

NHES ASPA 2014 Draft Questionnaire

OMB No. 1850-0803

The National Household Education Survey

A Survey about Students' After-School Activities



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.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

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-XXX-XXXX.
-
-

We are authorized to collect this information by 20 U.S. Code, Section 9543. 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 (20 U.S. Code, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a survey unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-[XXXX]. The time required to complete this survey is estimated to average 20 minutes, including the time to review instructions, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Sarah Carroll, National Center for Education Statistics, 1990 K Street, NW, Room 9079, Washington, DC 20006. Please 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. What is this child's current grade or year of school?

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.

- ☐ Child has not yet started kindergarten



Please STOP now and call 1-888-XXX-XXXX.

- ☐ Full-day kindergarten
- ☐ Partial-day kindergarten

grade (1 through 12)

2. Is this child homeschooled instead of going to a public or private school for some classes or subjects?

- ☐ No
- ☐ Yes – For how many hours each week does this child attend a public or private school?

3. What type of school does this child attend?

- ☐ Private, Catholic
- ☐ Private, religious but not Catholic
- ☐ Private, not religious

GO TO question 6



- ☐ Public school

4. Is it his/her regularly assigned school?

No

Yes

5. Is this school a charter school?

No

Yes

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

"This child enjoys school."

Strongly agree

Agree

Disagree

Strongly disagree

7. Please tell us about this child's grades during this school year. Overall, across all subjects, what grades does this child get?

Mostly A's

Mostly B's

Mostly C's

Mostly D's and lower

This child's school does not give these grades

8. Since the beginning of this school year, how many times have any of this child's teachers or school staff contacted your household about...

Write '0' if none.

Number

a Behavior problems this child is having in school.....

b Problems this child is having with school work.....

c. Very good behavior

d Very good school work

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

days

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

☐ No  **GO TO question 12**

 ☐ Yes

11. 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*

12. 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"/> |

13. 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

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

Mark ☒ ONE only.

- Excellent
- Above average
- Average
- Below average
- Failing

2. Choosing After-School Arrangements

Children spend their after-school time in many different ways. Some children are with parents or relatives after-school, some care for themselves, and others attend a supervised care program or participate in clubs, lessons, sports or other organized activities. After-school hours are the hours after the child is finished with school and weekends.

These next questions ask about what is important to your family when deciding how this child spends his or her time after-school.

15. Do you feel there are good choices for after-school care, programs, or activities where you live?

- ☐ No
- ☐ Yes
- ☐ Don't know

16. Does your child's school or your local community provide information about after-school care, programs, or activities where you live?

- ☐ No
- ☐ Yes
- ☐ Don't know

17. Have you looked for information about after-school care, programs, or activities for your child?

- ☐ No
- ☐ Yes

18. How satisfied are you with the actual after-school care, programs, and activities available to you in your community?

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

19. Are you or this child's other parent at home each day when this child gets home from school?

No

Yes

20. Not counting times when an adult is at home and this child is outside playing, is this child responsible for him or herself each day for 30 minutes or more after school?

No

Yes

21. How important was each of the following reasons when your family was making decisions about where this child spends after-school hours and weekends?

Mark ☒ ONE box for each line.

	Not at all important	A little important	Somewhat important	Very important	Not applicable
A convenient location.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult supervision.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A nurturing environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is cared for by someone your family knows.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to and from the care, program, or activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of your children can be at the same place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours and schedule are convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of facilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The provider is licensed or accredited....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of someone to speak child or family's first language.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of someone to care for child's special needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate number of staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No other care/programs available.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Other than the reasons above, how important was each of the following reasons when your family was making decisions about where this child spends after-school hours and weekends?

Mark ☒ ONE box for each line.

	Not at all important	A little important	Somewhat important	Very important	Not applicable
Child enjoys it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child spends time with other kids his/her age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child spends time with family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural diversity of the children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides music, art, and culture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides access to computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides math and science activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides academic support/tutoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides help for this child to learn English.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides help for this child to learn another language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides reading activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides physical activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides mentors or role models.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You or your family like the staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious affiliation of program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Other than the reasons listed above, were there any other reasons your family considered when making making decisions about where this child spends after-school hours and weekends?

24. During last week (or the most recent typical week) this school year, where was this child after school hours and weekends?

For each day of the week below, mark ☒ the box that corresponds to the location where this child spent at least 30 minutes after school hours and weekends. Mark all that apply.

Child spends at least 30 minutes...	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a. At this child's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At another home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At this child's school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At a community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. At a day-care or after-school care center located in its own building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At a college or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. At a library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. At a church, synagogue, temple, or other place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. At a parent or guardian's workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. At another location not listed, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. During last week (or the most recent typical week) this school year, who looked after this child after school and weekends?

For each day of the week, mark ☒ the box with the individual who typically looked after this child after school and weekends for at least 30 minutes. Mark all that apply.

Child spends at least 30 minutes with...	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Grandmother or grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Aunt or uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Another relative not listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child takes care of him/herself for more than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A nanny, babysitter, or another person not related to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. An adult staff person at a formal after-school program or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. An adult at an organized club, sports or activity (e.g., coach, art teacher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. During last week (or the most recent typical week) this school year, which of the following activities did this child do after school and weekends, if any?

For each day of the week, mark ☒ the box if this child typically participated in the listed activity. Mark all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a. Receives tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading or writing for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mathematics, like math labs or math clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science, like science lab or science clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Engineering or technology, like computer programming or robotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Music, like lessons, band, or chorus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Arts, like drawing, painting, performing, or dance lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. School clubs, like yearbook, chess or debate team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Community activities, like 4-H and Scouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. A religious activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. During last week (or the most recent typical week) this school year, which of the following activities did this child do after school and on weekends, if any?

For each day of the week, mark ☒ the box if this child typically participated in the listed activity. Mark all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a. Sports (team or individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical activities, like jumping rope, biking, dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other playing outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Playing indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Socializing with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV or movies (includes things like, online streaming, Netflix, VHS, DVD, or Blu-ray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playing video games, like computer games and games for Xbox, Wii, and PlayStation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Using a smartphone, computer, or tablet, for Facebook, Twitter, Instagram, or Internet browsing (Does not include computer games and homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Working at a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Taking care of a sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Another activity not listed, Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Formal After-School Programs

The Department of Education would like to know more information about formal after-school programs that children attend. These are programs that provide supervision and structured activities. These programs are usually held in a school or a center, and are different from individual activities like sports, scouts, clubs, or special lessons.

28. Is this child now attending an after-school program at a school or in a center, either on a scheduled or a drop-in basis, at least once each week?

☐ No

☐ Yes → **GO TO question 31**

29. In the past year, have you tried to enroll this child in an after-school program either at your child's school or at another location?

☐ No

☐ Yes

30. What is the main reason you did not enroll this child in an after-school program in a school or center?

Mark ☒ ONE box

- ☐ Child was not eligible because of grades
- ☐ Child was not eligible because of age
- ☐ Hours of the program(s) do not fit family's needs
- ☐ Program(s) are too expensive
- ☐ Program(s) were at capacity/full
- ☐ Poor program quality
- ☐ Felt child is unsafe
- ☐ Does not meet child's special needs
- ☐ Staff does not speak child's primary language
- ☐ Transportation was unavailable

**GOTO
question
42**

Transportation was unsafe

Program(s) not available where I live

Other reason not to enroll this child

Specify: _____

31. How many different formal after-school programs does this child attend?

☐ One

☐ Two

☐ Three or more

32. How many hours each week does this child spend at formal after-school program(s) or center(s) after school and on weekends?

--	--

hours each week

33. These next questions ask about the after-school program where this child spends the most time.

How much does your household pay for this child to go to this program, not counting any money that you may receive from others to help pay for care?

Write '0' if your household does not pay for this program.

\$

--	--	--	--	--	--

 00

Is that amount per...

☐ Hour

☐ Day

☐ Week

☐ Month

☐ Year

☐ Every 2 weeks

☐ Other → Specify

--

34. How many children from your household is this amount for, including this child?

Do not pay for program

This child only

2 children

3 children

4 children

5 or more children

35. Do any of the following people, programs, or organizations help pay for this child to go to this program?

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. A friend or relative of this child outside your household who provides money <u>specifically</u> for that program, not including general child support..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |

36. How many years/months has this child been attending this program?

years months

37. How often do you or another adult in your family talk to a staff member at this program?

- ☐ Less than once a month
- ☐ Once or twice a month
- ☐ Once or twice a week
- ☐ Three or more times a week

38. How would you rate the overall quality of this program?

Best I can imagine

Better than I had expected to find for my child

Good for my child

Good enough for my child, but not as good as I'd wished for

~~Not good enough for my child~~

39. How does this child get to the after-school program? Please specify:

40. Is this program run by his or her school?

No

Yes

41. How many programs does this child participate in that are run by his or her school?

None

One

Two

Three or more

4. Organized After-School Activities

The following questions ask about organized clubs or activities that this child might participate in outside of school hours that are not part of a formal after-school program. These might include activities such as organized sports, music lessons, scouts, or religious education.

42. Is this child participating in any organized clubs or activities after-school at least once each week?

☐ No → **GO TO question 52**

☐ Yes

43. How many hours each week does this child currently participate in activities or lessons after-school and weekends?

hours each week

44. Does this child's participation in these activities help to cover the hours when you need adult supervision for him/her?

☐ No

☐ Yes

45. How much does your household pay for this child to participate in organized activities, not counting any money that you may receive from others to help pay for the activities?

Write '0' if your household does not pay for these activities.

\$ 00

Is that amount per...

☐ Hour

☐ Day

☐ Week

☐ Month

☐ Year

☐ Every 2 weeks

☐ Other → Specify

46. How many children from your household is this amount for, including this child?

☐ Do not pay for activities

☐ This child only

☐ 2 children

☐ 3 children

☐ 4 children

☐ 5 or more children

47. Do any of the following people, programs, or organizations help pay for this child to go to these activities?

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
s
▼ |
|--|--------------------------|--------------------------|
| a. A friend or relative of this child outside your household who provides money <u>specifically</u> for the activities, not including general child support..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |

48. How many years/months has this child been participating in organized activities after-school?

years months

49. How does this child get to the activities? Please specify:

50. How many activities does this child participate in that are run by his or her school?

None

One

Two

Three or more

51. How often do you or another adult in your family talk to a coach, supervisor, or staff member at this child's after-school activities?

Less than once a month

Once or twice a month

Once or twice a week

Three or more times a week

--	--

hours each week

5. Other Arrangements

52. How many hours each week is this child looked after by a relative other than this child's parent (e.g. grandparent, brother, sister, or other relative) after and weekends?

Write 0 if child is not looked after by a relative.

--	--

hours each week

53. How many hours each week is this child responsible for himself/herself for more than 30 minutes after-school and weekends?

Write 0 if child is not responsible for himself/herself.

--	--

hours each week

54. How many hours each week is this child looked after by a nanny, babysitter, or another person not related to the child, after school and weekends?

Write 0 if child is not looked after by someone not related him or her.

6. Child's Health

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

Mark ☒ all that apply.

- ☐ A specific learning disability
- ☐ An intellectual disability (mental retardation)
- ☐ A speech or language impairment.....
- ☐ A serious emotional disturbance
- ☐ Deafness or another hearing impairment
- ☐ Blindness or another visual impairment not corrected with glasses
- ☐ An orthopedic impairment
- ☐ Autism
- ☐ Pervasive Developmental Disorder (PDD)
- ☐ Attention Deficit Disorder, ADD or ADHD
- ☐ A developmental delay
- ☐ Traumatic brain injury
- ☐ Another health impairment lasting

6 months or more

57. Did you mark any condition in question 56?

No →

GO TO question 65

Yes

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

No →

GO TO question 64

Yes

59. Are any of these services provided through an Individualized Education Program (IEP)?

No

Yes

60. Are any of these services provided during after-school hours or on weekends?

No →

GO TO question 64

Yes

61. Who mainly provides services for this child after-school or on weekends?

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 community center or organization..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A private doctor, clinic, or | <input type="checkbox"/> | <input type="checkbox"/> |

other health care provider....

62. Where does this child typically receive services during after-school and weekend hours?

- ☐ At this child's home
- ☐ At another private home
- ☐ At this child's school
- ☐ At an after-school center
- ☐ At a hospital, doctor's office, or clinic
- ☐ Someplace else

63. During this school year, how satisfied or dissatisfied have you been with the services this child receives during after-school hours?

a. The service provider's communication with your family?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

b. The child's service provider?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

c. The facility'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 commitment to help your child learn?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

64. 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 question 65 on the next page.

7. Child's Background

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month			year			

66. Where was this child born?

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

GO TO question 68

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

☐ Another country

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

<input type="text"/>	<input type="text"/>
age	

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

☐ No

☐ Yes

69. 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

70. What is this child's sex?

Male

Female

71. Does this child split his or her time between two households, for example, because of a joint custody arrangement?

Do not include vacation properties.

No

Yes

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

Mark ☒ ONE only.

Child is not
able to speak
English

GO TO question 74

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

No

Yes

► Continue with section 8, on the next page.

8. Child's Family

PARENT 1 LIVING IN HOUSEHOLD

Answer questions 74 to 95 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 75 to 95 about one of this child's parents or guardians living in the household.

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

Biological parent

Adoptive parent

Stepparent

Foster parent

Grandparent
Other guardian

75. Is this person male or female?

Male
Female

76. What is this person's current marital status?

Mark ☒ ONE only.

Now married → **GO TO question 79**
Widowed
Divorced
Separated
Never Married

77. Is this person currently living with a boyfriend/girlfriend or partner in this household?

☐ No → **GO TO question 79**
☐ Yes

78. Is this person currently in a registered domestic partnership or civil union?

☐ No
☐ Yes

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

Mark ☒ ONE only.

☐ English → **GO TO question 82**
☐ Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

Mark ☒ ONE only.

English → **GO TO question 82**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

81. 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

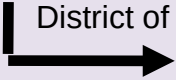
Somewhat difficult

Not at all difficult

► **Continue with question 82 on the next page.**

82. Where was this parent or guardian born?

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



GO TO question 84

Mark

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

☐ Another country

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

--	--

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

☐ No

☐ Yes

85. 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

86. 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)

87. 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

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

ONE only. ☒

Employed for pay or income

Self-employed

age

out of work

Unemployed or

GO TO question 91

Full-time student

Stay at home

parent

Retired

GO TO question 92

Disabled or
unable to work

**89. (If employed or self-employed)
Does he or she mostly work a
regular shift, regular shift other
than during the day, variable shifts
or works when work is available?**

Mark

ONE only. ☒

- ☐ Regular day shift most of the hours
between 6 am to 6pm
- ☐ A regular shift at times other than
between 6 am and 6 pm
- ☐ A variable shift-one that changes
from days to evenings or nights
- ☐ Where he/she chooses their own
hours
- ☐ Works when work is available

**90. About how many hours per week
does he or she usually work for pay
or income, counting all jobs?**

hours

GO TO question 92

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

- ☐ No
- ☐ Yes

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

Months

**93. Have this child's after-school care
needs influenced this person's
choice of job or work schedule in
any way?**

- ☐ No
- ☐ Yes

94. How old is this person?

age

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

--	--

age

Don't know

► Continue with question 96 on the next page.

PARENT 2 LIVING IN HOUSEHOLD *Answer questions 96 to tk about a second parent or guardian living in the household.*

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

☐ No



GO TO question 100



☐ Yes

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

☐ Biological parent

☐ Adoptive parent

☐ Stepparent

☐ Foster parent

☐ Grandparent

☐ Other guardian

98. Is this person male or female?

☐ Male

☐ Female

99. What is your current marital status?

Mark ☒ ONE only.

☐ Now married



GO TO question 83

☐ Widowed

☐ Divorced

☐ Separated

☐ Never Married

100. Are you currently living with a boyfriend/girlfriend or partner in this household?

GO TO question 83

☐ No 

☐ Yes


101. Are you currently in a registered domestic partnership or civil union?

☐ No

☐ Yes

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

Mark ☒ ONE only.

☐ English 

GO TO question 88

☐ Spanish


☐ A language other than English or Spanish

☐ English and Spanish equally

☐ English and another language equally

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

Mark ☒ ONE only.

☐ English 

GO TO question 88

☐ Spanish

☐ A language other than English or Spanish

☐ English and Spanish equally

☐ English and another language equally

104. 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

► Continue with question 105 on the next page.

105. Where was this parent or guardian born?

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

GO TO question 90

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

☐ Another country

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

--	--

age

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

☐ No

☐ Yes

108. 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

109. What is the highest grade or level of school that this parent or guardian completed?

[X] ONE only.

☐ 8th grade or less

☐ High school, but no diploma

☐ High school diploma or equivalent (GED)

☐ Vocational diploma after high school

☐ Some college, but no degree

☐ Associate's degree (AA, AS)

☐ Bachelor's degree (BA, BS)

☐ Some graduate or professional education, but no degree

☐ Master's degree (MA, MS)

☐ Doctorate degree (PhD, EdD)

☐ Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

110. 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

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

ONE only. ☒

☐ Employed for pay or income

☐ Self-employed

☐ Unemployed or

out of work

GO TO question 114

parent

Full-time student

Stay at home

Retired

Disabled or
unable to work

GO TO question 115

112. (If employed or self-employed)
Does he or she mostly work a regular shift, regular shift other than during the day, variable shifts or works when work is available?

Mark ☒ ONE only.

- ☐ Regular day shift most of the hours between 6 am to 6pm
- ☐ A regular shift at times other than between 6 am and 6 pm
- ☐ A variable shift-one that changes from days to evenings or nights
- ☐ Where he/she chooses their own hours
- ☐ Works when work is available

113. About how many hours per week does he or she usually work for pay or income, counting all jobs?

hours

GO TO question 115

9. Your Household

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

- ☐ No
- ☐ Yes

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

Months

116. Have this child's after-school care needs influenced this person's choice of job or work schedule in any way?

No

Yes

117. How old is this person?

age

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

age

- ☐ Don't know

► Continue with section 9, question 119 on the next page.

119. How many of the following people live in this household with this child?

Example:

2 Brother(s)

Write '0' if none.

This child's....

Number

Parent(s)

.....

- Brother(s)
.....
- Sister(s) ☐
.....
- Aunt(s) ☐
.....
- Uncle(s) ☐
.....
- Grandmother(s) ☐
.....
- Grandfather(s) ☐
.....
- Cousin(s) ☐
.....
- Parent's
girlfriend/
boyfriend/
partner... ☐
- Other relative(s) ☐
.....
- Other non-
relative(s) ☐

120. Enter the total number of people living in this household with this child. (This number should be equal to the sum of a through k above).

--	--

Father (*birth, adoptive, step, or foster*)

Aunt

Uncle

Grandmother

Grandfather

Parent's girlfriend/ boyfriend/ partner

Other relationship – Specify:

--

122. Which 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 122 on the next page.

121. How are you related to this child?

Mark ☒ ONE only.

- ☐ Mother (*birth, adoptive, step, or foster*)

\$150,001 or more

123. 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"/> |

124. 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

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

Write '0' if less than 1 year.

--	--

years at this address

126. 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?

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

No

Yes

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

No

Yes

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

No

Yes

130. Do you have a working cell phone?

No

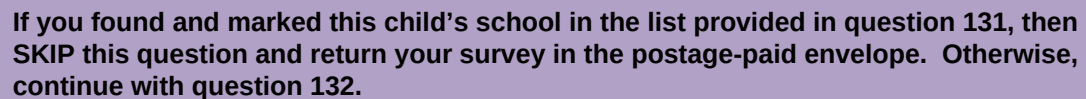
Yes

► **Continue with question 130 on the
next page.**

131. 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 132.

	<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.}



Please use block or capital letters, for example:

[illegible][illegible][illegible][illegible]

--	--	--	--	--

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

37

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 United States.

Q: How did you get my child's name and grade?

- A: When you returned the initial National Household Education Survey to us, we randomly chose one child to ask additional questions about. We are interested in understanding your child's experiences with after-school activities.

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. Those who do not return the survey will not be represented in key statistics used by policymakers and researchers.

Q: How will the information I provide be used? Will my privacy be protected?

- 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, policymakers, 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). 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: Sarah Carroll, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. You may send email to XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.