is in K-3rd grade}

G1. Did (CHILD) attend a day care center, nursery school, preschool or prekindergarten program on a regular basis the year before (he/she) started kindergarten?

HELP SCREEN

PROBE: This means anytime in the year before child entered kindergarten.

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{If child is in K-3rd grade}

G2. How many different day care centers, nursery schools, preschool or prekindergarten programs did (CHILD) attend on a regular basis the year before (he/she) started kindergarten?

CAPI INSTRUCTION: SOFT RANGE CHECK 1-2. HARD RANGE CHECK 1-4.

|__|__| NUMBER OF DAY CARE CENTERS

DON'T KNOW.....d

REFUSED.....r

{If child is in K-3rd grade}

G3. Thinking about the program (CHILD) attended the most, how many days each week did (CHILD) go to that program?

|__|__| NUMBER OF DAYS

DON'T KNOW.....d

REFUSED.....r

{If child is in K-3rd grade}

G4. How many hours each week did (CHILD) go to that program?

|__|__| NUMBER OF HOURS

DON'T KNOW.....d

REFUSED.....r

Now, I'd like to talk with you about (CHILD)'s school experiences.

G5. Did (CHILD) attend kindergarten before starting first grade?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF G5=1}

G6. Did (CHILD) go to a full-day or part-day kindergarten?

- FULL DAY.....1
- PART DAY.....2
- CHILD DID NOT ATTEND KINDERGARTEN3
- DON'T KNOW.....d
- REFUSED.....r

G6a. Since starting school, has (CHILD) ever had an in- or out-of-school suspension?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF G6a=1}

G7. How many times was (CHILD) suspended?

HARD RANGE CHECK: 1 – 5 TIMES.

- |__| NUMBER OF TIMES
- DON'T KNOW.....d
- REFUSED.....r

G8. Since starting school, has (CHILD) repeated any grades?

PROBE: By "school," we mean prekindergarten, kindergarten, or first grade, whenever the child started formal schooling.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF G8=1}

G9. What grade or grades did (he/she) repeat?

CIRCLE ALL THAT APPLY

- Prekindergarten.....1
- Kindergarten.....2
- First grade.....3
- Second grade.....4
- Third grade.....5
- DON'T KNOW.....d
- REFUSED.....r

H. FAMILY DEMOGRAPHICS

My next questions are about the people who live in the same household as you and (CHILD).

H1. Including yourself, how many adults age 18 and older live in your household?

|_| |_| NUMBER

DON'T KNOW.....d

REFUSED.....r

H2. Including (CHILD), how many children age 17 and younger live in your household?

|_| |_| NUMBER

DON'T KNOW.....d

REFUSED.....r

H3. Do you have a spouse or partner who lives in this household?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

} → GO TO H6

{IF H3=1}

H4. What is your spouse or partner's relationship to (CHILD)?

CIRCLE ONLY ONE

- BIOLOGICAL MOTHER.....11
- BIOLOGICAL FATHER.....12
- ADOPTIVE MOTHER.....13
- ADOPTIVE FATHER.....14
- STEPMOTHER.....15
- STEPFATHER.....16
- GRANDMOTHER.....17
- GRANDFATHER.....18
- GREAT GRANDMOTHER.....19
- GREAT GRANDFATHER.....20
- SISTER/STEPSISTER.....21
- BROTHER/STEPBROTHER.....22
- OTHER RELATIVE OR IN-LAW (FEMALE)...23
- OTHER RELATIVE OR IN-LAW (MALE).....24
- FOSTER PARENT (FEMALE).....25
- FOSTER PARENT (MALE).....26
- OTHER NON-RELATIVE (FEMALE).....27
- OTHER NON-RELATIVE (MALE).....28
- PARENT'S PARTNER (FEMALE).....29
- PARENT'S PARTNER (MALE).....30
- DON'T KNOW.....d
- REFUSED.....r

{IF H3=1}

H5. Are you and (he/she)...

CIRCLE ONLY ONE

- married,.....1
- divorced,.....2
- separated, or.....3
- not married?.....4
- DON'T KNOW.....d
- REFUSED.....r

H6. Now I'd like to ask about your schooling. What is the highest grade or year of school you completed?

If "high school," PROBE: What is the last grade you completed?

If "college," PROBE: Did you receive a degree? What type of degree?

CIRCLE ONLY ONE

- UP TO 8TH GRADE.....1
- 9TH TO 11TH GRADE.....2
- 12TH GRADE BUT NO DIPLOMA.....3
- HIGH SCHOOL DIPLOMA/EQUIVALENT....4
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA.....5
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL 6
- SOME COLLEGE BUT NO DEGREE.....7
- ASSOCIATE'S DEGREE.....8
- BACHELOR'S DEGREE.....9
- GRADUATE OR PROFESSIONAL
SCHOOL BUT NO DEGREE.....10
- MASTER'S DEGREE (MA, MS, EdS).....11
- DOCTORATE DEGREE (PHD, EDD).....12
- PROFESSIONAL DEGREE AFTER
BACHELOR'S DEGREE (MEDICINE/MD;
DENTISTRY/DDS; LAW/JD/LLB; ETC.).....13
- DON'T KNOW.....d
- REFUSED.....r

{IF H3=1}
H7. What is the highest grade or year of school your (spouse/partner) completed?

If “high school,” PROBE: What is the last grade your (spouse/partner) completed?

If “college,” PROBE: Did your (spouse/partner) receive a degree? What type of degree?

CIRCLE ONLY ONE

- UP TO 8TH GRADE.....1
- 9TH TO 11TH GRADE.....2
- 12TH GRADE BUT NO DIPLOMA.....3
- HIGH SCHOOL DIPLOMA/EQUIVALENT.....4
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA.....5
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL 6
- SOME COLLEGE BUT NO DEGREE.....7
- ASSOCIATE’S DEGREE.....8
- BACHELOR’S DEGREE.....9
- GRADUATE OR PROFESSIONAL
SCHOOL BUT NO DEGREE.....10
- MASTER’S DEGREE (MA, MS, EdS).....11
- DOCTORATE DEGREE (PHD, EDD).....12
- PROFESSIONAL DEGREE AFTER
BACHELOR’S DEGREE (MEDICINE/MD;
DENTISTRY/DDS; LAW/JD/LLB; ETC.).....13
- DON’T KNOW.....d
- REFUSED.....f

H8. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you.

\$ |__|__|__|,|__|__|__| PER |__|__| CODE

- per hour,.....1
- per day,.....2
- per week,.....3
- every two weeks,.....4
- month, or.....5
- year?.....6
- OTHER (SPECIFY).....7

- DON'T KNOW.....d
- REFUSED.....r



{IF H8=d, r}
H8a. I just need a range. Was it...

- \$25,000 or less, or.....1
- more than \$25,000?.....2
- DON'T KNOW.....d
- REFUSED.....r

{IF H8a=1}
H8b. Was it...

- \$5,000 or less,.....1
- \$5,001 to \$10,000,.....2
- \$10,001 to \$15,000,.....3
- \$15,001 to \$20,000, or.....4
- \$20,001 to \$25,000?.....5
- DON'T KNOW.....d
- REFUSED.....r

{IF H8a=2}
H8c. Was it...

- \$25,001 to \$30,000,.....1
- \$30,001 to \$35,000,.....2
- \$35,001 to \$40,000,.....3
- \$40,001 to \$50,000,.....4
- \$50,001 to \$75,000, or.....5
- more than \$75,000?.....6
- DON'T KNOW.....d
- REFUSED.....r

H9. Is (CHILD) of Spanish, Hispanic, or Latino origin?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

→ GO TO H12

H10. Which one of these best describes (CHILD)'s Spanish, Hispanic, or Latino origin?
Would you say...

INTERVIEWER: IF MORE THAN ONE, CODE AS OTHER.

- Mexican, Mexican American, Chicano,.....1
- Puerto Rican,.....2
- Cuban, or.....3
- Some other Spanish/Hispanic/
Latino group? (SPECIFY).....4
- _____
- DON'T KNOW.....d
- REFUSED.....r

H11. What is (CHILD)'s race? You may name more than one if you like.

CIRCLE ALL THAT APPLY

- WHITE.....1
- BLACK OR AFRICAN AMERICAN.....2
- AMERICAN INDIAN OR ALASKA NATIVE....3
- ASIAN INDIAN.....4
- CHINESE.....5
- FILIPINO.....6
- JAPANESE.....7
- KOREAN.....8
- VIETNAMESE.....9
- ASIAN (NOT FURTHER SPECIFIED).....10
- NATIVE HAWAIIAN.....11
- GUAMANIAN OR CHAMORRO.....12
- SAMOAN.....13
- OTHER PACIFIC ISLANDER (SPECIFY).....14
- _____
- ANOTHER RACE (SPECIFY).....15
- _____
- DON'T KNOW.....d
- REFUSED.....r

END. Thank you