**Appendix B.**

**NHES: 2012 Questionnaires**

1. Screener Questionnaires
   1. Without name\*,⬥
   2. With name\*,⬥
2. Topical Questionnaires
   1. Early Childhood Program Participation\*,⬥
   2. Early Childhood Program Participation – short form for 4th mailing
   3. Parent and Family Involvement in Education – Enrolled Students\*,⬥
   4. Parent and Family Involvement in Education – Homeschooled Students\*,⬥
   5. Parent and Family Involvement in Education – Enrolled Short Form for 4th mailing

\* A Spanish version will be created after OMB approval.

⬥  The Census version will be created after OMB approval and will differ only in cover design from the questionnaires shown in this appendix.

# Screener Questionnaire Without Name

**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 don’t you ask more questions about education in this questionnaire?**

A: The purpose of this questionnaire is to find out if anyone in your household is eligible for the next stage of the survey. If so, we will send a second questionnaire that will ask about educational experiences of a member of your household.

**Q: If there are no children or anyone currently in school in my household, should I respond?**

A: Yes, you should respond to this survey. Once you return the questionnaire, the study will be able to see if anyone in your household is eligible for the next and final survey. If no one is eligible, you will not receive another survey.

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

A: This survey is the only way that the Department of Education can learn about children’s care, early learning activities, and schooling from your perspective. 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 US Code).

**Q: How much time will it take?**

A: On average, it should take 3 minutes for you to respond, including the time for reviewing instructions and completing and reviewing the collection of information.

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

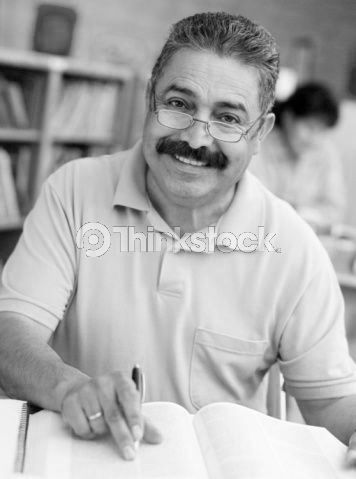
A: The National Center for Education Statistics, within the Department of Education, is authorized to conduct this study (Section 9543, 20 US Code). This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned 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 XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX



National Household Education Survey







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| --- |
| The National Center for Education Statistics is authorized to conduct this survey under Section 9543, 20 US Code. Your participation is voluntary. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 US Code). The information you provide will be combined with information from other participants to produce statistical summaries and reports. |

****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Here** |  | ***►*** *Start with the youngest youth or child who is age 20 or younger.* | **Youth / Child 1**  ▼ | **Youth / Child 2**  ▼ | **Youth / Child 3**  ▼ | **Youth / Child 4**  ▼ | **Youth / Child 5**  ▼ |
| *The Department of Education is studying households with youth or children age 20 or younger. Each household is different, and we need your response so we can send you a survey that is right for your household.*  ► *Return this form even if there are no youth or children in this household after marking the correct box in item 1.*  ► *This survey should be filled out by an adult household member living at this address.*  ► *Please use a blue or black pen if available.*  **1. Are there any youth or children age 20 or younger living in this household?**  *Do not include those living in college housing.*   * Yes * No ***GO TO box A at the bottom.***   **2.** **How many youth or children age 20 or younger live in this household?**  |\_\_|\_\_| number age 20 or younger  ► **Continue answering questions 3 through 6 for each youth or child living in this household.** |  |
|  | **3. How old is this child in years?** | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years |
|  | **4. What is this child’s sex?** | * Male * Female | * Male * Female | * Male * Female | * Male * Female | * Male * Female |
|  | **5. Is this child currently in**  *Mark* [X] *ONE only.* | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 2.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 3.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 4.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 5.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***Return survey.*** |
|  | **6. What is this child’s current grade or equivalent?** | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these |
|  | **► Please verify you have listed the 5 youngest youth or children living in this household in columns 1 through 5 above.** | | | | | |
|  |  |  | |  | |  |  |
| A *If you marked in question 1 that no one in your household is age 20 or younger, please stop here and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study. Thank you for your time.* |  |  | | **► Thank you. Please return this form in the postage-paid envelope provided or mail it to:**  **National Household Education Survey**  **Toll-free number for questions: 1-XXX-XXX-XXXX** | | | |
|  |  |  |  |  |  |  |  |

# Screener Questionnaire With Name

**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 don’t you ask more questions about education in this questionnaire?**

A: The purpose of this questionnaire is to find out if anyone in your household is eligible for the next stage of the survey. If so, we will send a second questionnaire that will ask about educational experiences of a member of your household.

**Q: If there are no children or anyone currently in school in my household, should I respond?**

A: Yes, you should respond to this survey. Once you return the questionnaire, the study will be able to see if anyone in your household is eligible for the next and final survey. If no one is eligible, you will not receive another survey.

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

A: This survey is the only way that the Department of Education can learn about children’s care, early learning activities, and schooling from your perspective. 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 US Code).

**Q: How much time will it take?**

A: On average, it should take 3 minutes for you to respond, including the time for reviewing instructions and completing and reviewing the collection of information.

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

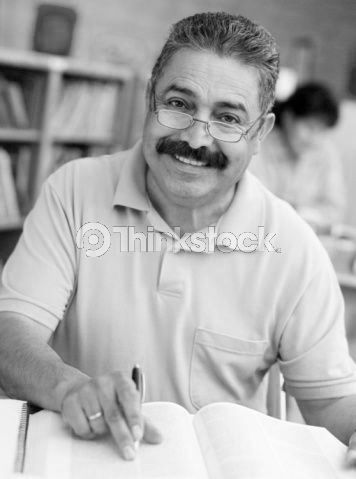
A: The National Center for Education Statistics, within the Department of Education, is authorized to conduct this study (Section 9543, 20 US Code). This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned 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 XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX



National Household Education Survey







|  |
| --- |
| The National Center for Education Statistics is authorized to conduct this survey under Section 9543, 20 US Code. Your participation is voluntary. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 US Code). The information you provide will be combined with information from other participants to produce statistical summaries and reports. |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Here** |  | ►*Start with the youngest youth or child who is age 20 or younger.* | **Youth / Child 1**  ▼ | **Youth / Child 2**  ▼ | **Youth / Child 3**  ▼ | **Youth / Child 4**  ▼ | **Youth / Child 5**  ▼ |
| *The Department of Education is studying households with youth or children age 20 or younger. Each household is different, and we need your response so we can send you a survey that is right for your household.*  ► *Return this form even if there are no youth or children in this household after marking the correct box in item 1.*  ► *This survey should be filled out by an adult household member living at this address.*  ► *Please use a blue or black pen if available.*  **1. Are there any youth or children age 20 or younger living in this household?**  *Do not include those living in college housing.*   * Yes * No ***GO TO box A at the bottom.***   **2.** **How many youth or children age 20 or younger live in this household?**  |\_\_|\_\_| number age 20 or younger  ► **Continue answering questions 3 through 7 for each youth or child living in this household.** |  | **3. What is his or her first name, initials, or nickname?**  *First names will be used only to ask you questions about the education of a specific child.* | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   First name/initials/nickname | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   First name/initials/nickname | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   First name/initials/nickname | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   First name/initials/nickname | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   First name/initials/nickname |
|  | **4. How old is this child in years?** | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years | * Mark for babies less than 1 year old   |\_\_|\_\_| age in years |
|  | **5. What is this child’s sex?** | * Male * Female | * Male * Female | * Male * Female | * Male * Female | * Male * Female |
|  | **6. Is this child currently in**  *Mark* [X] *ONE only.* | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 2.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 3.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 4.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***GO TO youth/child 5.*** | * Public or private school, or preschool, * Homeschool instead of school for some or all classes, or * Not in school?   ***Return survey.*** |
|  | **7. What is this child’s current grade or equivalent?** | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these | * Preschool * Kindergarten   write  |\_\_|\_\_| grade 1 through 12   * College or vocational school * None of these |
|  | **► Please verify you have listed the 5 youngest youth or children living in this household in columns 1 through 5 above.** | | | | | |
|  |  |  | |  | |  |  |
| A *If you marked in question 1 that no one in your household is age 20 or younger, please stop here and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study. Thank you for your time.* |  |  | | **► Thank you. Please return this form in the postage-paid envelope provided or mail it to:**  **National Household Education Survey**  **Toll-free number for questions: 1-XXX-XXX-XXXX** | | | |

# ECPP Questionnaire

The National Household Education Survey

Our Children’s Future: A Survey of Young Children’s Care and Education



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 has not yet started kindergarten. If this child is attending public or private school or is homeschooled for kindergarten through 12th grade or equivalent, please call us at the toll-free number below so we can be sure you received the correct survey. * These questions should be filled in by a parent or guardian who knows about:   Please answer all the survey questions thinking about this child or youth.   * To answer a question, simply mark 🗷 the box that best represents your answer. * Please use a black or blue pen, if available, to complete this survey. * If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know. * Our toll-free number is 1-888-880-3033. |

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. Childhood Care and Programs** |

**► Thank you for your help with the previous survey your household completed.**

**► Answer all the survey questions thinking about the child listed below:**

**► Care Your Child Receives from Relatives**

*j0293236These questions ask about different types of child care this child may now receive on a regular basis from someone other than his/her parents or guardians.*

**1. Is this child now receiving care from a relative other than a parent or guardian on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?**

* + - No

***GO TO question 17***

* + - Yes

**2. Are any of these care arrangements regularly scheduled at least once a week?**

* + - No

***GO TO question 17***

* + - Yes

**3. These next questions are about the care that this child receives from the relative who provides the most care. How is that relative related to this child?**

*Mark*  *ONE only.*

* + - Grandmother/Grandfather
    - Aunt /Uncle
    - Brother /Sister
    - Another relative

**4. How old is the relative who provides the most care to this child?**

age

**5. Is this care provided in your home or another home?**

* + - Own home
    - Other home
    - Both

**6. How many days each week does this child receive care from this relative?**

|\_\_| days each week

**7. How many hours each week does this child receive care from this relative?**

|\_\_|\_\_| hours each week

**8. How old was this child in years and months when this particular regular care arrangement with this relative began?**

|\_\_ years months

**9. What language does this relative speak most when caring for this child?**

* + - English
    - Spanish
    - A language other than English or Spanish
    - English and Spanish equally
    - English and another language equally

**10. Will this relative care for this child when the child is…**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Sick but does not have a fever? |  |  |
| b. | Sick and has a fever? |  |  |

**11. Is there any charge or fee for the care this child receives from this relative, paid either by you or some other person or agency?**

* No

***GO TO question 15***

* Yes

**12. Do any of the following people, programs, or organizations help pay for this relative to care for this child?**

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

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

**13. How much does your household pay for this relative to care for this child, not counting any money that may be received from others to help pay for care?**

*Write ‘0’ if your household does not pay this relative for care.*

$ .00

**Is that amount per…**

* + - Hour
    - Day
    - Week
    - Month
    - Year
    - Every 2 weeks
    - Other Specify:

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

* + - This child only
    - 2 children
    - 3 children
    - 4 children
    - 5 or more children

**15. Does this child have any other care arrangements with a relative on a regular basis?**

* No

***GO TO question 17***

* Yes

**16. How many total hours each week does this child spend in those other care arrangements with relatives?**

|\_\_|\_ hours each week

**► Care Your Child Receives from Non-relatives**

*j0293236The next questions ask about any care this child receives from someone not related to him/her, either in your home or someone else’s home. This includes home child care providers or neighbors, but not day care centers or preschools.*

**17. Is this child now receiving care in your home or another home on a regular basis from someone who is not related to him/her?**

* + - No

***GO TO question 35***

* + - Yes

**18. Are any of these care arrangements regularly scheduled at least once a week?**

* + - No

***GO TO question 35***

* + - Yes

**19. These next questions are about the care that this child receives from someone who is not related to him/her who provides the most care.**

**Is this care provided in your own home or in another home?**

* + - Own home
    - Other home
    - Both

**20. Does this person who cares for this child live in your household?**

* + - No
    - Yes

**21. How many days each week does this child receive care from this person?**

days each week

**22. How many hours each week does this child receive care from this person?**

hours each week

**23. How old was this child in years and months when this particular regular care arrangement with this person began?**

years months

**24. Was this care provider someone you already knew?**

* + - No
    - Yes

**25. Is this child’s care provider age 18 or older?**

* + - No
    - Yes

**26. What language does this care provider speak most when caring for this child?**

* + - English
    - Spanish
    - A language other than English or Spanish
    - English and Spanish equally
    - English and another language equally

**27. Will this care provider care for this child when this child is…**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Sick but does not have a fever? |  |  |
| b. | Sick and has a fever? |  |  |

**28. Would you recommend this care provider to another parent?**

* + - No
    - Yes

**29. Is there any charge or fee for the care this child receives from this care provider, paid either by you or some other person or agency?**

* No

***GO TO question 33***

* Yes

**30. Do any of the following people, programs, or organizations help pay for this person to care for this child?**

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

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

**31. How much does your household pay for this person to care for this child, not counting any money that may be received from others to help pay for care?**

*Write ‘0’ if your household does not pay this non-relative for care.*

$ .00

**Is that amount per…**

* + - Hour
    - Day
    - Week
    - Month
    - Year
    - Every 2 weeks
    - Other Specify:

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

* + - This child only
    - 2 children
    - 3 children
    - 4 children
    - 5 or more children

**33. Does this child have any other home-based care arrangements on a regular basis with someone who is not a relative? Do not include arrangements at day care centers or preschools.**

* + - No

***GO TO question 35***

* + - Yes

**34. How many total hours each week does this child spend in those other care arrangements with non-relatives?**

hours each week

**► Day Care Centers and Preschool Programs Your Child Attends**

*j0293236* *The next questions ask about any day care centers and early childhood programs that this child attends. This does not include care provided in a private home.*

*.*

**35. Is this child now attending a day care center, preschool, or prekindergarten not in a private home?**

* + - No

***GO TO question 54***

* + - Yes

**36. Does this child go to a day care center, preschool, or prekindergarten, at least once each week?**

* + - No

***GO TO question 54***

* + - Yes

**37. The next questions ask about the program where this child spends the most time.**

**Is this child’s current program a day care program, a preschool program, or a prekindergarten program?**

* + - Day care
    - Preschool
    - Prekindergarten

**38. Is this program a Head Start or Early Head Start program?**

*j0293236* *Head Start and Early Head Start are federally sponsored preschool programs primarily for children from low-income families.*

* + - No
    - Yes
    - Don’t know

**39. Where is this program located?**

*Mark*  *ONE only.*

* + - In a church, synagogue, or other place of worship
    - In a public elementary or secondary school
    - In a private elementary or secondary school
    - At a college or university
    - At a community center
    - At a public library
    - In its own building, office space, or storefront
    - Some other place

Specify:

**40. Is this program run by a church, synagogue, or other religious group?**

* + - No
    - Yes

**41. Is this program located at your workplace or this child’s other parent’s workplace?**

* + - No
    - Yes

**42. How many days each week does this child go to this program?**

days each week

**43. How many hours each week does this child go to this program?**

hours each week

**44. How old was this child in years and months when he/she started going to this particular program?**

years months

**45. What language does this child’s main care provider or teacher at this program speak most when caring for this child?**

* + - English
    - Spanish
    - A language other than English or Spanish
    - English and Spanish equally
    - English and another language equally

**46. Would you recommend this program to another parent?**

* + - No
    - Yes

**47. Does this program provide any of the following services to this child or your family?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Hearing, speech, or vision testing |  |  |
| b. | Physical examinations |  |  |
| c. | Dental examinations |  |  |
| d. | Formal testing for developmental or learning problems |  |  |
| e. | Sick child care when this child is sick but does not have a fever |  |  |
| f. | Sick child care when this child is sick and has a fever |  |  |

**48. Is there any charge or fee for this program, paid either by you or some other person or agency?**

* No

***GO TO question 52***

* Yes

**49. 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 relative of this child outside your household who provides money specifically for that care, not including general child support |  |  |
| b. | Temporary Assistance for Needy Families, or TANF |  |  |
| c. | Another social service, welfare, or child care agency |  |  |
| d. | An employer, not including a tax-free spending account for child care |  |  |
| e. | Someone else |  |  |

**50. 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:

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

* + - This child only
    - 2 children
    - 3 children
    - 4 children
    - 5 or more children

**52. Does this child have any other care arrangements at a day care center or preschool on a regular basis?**

* No

***GO TO question 54***

* Yes

**53. How many total hours each week does this child spend at those day care centers or preschools?**

hours each week

**► Continue with section 2.**

|  |
| --- |
| **2. Finding and Choosing Care for Your Child** |

**54. Has this child ever attended a Head Start or Early Head Start program?**

*j0293236* *Head Start and Early Head Start are federally sponsored preschool programs primarily for children from low-income families.*

* + - No
    - Yes
    - Don’t know

**55. What is the main reason your household wanted a care program for this child in the past year?**

*Mark ONE box.*

* + - To provide care when a parent was at work or school
    - To prepare child for school
    - To provide cultural or language learning
    - To make time for running errands or relaxing
    - Some other reason
    - Did not have care in the past year

**56. Do you feel there are good choices for child care or early childhood programs where you live?**

* + - No
    - Yes
    - Don’t know

**57. How much difficulty did you have finding the type of child care or early childhood program you wanted for this child?**

* + - Have not tried

***GO TO question 59***

to find care

* + - Did not find the child care program you wanted
    - A lot of difficulty
    - Some difficulty
    - A little difficulty
    - No difficulty

**58. How important was each of these reasons when you chose the child care arrangement or program where this child spends the most time?**

**a. The location of the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**b. The cost of the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**c. The reliability of the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**d. The learning activities at the arrangement?**

* Not at all important
* A little important
* Somewhat important
* Very important

**e. The child spending time with other kids his/her age?**

* Not at all important
* A little important
* Somewhat important
* Very important

**f. The times during the day that this caregiver is able to provide care?**

* Not at all important
* A little important
* Somewhat important
* Very important

**g. The number of other children in the child’s care group?**

* Not at all important
* A little important
* Somewhat important
* Very important

**► Continue with section 3, question 59 on the next page.**

|  |
| --- |
| **3. Family Activities** |

*j0293236* *The next questions ask about this child’s activities with family members in the past week*

*or month.*

**59. About how many books does this child have of his/her own, including those shared with brothers or sisters?**

number of books

**60. How many times have you or someone in your family read to this child in the past week?**

* + - Not at all

***GO TO question 62***

* + - times

**61. About how many minutes on each of those times did you or someone in your family read to this child?**

minutes

**62. In the past week, how many times has anyone in your family done the following things with this child?**

**a. Told this child a story? (Do not include reading to this child.)**

* Not at all
* 1 or 2 times
* 3 or more times

**b. Taught this child letters, words, or numbers?**

* Not at all
* 1 or 2 times
* 3 or more times

**c. Sang songs with this child?**

* Not at all
* 1 or 2 times
* 3 or more times

**d. Worked on arts and crafts with this child?**

* Not at all
* 1 or 2 times
* 3 or more times

**63. In the past month, have you or someone in your family visited a library with this child?**

* + - No
    - Yes

**64. In the past month, have you or someone in your family visited a bookstore with this child?**

* + - No
    - Yes

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

*Write ‘0’ if none.*

days

**► Continue with section 4 on the next page.**

|  |
| --- |
| **4. Things Your Child May be Learning** |

*j0293236* *These next questions ask about things that different children do at different ages. These things may or may not be true for this child.*

**66. Is this child under 2 years old or is he/she 2 years old or older?**

* + - Under 2 years

***GO TO question 74***

* + - 2 years or older

**67. Can this child identify the colors red, yellow, blue, and green by name?**

* + - No
    - Yes, some of them
    - Yes, all of them

**68. Can this child recognize the letters of the alphabet?**

* + - No
    - Yes, some of them
    - Yes, most of them
    - Yes, all of them

**69. How high can this child count?**

* + - This child cannot count
    - Up to 5
    - Up to 10
    - Up to 20
    - Up to 50
    - Up to 100 or more

**70. Can this child write his/her first name, even if some of the letters are backwards?**

* + - No
    - Yes

**71. Does this child ever read or pretend to read storybooks on his/her own?**

* + - No

***GO TO question 74***

* + - Yes

**72. Does this child actually read the words written in the book, or does he/she look at the book and pretend to read?**

* + - Pretends to read
    - Actually reads the written

***GO TO question 74***

words

* + - Does both

**73. When this child pretends to read a book, does it sound like a connected story, or does he/she tell what is in each picture without much connection between them?**

* + - Sounds like connected story
    - Tells what’s in each picture
    - Does both
    - Does neither

**► Continue with section 5, question 74 on the next page.**

|  |
| --- |
| **5. This Child’s Health** |

**74. In general, how would you describe this child’s health?**

* Excellent
* Very good
* Good
* Fair
* Poor

**75. Has a health, education, or early intervention 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 |  |  |
| b. | An intellectual disability (mental retardation) |  |  |
| c. | A speech or language impairment |  |  |
| d. | A serious emotional disturbance |  |  |
| e. | Deafness or another hearing impairment |  |  |
| f. | Blindness or another visual impairment not corrected with glasses |  |  |
| g. | An orthopedic impairment |  |  |
| h. | Autism |  |  |
| i. | Pervasive Developmental Disorder (PDD) |  |  |
| j. | Attention Deficit Disorder, ADD or ADHD |  |  |
| k. | A developmental delay |  |  |
| l. | Traumatic brain injury |  |  |
| m. | Another health impairment lasting 6 months or more |  |  |

**76. (If child is under 3 years old) Has a health, education, or early intervention professional told you this child is “at-risk” for a substantial developmental delay?**

* No
* Yes
* Child is age 3 or older

**77. Did you mark yes to any condition in question 75 or question 76?**

* No

***GO TO question 85***

* Yes

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

* No

***GO TO question 83***

* Yes

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Your local school district |  |  |
| b. | A state or local health or social service agency |  |  |
| c. | A doctor, clinic, or other health care provider |  |  |

**80. Are any of these services provided through an Individualized Family Service Plan (IFSP) or an Individualized Educational Program (IEP)?**

* No

***GO TO question 83***

* Yes

**81. Did any adult in your household work with the service provider or school to develop or change this child’s IFSP or IEP?**

* No
* Yes

**82. Since September, how satisfied or dissatisfied have you been with the following aspects of this child’s IFSP or IEP?**

**a. The service provider’s or school’s communication with your family?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**b. The child’s special needs teacher or therapist?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**c. The service provider’s or school’s ability to accommodate the child’s special needs?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**d. The service provider’s or school’s commitment to help your child learn?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**83 Is this child currently enrolled in any special education classes or services?**

* No
* Yes

**84. 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................................... …. |  |  |
| b. | Participate in play with other children..................................... |  |  |
| c. | Go on outings........................... |  |  |
| d. | Make friends............................. |  |  |

**► Continue with section 6, question 85 on the next page.**

|  |
| --- |
| **6. Child’s Background** |

**85. In what month and year was this child born?**

month year

**86. Where was this child born?**

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

***GO TO question 88***

* 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 child when he/she first moved to the 50 United States or the District of Columbia?**

age

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

* No
* Yes

**89. 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

**{89B. What is this child’s sex? [variable print – no sex on screener]**

* Male
* Female}**90. Since September, has this child usually lived at this address or another address (for example, because of a joint custody arrangement)?**

*Do not include vacation properties.*

* Child usually lived at this address
* Child usually lived at another address

**91. What language does this child speak most at home?**

*Mark*  *ONE only.*

* Child has not

***GO TO Section 7***

started to speak

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

**92 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.**

|  |
| --- |
| **7. Child’s Family** |

**PARENT 1 LIVING IN HOUSEHOLD**

*Answer questions 93 to 109 about yourself if you are the child’s parent or guardian.*

*If you are not the child’s parent or guardian, answer questions 93 to 109 about one of this child’s parents or guardians living in the household.*

**93. Is this parent or guardian the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**94. Is this person male or female?**

* Male
* Female

**95. 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

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

*Mark*  *ONE only.*

* English

***GO TO question 98***

* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

*Mark*  *ONE only.*

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

**98. Where was this parent or guardian born?**

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

***GO TO question 100***

* One of the U.S. territories

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

* Another country

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

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

age

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

* No
* Yes

**101. 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

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

*Mark ONE only.*

* 8th grade or less
* High school, but no diploma
* High school diploma or equivalent (GED)
* Vocational diploma after high school
* Some college, but no degree
* Associate’s degree (AA, AS)
* Bachelor’s degree (BA, BS)
* Some graduate or professional education, but no degree
* Master’s degree (MA, MS)
* Doctorate degree (PhD, EdD)
* Professional degree beyond bachelor’s degree (MD, DDS, JD, LLB)

**103. 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

**104. Which of the following best describes this person’s employment status?**

*Mark ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 106***

out of work

* Full-time student
* Stay at home

parent

***GO TO question 107***

* Retired
* Disabled or

unable to work

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

***GO TO question 107***

hours

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

* No
* Yes

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

months

**108. How old is this person?**

age

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

age

* **Don’t know**

**PARENT 2 LIVING IN HOUSEHOLD**

*Answer questions 110 to 127 about a second parent or guardian living in the household.*

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

* No

***GO TO question 128***

* Yes

**111. Is this person the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**112. Is this person male or female?**

* Male
* Female

**113.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

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

*Mark*  *ONE only.*

* English

***GO TO question 116***

* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

*Mark*  *ONE only.*

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

**116. Where was this parent or guardian born?**

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

***GO TO question 118***

* One of the U.S. territories

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

* Another country

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

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

age

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

* No
* Yes

**119. 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

**120. 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)

**121. 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

**122. Which of the following best describes this person’s employment status?**

*Mark*   *ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 124***

out of work

* Full-time student
* Stay at home

parent

***GO TO question 125***

* Retired
* Disabled or

unable to work

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

***GO TO question 125***

hours

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

* No
* Yes

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

months

**126. How old is this person?**

age

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

age

* **Don’t know**

|  |
| --- |
| **8. Your Household** |

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

people

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

*Example: Brother(s)*

**2**

*Write ‘0’ if none.*

|  |  |
| --- | --- |
| This child’s…. | *Number* |
| 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) |  |

**130. 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:

**131. 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 132 on the next page.**

**132. 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 |  |  |
| b. | Your state welfare or family assistance program |  |  |
| c. | Women, Infants, and Children, or WIC |  |  |
| d. | Food Stamps |  |  |
| e. | Medicaid |  |  |
| f. | Child Health Insurance Program (CHIP) |  |  |
| g. | Section 8 housing assistance |  |  |

**133. 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

**134. How many years have you lived at this address?**

*Write ‘0’ if less than 1 year.*

years at this address

**135.** **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?

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

**139. Do you have a working cell phone?**

* No
* Yes

**Thank you.**

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

**National Household Education Survey**

**[RETURN ADDRESS HERE]**

**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 age?**

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 care and early education.

**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 US 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 care and early education of children. This survey is the only way that the Department of Education can learn about the types of care and early learning activities children receive. 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 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 XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

# ECPP Short form for 4th Mailing

|  |
| --- |
| The National Household Education Survey  Our Children’s Future: A Survey of Young Children’s Care and Education |



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 has not yet started kindergarten. If this child is attending public or private school or is homeschooled for kindergarten through 12th grade or equivalent, please call us at the toll-free number below so we can be sure you received the correct survey. * These questions should be filled in by a parent or guardian who knows about:   Please answer all the survey questions thinking about this child or youth.   * To answer a question, simply mark 🗷 the box that best represents your answer. * Please use a black or blue pen, if available, to complete this survey. * If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know. * Our toll-free number is 1-888-880-3033. |

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 10 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. Childhood Care and Programs** |

**► Thank you for your help with the previous survey your household completed.**

**► Answer all the survey questions thinking about the child listed below:**

*j0293236This page asks about different types of child care this child may now receive on a regular basis.*

* ***Relative care*** *is care a child receives from someone other than his/her parents or guardians.*
* ***Non-relative care*** *is care the child receives from someone not related to him/her, either in your home or someone else’s home. This includes home child care providers or neighbors, but not day care centers or preschools.*
* ***Day care center, preschool, or prekindergarten care*** *refers to care centers and early childhood programs that this child attends. This does not include care provided in a private home.*

**1. Is this child now receiving care from a relative other than a parent or guardian on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?**

* + - No
    - Yes

**2. (If child cared for by relative) Are any of these care arrangements regularly scheduled at least once a week?**

* + - No
    - Yes
    - Not applicable

**17. Is this child now receiving care in your home or another home on a regular basis from someone who is not related to him/her?**

* + - No
    - Yes

**18. (If child cared for by non-relative) Are any of these care arrangements regularly scheduled at least once a week?**

* + - No
    - Yes
    - Not applicable

**35. Is this child now attending a day care center, preschool, or prekindergarten not in a private home?**

* + - No

***GO TO SECTION X***

* + - Yes

**36. Does this child go to a day care center, preschool, or prekindergarten, at least once each week?**

* + - No

***GO TO SECTION X***

* + - Yes

***GO TO Question 37***

**37. The next questions ask about the program where this child spends the most time.**

**Is this child’s current program a day care program, a preschool program, or a prekindergarten program?**

* + - Day care
    - Preschool
    - Prekindergarten

**38. Is this program a Head Start or Early Head Start program?**

*j0293236* *Head Start and Early Head Start are federally sponsored preschool programs primarily for children from low-income families.*

* + - No
    - Yes
    - Don’t know

**39. Where is this program located?**

*Mark*  *ONE only.*

* + - In a church, synagogue, or other place of worship
    - In a public elementary or secondary school
    - In a private elementary or secondary school
    - At a college or university
    - At a community center
    - At a public library
    - In its own building, office space, or storefront
    - Some other place

Specify:

**40. Is this program run by a church, synagogue, or other religious group?**

* + - No
    - Yes

**41. Is this program located at your workplace or this child’s other parent’s workplace?**

* + - No
    - Yes

**42. How many days each week does this child go to this program?**

days each week

**43. How many hours each week does this child go to this program?**

hours each week

**44. How old was this child in years and months when he/she started going to this particular program?**

years months

**45. What language does this child’s main care provider or teacher at this program speak most when caring for this child?**

* + - English
    - Spanish
    - A language other than English or Spanish
    - English and Spanish equally
    - English and another language equally

**47. Does this program provide any of the following services to this child or your family?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Hearing, speech, or vision testing |  |  |
| b. | Physical examinations |  |  |
| c. | Dental examinations |  |  |
| d. | Formal testing for developmental or learning problems |  |  |
| e. | Sick child care when this child is sick but does not have a fever |  |  |
| f. | Sick child care when this child is sick and has a fever |  |  |

**48. Is there any charge or fee for this program, paid either by you or some other person or agency?**

* No

***GO TO question 52***

* Yes

**49. 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 relative of this child outside your household who provides money specifically for that care, not including general child support |  |  |
| b. | Temporary Assistance for Needy Families, or TANF |  |  |
| c. | Another social service, welfare, or child care agency |  |  |
| d. | An employer, not including a tax-free spending account for child care |  |  |
| e. | Someone else |  |  |

**50. 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 or care provider.*

$ .00

**Is that amount per…**

* + - Hour
    - Day
    - Week
    - Month
    - Year
    - Every 2 weeks
    - Other Specify:

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

* + - This child only
    - 2 children
    - 3 children
    - 4 children
    - 5 or more children

|  |
| --- |
| **3. Family Activities** |

*j0293236* *The next questions ask about this child’s activities with family members in the past week*

*or month.*

**59. About how many books does this child have of his/her own, including those shared with brothers or sisters?**

number of books

**60. How many times have you or someone in your family read to this child in the past week?**

* + - Not at all

***GO TO question 62***

* + - times

**61. About how many minutes on each of those times did you or someone in your family read to this child?**

minutes

**62. In the past week, how many times has anyone in your family done the following things with this child?**

**a. Told this child a story? (Do not include reading to this child.)**

* Not at all
* 1 or 2 times
* 3 or more times

**b. Taught this child letters, words, or numbers?**

* Not at all
* 1 or 2 times
* 3 or more times

**c. Sang songs with this child?**

* Not at all
* 1 or 2 times
* 3 or more times

**d. Worked on arts and crafts with this child?**

* Not at all
* 1 or 2 times
* 3 or more times

**63. In the past month, have you or someone in your family visited a library with this child?**

* + - No
    - Yes

**64. In the past month, have you or someone in your family visited a bookstore with this child?**

* + - No
    - Yes

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

*Write ‘0’ if none.*

days

|  |
| --- |
| **4. Things Your Child May be Learning** |

*j0293236* *These next questions ask about things that different children do at different ages. These things may or may not be true for this child.*

**66. Is this child under 2 years old or is he/she 2 years old or older?**

* + - Under 2 years

***GO TO question 74***

* + - 2 years or older

**67. Can this child identify the colors red, yellow, blue, and green by name?**

* + - No
    - Yes, some of them
    - Yes, all of them

**68. Can this child recognize the letters of the alphabet?**

* + - No
    - Yes, some of them
    - Yes, most of them
    - Yes, all of them

**69. How high can this child count?**

* + - This child cannot count
    - Up to 5
    - Up to 10
    - Up to 20
    - Up to 50
    - Up to 100 or more

**70. Can this child write his/her first name, even if some of the letters are backwards?**

* + - No
    - Yes

**71. Does this child ever read or pretend to read storybooks on his/her own?**

* + - No

***GO TO question 74***

* + - Yes

**72. Does this child actually read the words written in the book, or does he/she look at the book and pretend to read?**

* + - Pretends to read
    - Actually reads the written

***GO TO question 74***

words

* + - Does both

**73. When this child pretends to read a book, does it sound like a connected story, or does he/she tell what is in each picture without much connection between them?**

* + - Sounds like connected story
    - Tells what’s in each picture
    - Does both
    - Does neither

|  |
| --- |
| **5. This Child’s Health** |

**74. In general, how would you describe this child’s health?**

* Excellent
* Very good
* Good
* Fair
* Poor

**75. Has a health, education, or early intervention 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 |  |  |
| b. | An intellectual disability (mental retardation) |  |  |
| c. | A speech or language impairment |  |  |
| d. | A serious emotional disturbance |  |  |
| e. | Deafness or another hearing impairment |  |  |
| f. | Blindness or another visual impairment not corrected with glasses |  |  |
| g. | An orthopedic impairment |  |  |
| h. | Autism |  |  |
| i. | Pervasive Developmental Disorder (PDD) |  |  |
| j. | Attention Deficit Disorder, ADD or ADHD |  |  |
| k. | A developmental delay |  |  |
| l. | Traumatic brain injury |  |  |
| m. | Another health impairment lasting 6 months or more |  |  |

**76. (If child is under 3 years old) Has a health, education, or early intervention professional told you this child is “at-risk” for a substantial developmental delay?**

* No
* Yes
* Child is age 3 or older

|  |
| --- |
| **6. Child’s Background** |

**85. In what month and year was this child born?**

month year

**86. Where was this child born?**

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

***GO TO question 88***

* 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 child when he/she first moved to the 50 United States or the District of Columbia?**

age

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

* No
* Yes

**89. 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

**90.Since September, has this child usually lived at this address or another address (for example, because of a joint custody arrangement)?**

*Do not include vacation properties.*

* Child usually lived at this address
* Child usually lived at another address

**91. What language does this child speak most at home?**

*Mark*  *ONE only.*

* Child has not

***GO TO Section 7***

started to speak

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

* No
* Yes

|  |
| --- |
| **7. Child’s Family** |

**PARENT 1 LIVING IN HOUSEHOLD**

*Answer questions 93 to 109 about yourself if you are the child’s parent or guardian.*

*If you are not the child’s parent or guardian, answer questions 93 to 109 about one of this child’s parents or guardians living in the household.*

**93. Is this parent or guardian the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**94. Is this person male or female?**

* Male
* Female

**95. 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

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

*Mark*  *ONE only.*

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

* No
* Yes

**101. 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

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

*Mark ONE only.*

* 8th grade or less
* High school, but no diploma
* High school diploma or equivalent (GED)
* Vocational diploma after high school
* Some college, but no degree
* Associate’s degree (AA, AS)
* Bachelor’s degree (BA, BS)
* Some graduate or professional education, but no degree
* Master’s degree (MA, MS)
* Doctorate degree (PhD, EdD)
* Professional degree beyond bachelor’s degree (MD, DDS, JD, LLB)

**104.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

* Full-time student
* Stay at home

parent

* Retired
* Disabled or

unable to work

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

* No
* Yes

|  |
| --- |
| **8. Your Household** |

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

people

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

*Example: Brother(s)*

**2**

*Write ‘0’ if none.*

|  |  |
| --- | --- |
| This child’s…. | *Number* |
| 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) |  |

**130. 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:

**131. 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:

**132. 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 |  |  |
| b. | Your state welfare or family assistance program |  |  |
| c. | Women, Infants, and Children, or WIC |  |  |
| d. | Food Stamps |  |  |
| e. | Medicaid |  |  |
| f. | Child Health Insurance Program (CHIP) |  |  |
| g. | Section 8 housing assistance |  |  |

**133. 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

**134. How many years have you lived at this address?**

*Write ‘0’ if less than 1 year.*

years at this address

**135.** **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?

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

**139. Do you have a working cell phone?**

* No
* Yes

**Thank you.**

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

**National Household Education Survey**

**[RETURN ADDRESS HERE]**

**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 age?**

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 care and early education.

**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 US 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 care and early education of children. This survey is the only way that the Department of Education can learn about the types of care and early learning activities children receive. 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 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 XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

# PFI Enrolled Questionnaire

OMB No. XXXX-XXXX Approval Expires XX/XX/XXXX

|  |
| --- |
| 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 is shown above. Please confirm this child’s grade by marking the grade or year of school this child is attending.**

**Alt. What is this child’s current grade or year of school? [variable print-no screener grade]**

*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-XXX-XXX-XXXX so we can verify that you received the correct survey.* |

* Full-day kindergarten
* Partial-day kindergarten

grade (1 through 12)

**2. Is this child being schooled at home instead of at school for some classes or subjects?**

* No
* Yes

**3. What type of school does this child attend?**

* Private, Catholic
* Private, religious

***GO TO question 6 66***

but not Catholic

* Private, not religious
* Public school

**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 question 11***

* 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 and lower
* This child’s school does not give these grades

**15. Is he/she currently enrolled in advanced placement classes?**

* No
* Yes
* Does not apply

**16. 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 |  |

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

days

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

* No

***GO TO question 20***

* Yes

**19. 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*

**20. Has this child ever had the following experiences?**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | An out-of-school suspension |  |  |
| b. | An in-school suspension not counting detentions |  |  |
| c. | Been expelled from school |  |  |

**21. 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

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

*Mark*  *ONE only.*

* Excellent
* Above average
* Average
* Below average
* Failing

**23. Some students take school-related courses over the internet. Is this child receiving any instruction this way?**

* No

***GO TO question 26***

* Yes

**24. 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:

**25. Is there a charge or fee for that instruction?**

* + - No
    - Yes

► **Continue with section 2, question 26.**

**2. Families & School**

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

*Mark* [X] *ONE box for each item below.*

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

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

number of times

**28. 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

**29. 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

**30. How satisfied or dissatisfied are you 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**

**31. How often does this child do homework 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

***GO TO section 4***

* Child does not

have homework

**32. In an average week, how many hours does this child spend on homework outside of school?**

number of hours per week

**33. 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

**34. 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

**35. 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

**36. How often does any adult in your household check to see that this child’s homework is done?**

* Never
* Rarely
* Sometimes
* Always

**37. 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, question 38.**

**4. Family Activities**

**38. 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.) | |  | |  | |
| b. | Done activities like arts and crafts, coloring, painting, pasting, or using clay | |  | |  | |
| c. | Played board games or did puzzles with him/her | |  | |  | |
| d. | Worked on a project like building, making, or fixing something…….. |  | |  | |
| e. | Played sports, active games, or exercised together |  | |  | |
| f. | Discussed with him/her how to manage time |  | |  | |
| g. | Talked with him/her about the family’s history or ethnic heritage |  | |  | |

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

*Write ‘0’ if none.*

days

**40. 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 |  |  | | b. | Visited a bookstore |  |  | | c. | Gone to a play, concert, or other live show |  |  | | d. | Visited an art gallery, museum, or historical site |  |  | | e. | Visited a zoo or aquarium |  |  | | f. | Attended an event sponsored by a community, religious, or ethnic group |  |  | | g. | Attended an athletic or sporting event outside of school in which this child was not a player |  |  | |  | |  | |  | |

► **Continue with section 5, question 41 on the next page.**

**5. Child’s Health**

**41. In general, how would you describe this child’s health?**

* Excellent
* Very good
* Good
* Fair
* Poor

**42. 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 |  |  |
| b. | An intellectual disability (mental retardation) |  |  |
| c. | A speech or language impairment |  |  |
| d. | A serious emotional disturbance |  |  |
| e. | Deafness or another hearing impairment |  |  |
| f. | Blindness or another visual impairment not corrected with glasses |  |  |
| g. | An orthopedic impairment |  |  |
| h. | Autism |  |  |
| i. | Pervasive Developmental Disorder (PDD)…………………. |  |  |
| j. | Attention Deficit Disorder, ADD or ADHD |  |  |
| k. | A developmental delay |  |  |
| l | Traumatic brain injury…………. |  |  |
| m. | Another health impairment lasting 6 months or more …. |  |  |

**43. Did you mark yes to any condition in question 40?**

* No

***GO TO question 51***

* Yes

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

* No

***GO TO question 49***

* Yes

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Your local school district |  |  |
| b. | A state or local health or social service agency |  |  |
| c. | A doctor, clinic, or other health care provider |  |  |

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

* No

***GO TO question 49***

* Yes

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

* No
* Yes

**48. During this school year, how satisfied or dissatisfied have you been with the following aspects of this child’s IEP?**

**a. The service provider’s or school’s communication with your family?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**b. The child’s special needs teacher or therapist?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**c. The service provider’s or school’s ability to accommodate the child’s special needs?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**d. The service provider’s or school’s commitment to help your child learn?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

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

* No
* Yes

**50. 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................................... …. |  |  |
| b. | Participate in sports, clubs, or other organized activities......... |  |  |
| c. | Attend school on a regular basis........................................ |  |  |
| d. | Make friends............................ |  |  |

► **Continue with section 6, question 51 on the next page.**

**6. Child’s Background**

**51. In what month and year was this child born?**

/

month year

**52. Where was this child born?**

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

***GO TO question 54***

* One of the U.S. territories

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

* Another country

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

age

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

* No
* Yes

**55. 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

**{55B.What is this child’s sex? [variable print – no sex on screener]**

* Male
* Female}

**56. 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

**57. What language does this child speak most at home?**

*Mark*  *ONE only.*

* Child is not able to speak

***GO TO Section 7***

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

**58. 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.**

|  |
| --- |
| **7. Child’s Family** |

**PARENT 1 LIVING IN HOUSEHOLD** *Answer questions 59 to 78 about yourself if you are the child’s parent or guardian.*

*If you are not the child’s parent or guardian, answer questions 59 to 78 about one of this child’s parents or guardians living in the household.*

**59. Is this parent or guardian the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**60. Is this person male or female?**

* Male
* Female

**61. 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

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

*Mark*  *ONE only.*

* English

***GO TO question 67***

* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

*Mark*  *ONE only.*

* English

***GO TO question 67***

* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

**64. 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

**65. Does the school have interpreters who speak this person’s native language for meetings or parent-teacher conferences?**

* No
* Yes

**66. Does the school have written materials, such as newsletters or school notices, that are translated into this person’s native language?**

* No
* Yes

**67. Where was this parent or guardian born?**

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

***GO TO question 69***

* One of the U.S. territories

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

* Another country

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

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

age

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

* No
* Yes

**70. 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

**71. What is the highest grade or level of school**

**that this parent or guardian completed?**

*Mark ONE only.*

* 8th grade or less
* High school, but no diploma
* High school diploma or equivalent (GED)
* Vocational diploma after high school
* Some college, but no degree
* Associate’s degree (AA, AS)
* Bachelor’s degree (BA, BS)
* Some graduate or professional education, but no degree
* Master’s degree (MA, MS)
* Doctorate degree (PhD, EdD)
* Professional degree beyond bachelor’s degree (MD, DDS, JD, LLB)

**72. 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

**73. Which of the following best describes this person’s employment status?**

*Mark ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 75***

out of work

* Full-time student
* Stay at home

parent

***GO TO question 76***

* Retired
* Disabled or

unable to work

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

***GO TO question 76***

hours

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

* No
* Yes

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

months

**77. How old is this person?**

age

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

age

* **Don’t know**

**PARENT 2 LIVING IN HOUSEHOLD** *Answer questions 79 to 99 about a second parent or guardian living in the household.*

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

* No

***GO TO question 100***

* Yes

**80. Is this person the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**81. Is this person male or female?**

* Male
* Female

**82. 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

**83. 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

**84. 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

**85. 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

**86. Does the school have interpreters who speak this person’s native language for meetings or parent-teacher conferences?**

* No
* Yes

**87. Does the school have written materials, such as newsletters or school notices, that are translated into this person’s native language?**

* No
* Yes

**88. 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

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

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

age

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

* No
* Yes

**91. 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 92 on the next page.**

**92. 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)

**93. 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

**94. Which of the following best describes this person’s employment status?**

*Mark*   *ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 96***

out of work

* Full-time student
* Stay at home

parent

***GO TO question 97***

* Retired
* Disabled or

unable to work

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

***GO TO question 97***

hours

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

* No
* Yes

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

months

**98. How old is this person?**

age

**99. 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 100 on the next page.**

|  |
| --- |
| **8. Your Household** |

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

people

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

*Example: Brother(s)*

**2**

*Write ‘0’ if none.*

|  |  |
| --- | --- |
| This child’s…. | *Number* |
| 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) |  |
|  |  |

**102. 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:

**103. 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 104 on the next page.**

**104. 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 |  |  |
| b. | Your state welfare or family assistance program |  |  |
| c. | Women, Infants, and Children, or WIC |  |  |
| d. | Food Stamps |  |  |
| e. | Medicaid |  |  |
| f. | Child Health Insurance Program (CHIP) |  |  |
| g. | Section 8 housing assistance |  |  |

**105.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

**106. How many years have you lived at this address?**

*Write ‘0’ if less than 1 year.*

years at this address

**107.** **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?

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

**111. Do you have a working cell phone?**

* No
* Yes

► **Continue with question 112 on the next page.**

**112. 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 113.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School Name**  **▼** | **Address**  **▼** | **City**  **▼** |
|  | {SCHOOL 1 UP TO ~40 CHARACTERS} | {ADDRESS 1 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 2 UP TO ~40 CHARACTERS} | {ADDRESS 2 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 3 UP TO ~40 CHARACTERS} | {ADDRESS 3 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 4 UP TO ~40 CHARACTERS} | {ADDRESS 4 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 5 UP TO ~40 CHARACTERS} | {ADDRESS 5 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 6 UP TO ~40 CHARACTERS} | {ADDRESS 6 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 7 UP TO ~40 CHARACTERS} | {ADDRESS 7 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 8 UP TO ~40 CHARACTERS} | {ADDRESS 8 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 9 UP TO ~40 CHARACTERS} | {ADDRESS 9 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 10 UP TO ~40 CHARACTERS} | {ADDRESS 10 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 11 UP TO ~40 CHARACTERS} | {ADDRESS 11 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 12 UP TO ~40 CHARACTERS} | {ADDRESS 12 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 13 UP TO ~40 CHARACTERS} | {ADDRESS 13 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 14 UP TO ~40 CHARACTERS} | {ADDRESS 14 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 15 UP TO ~40 CHARACTERS} | {ADDRESS 15 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |

|  |  |
| --- | --- |
| **expointFULL-white** | **If you found and marked this child’s school in the list provided in question 112, then SKIP this question and return your survey in the postage-paid envelope. Otherwise, continue with question 113.** |

**113. To help us identify the school this child attends, write the name and address of this child’s school in the spaces below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | **C** | **H** | **O** | **O** | **L** |  |  |

*Please use block or capital letters, for example:*

**a. School name**

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

*SCHOOL NAME*

**b. School street address**

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

*NUMBER AND STREET ADDRESS*

**c. School city**

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

*CITY*

**d. School state**

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

*STATE*

**e. School zip code**

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

*ZIP*

**Thank you.**

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

**National Household Education Survey**

**[RETURN ADDRESS HERE]**

**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 schooling.

**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: 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 email to XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

# PFI Homeschool Questionnaire

OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

|  |
| --- |
| The National Household Education Survey  A Survey About Homeschooling in America |

Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we’re asking you to complete this final step.



Sponsored by

U.S. Department of Education

National Center for Education Statistics

|  |
| --- |
| **Instructions**   * In response to the survey you answered earlier, we recorded that the child/youth listed below is currently homeschooled for at least some classes. If this child attends public or private school instead of homeschooling, or is not homeschooled for kindergarten through 12th grade or equivalent, please call us at the toll-free number below so we can be sure you received the correct survey. * These questions should be filled in by a parent or guardian who knows about:   Please answer all the survey questions thinking about this child or youth.   * To answer a question, simply mark 🗷 the box that best represents your answer. * Please use a black or blue pen, if available, to complete this survey. * If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know. * Our toll-free number is 1-888-880-3033. |

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 Homeschooling** |

**► Thank you for your help with the previous survey your household completed.**

**► Answer all the survey questions thinking about the child listed below:**

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

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

Who is that?

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

* + - No
    - Yes

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

* + - No
    - Yes

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

* + - No

***GO TO question 7***

* + - Yes

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

*Mark*  *all that apply.*

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

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

hours

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

*Mark*  *ONE only.*

* Kindergarten

Grade (1 through 12)

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

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

days each week

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

hours per week

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

* + - No
    - Yes

**10. Which of the following statements best**

**describes the teaching style used to homeschool this child?**

*Mark*  *ONE only.*

* + - We strictly follow a formal curriculum.
    - We mostly follow a formal curriculum, but also use informal learning (i.e. child-led learning, "teaching moments").
    - We mostly use informal learning, but sometimes use a formal curriculum.
    - We always use informal learning, and never follow a formal curriculum.

**11. Thinking about sources of curriculum or**

**books you use to homeschool this child, please tell us about all the sources that apply to you.**

**Since September, have you used materials from...**

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

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

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

* + - No
    - Yes, both online and in-person
    - Yes, online only
    - Yes, in-person only

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

* No

***GO TO question 16***

* Yes

**14. Is that instruction provided by any of the following places?**

*Mark*  *all that apply.*

* + - Your local public school
    - A charter school
    - Another public school
    - A private school
    - A college, community college, or university
    - Offered by my state
    - Someplace else—Specify:

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

* + - No
    - Yes

**16. Thinking about typical grade levels, for**

**which grades was this child schooled at home for at least some classes or subjects?**

*Mark*  *all that apply.*

*Include the current year.*

**Elementary through Middle school**

* Kindergarten (*Including transitional K and Pre-first grade*)
* First grade
* Second grade
* Third grade
* Fourth grade
* Fifth grade
* Sixth grade
* Seventh grade
* Eighth grade

**High School**

* Ninth grade - *freshman*
* Tenth grade - *sophomore*
* Eleventh grade - *junior*
* Twelfth grade - *senior*

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

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

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

Specify:

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

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

letter from question 17

**19. How far do you expect this child to go**

**in his/her education?**

*Mark*   *ONE only.*

* Complete less than a high school diploma
* Graduate from high school
* Attend a vocational or technical school after high school
* Attend two or more years of college
* Earn a bachelor’s degree
* Earn a graduate degree or professional degree beyond a bachelor's

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

*Mark all that apply.*

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

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

|  |
| --- |
| **2. Family Activities** |

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | No  ▼ | | Yes  ▼ | |
| a. | Told him/her a story (Do not include reading to this child.) | |  | |  | |
| b. | Done activities like arts and crafts, coloring, painting, pasting, or using clay | |  | |  | |
| c. | Played board games or did puzzles with him/her | |  | |  | |
| d. | Worked on a project like building, making, or fixing something…….. |  | |  | |
| e. | Played sports, active games, or exercised together |  | |  | |
| f. | Discussed with him/her how to manage time |  | |  | |
| g. | Talked with him/her about the family’s history or ethnic heritage |  | |  | |

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

*Write ‘0’ if none.*

*days*

**23. In the past month, has anyone in your**

**family done the following things with this child?**

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

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

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

* No

***GO TO question 26***

* Yes

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

number of times

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

* No
* Yes

**3. Child’s Health**

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

* Excellent
* Very good
* Good
* Fair
* Poor

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | A specific learning disability … |  |  |
| b. | An intellectual disability (mental retardation) … |  |  |
| c. | A speech or language impairment … |  |  |
| d. | A serious emotional disturbance … |  |  |
| e. | Deafness or another hearing impairment … |  |  |
| f. | Blindness or another visual impairment not corrected with glasses … |  |  |
| g. | An orthopedic impairment … |  |  |
| h. | Autism … |  |  |
| i. | Pervasive Developmental Disorder (PDD)………………… |  |  |
| j. | Attention Deficit Disorder, ADD or ADHD … |  |  |
| k. | A developmental delay … |  |  |
| l | Traumatic brain injury |  |  |
| m. | Another health impairment lasting 6 months or more …. |  |  |

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

* No

***GO TO question 37***

* Yes

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

* No

***GO TO question 35***

* Yes

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Your local school district |  |  |
| b. | A state or local health or social service agency |  |  |
| c. | A doctor, clinic, or other health care provider |  |  |

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

* No

***GO TO question 35***

* Yes

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

* No
* Yes

**34. During this school year, how satisfied or dissatisfied have you been with the following aspects of this child’s IEP?**

**a. The service provider’s or school’s communication with your family?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**b. The child’s special needs teacher or therapist?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**c. The service provider’s or school’s ability to accommodate the child’s special needs?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

**d. The service provider’s or school’s commitment to help your child learn?**

* Very satisfied
* Somewhat satisfied
* Somewhat dissatisfied
* Very dissatisfied
* Does not apply

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

* No
* Yes

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

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

* Child no longer has condition

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | No  ▼ | Yes  ▼ |
| a. | Learn?................................... …. |  |  |
| b. | Participate in sports, clubs, or other organized activities?......... |  |  |
| c. | Attend school on a regular basis?........................................ |  |  |
| d. | Make friends?............................ |  |  |

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

**4. Child’s Background**

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

/

month year

**38. Where was this child born?**

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

***GO TO question 40***

* One of the U.S. territories

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

* Another country

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

age

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

* No
* Yes

**41. What is this child’s race? You may mark one or more races.**

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White

**{41B.What is this child’s sex? [variable print – no sex on screener]**

* Male
* Female}

**42. For this school year, does this child usually live at this address or another address (for example, because of a joint custody arrangement)?**

*Do not include vacation properties.*

* Child usually lives at this address
* Child usually lives at another address

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

*Mark*  *ONE only.*

* Child is not

able to speak

***GO TO SECTION 5***

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

* No
* Yes

► **Continue with Section 5, on the next page.**

|  |
| --- |
| **5. Child’s Family** |

**PARENT 1 LIVING IN HOUSEHOLD-** *Answer questions 45 to 61 about yourself if you are the child’s parent or guardian.*

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

**45. Is this parent or guardian the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**46. Is this person male or female?**

* Male
* Female

**47. What is the current marital or partner status of this parent or guardian?**

*Mark*  *ONE only.*

* Married
* In a registered domestic partnership or civil union
* Living with a partner
* Separated
* Divorced
* Widowed
* Never married

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

*Mark*  *ONE only.*

* English

***GO TO question 50***

* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

*Mark*  *ONE only.*

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

**50. Where was this parent or guardian born?**

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

***GO TO question 52***

* One of the U.S. territories

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

* Another country

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

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

age

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

* No
* Yes

**53. What is this person’s race? You may mark one or more races.**

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White

**54. What is the highest grade or level of school**

**that this parent or guardian completed?**

*Mark ONE only.*

* 8th grade or less
* High school, but no diploma
* High school diploma or equivalent (GED)
* Vocational diploma after high school
* Some college, but no degree
* Associate’s degree (AA, AS)
* Bachelor’s degree (BA, BS)
* Some graduate or professional education, but no degree
* Master’s degree (MA, MS)
* Doctorate degree (PhD, EdD)
* Professional degree beyond bachelor’s degree (MD, DDS, JD, LLB)

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

* No
* Yes

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

*Mark ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 58***

out of work

* Full-time student
* Stay at home

parent

***GO TO question 59***

* Retired
* Disabled or

unable to work

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

***GO TO question 59***

hours

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

* No
* Yes

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

months

**60. How old is this person?**

age

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

age

* **Don’t know**

**PARENT 2 LIVING IN HOUSEHOLD** *Answer questions 62 to 79 about a second parent or guardian living in the household.*

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

* No

***GO TO question 80***

* Yes

**63. Is this person the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**64. Is this person male or female?**

* Male
* Female

**65.What is the current marital or partner status of this parent or guardian?**

*Mark*  *ONE only.*

* Married
* In a registered domestic partnership or civil union
* Living with a partner
* Separated
* Divorced
* Widowed
* Never married

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

*Mark*  *ONE only.*

* English

***GO TO question 68***

* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

*Mark*  *ONE only.*

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

**68. Where was this parent or guardian born?**

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

***GO TO question 70***

* One of the U.S. territories

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

* Another country

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

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

age

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

* No
* Yes

**71. What is this person’s race? You may mark one or more races.**

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White

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

*Mark* [X] *ONE only.*

* 8th grade or less
* High school, but no diploma
* High school diploma or equivalent (GED)
* Vocational diploma after high school
* Some college, but no degree
* Associate’s degree (AA, AS)
* Bachelor’s degree (BA, BS)
* Some graduate or professional education, but no degree
* Master’s degree (MA, MS)
* Doctorate degree (PhD, EdD)
* Professional degree beyond bachelor’s degree (MD, DDS, JD, LLB)

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

* No
* Yes

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

*Mark*   *ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 76***

out of work

* Full-time student
* Stay at home

parent

***GO TO question 77***

* Retired
* Disabled or

unable to work

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

***GO TO question 77***

hours

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

* No
* Yes

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

months

**78. How old is this person?**

age

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

age

* **Don’t know**

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

|  |
| --- |
| **6. Your Household** |

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

people

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

*Example: Brother(s)*

**2**

*Write ‘0’ if none.*

|  |  |
| --- | --- |
| This child’s…. | *Number* |
| Brother(s)…………... |  |
| Sister(s)…………….. |  |
| Aunt(s)……………… |  |
| Uncle(s)…………….. |  |
| Grandmother(s)……. |  |
| Grandfather(s)……... |  |
| Cousin(s)…………… |  |
| Parent’s girlfriend/ boyfriend/ partner…. |  |
| Other relative(s)…... |  |
| Other nonrelative(s). |  |

**82. How are you related to this child?**

*Mark*  *ONE only.*

* Mother

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

* Father

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

* Aunt
* Uncle
* Grandmother
* Grandfather
* Parent’s girlfriend/ boyfriend/ partner
* Other relationship – Specify:

**83. What language(s) are spoken at home by the adults in this household?**

*Mark*  *all that apply.*

* English
* Spanish or Spanish Creole
* French (including Patois, Creole, Cajun)
* Chinese
* Other languages – Specify:

► **Continue with question 84 on the next page.**

**84. 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 |  |  |
| b. | Your state welfare or family assistance program |  |  |
| c. | Women, Infants, and Children, or WIC |  |  |
| d. | Food Stamps |  |  |
| e. | Medicaid |  |  |
| f. | Child Health Insurance Program (CHIP) |  |  |
| g. | Section 8 Housing assistance |  |  |

**85. 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

**86. How many years have you lived at this address?**

*Write ‘0’ if less than 1 year.*

years at this address

**87.** **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?

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

**91. Do you have a working cell phone?**

* No
* Yes

**Thank you.**

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

**National Household Education Survey**

**[RETURN ADDRESS HERE]**

**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 age?**

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 homeschooling.

**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 homeschooling from your perspective. It is the Department of Education’s primary source of information on homeschooling in America. Your responses will be combined with those from other households to inform educators, policymakers, schools and universities about changes in the condition of education in the United States.  Reports from past surveys can be found at http://nces.ed.gov/nhes.

**Q: 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 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 email to XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

# PFI Enrolled – Short Form

OMB No. XXXX-XXXX Approval Expires XX/XX/XXXX

|  |
| --- |
| 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 10 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:**

**3. What type of school does this child attend?**

* Private, Catholic
* Private, religious

***GO TO question 6 66***

but not Catholic

* Private, not religious
* Public school

**4. Is it his/her regularly assigned school?**

* No
* Yes

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

* 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

**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 and lower
* This child’s school does not give these grades

**16. 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 |  |

**21. 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

**2. Families & School**

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

*Mark* [X] *ONE box for each item below.*

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

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

number of times

**28. 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

**29. 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

**3. Homework**

**31. How often does this child do homework 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

***GO TO section 4***

* Child does not

have homework

**36.How often does any adult in your household**

**check to see that this child’s homework is**

**done?**

* Never
* Rarely
* Sometimes
* Always

**4. Family Activities**

**40. 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 |  |  | | b. | Visited a bookstore |  |  | | c. | Gone to a play, concert, or other live show |  |  | | d. | Visited an art gallery, museum, or historical site |  |  | | e. | Visited a zoo or aquarium |  |  | | f. | Attended an event sponsored by a community, religious, or ethnic group |  |  | | g. | Attended an athletic or sporting event outside of school in which this child was not a player |  |  | |  | |  | |  | |

► **Continue with section 5, question 41 on the next page.**

|  |
| --- |
| **5. This Child’s Health** |

**74. In general, how would you describe this child’s health?**

* Excellent
* Very good
* Good
* Fair
* Poor

**75. Has a health, education, or early intervention 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 |  |  |
| b. | An intellectual disability (mental retardation) |  |  |
| c. | A speech or language impairment |  |  |
| d. | A serious emotional disturbance |  |  |
| e. | Deafness or another hearing impairment |  |  |
| f. | Blindness or another visual impairment not corrected with glasses |  |  |
| g. | An orthopedic impairment |  |  |
| h. | Autism |  |  |
| i. | Pervasive Developmental Disorder (PDD) |  |  |
| j. | Attention Deficit Disorder, ADD or ADHD |  |  |
| k. | A developmental delay |  |  |
| l. | Traumatic brain injury |  |  |
| m. | Another health impairment lasting 6 months or more |  |  |

**76. Did you mark yes to any condition in question 40?**

* No

***GO TO question XX***

* Yes

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

* No

***GO TO question xx***

* Yes

**78. Are any of these services provided through**

**an Individualized Educational Program(IEP)?**

* No

***GO TO question xx***

* Yes

|  |
| --- |
| **6. Child’s Background** |

**85. In what month and year was this child born?**

month year

**86. Where was this child born?**

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

***GO TO question 88***

* 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 child when he/she first moved to the 50 United States or the District of Columbia?**

age

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

* No
* Yes

**89. 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

**90.Since September, has this child usually lived at this address or another address (for example, because of a joint custody arrangement)?**

*Do not include vacation properties.*

* Child usually lived at this address
* Child usually lived at another address

**91. What language does this child speak most at home?**

*Mark*  *ONE only.*

* Child is not

***GO TO Section 7***

able to speak

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

* No
* Yes

|  |
| --- |
| **7. Child’s Family** |

**PARENT 1 LIVING IN HOUSEHOLD**

*Answer questions 93 to 109 about yourself if you are the child’s parent or guardian.*

*If you are not the child’s parent or guardian, answer questions 93 to 109 about one of this child’s parents or guardians living in the household.*

**93. Is this parent or guardian the child’s…**

* + - Biological parent
    - Adoptive parent
    - Stepparent
    - Foster parent
    - Grandparent
    - Other guardian

**94. Is this person male or female?**

* Male
* Female

**95. 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

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

*Mark*  *ONE only.*

* English
* Spanish
* A language other than English or Spanish
* English and Spanish equally
* English and another language equally

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

* No
* Yes

**101. 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

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

*Mark ONE only.*

* 8th grade or less
* High school, but no diploma
* High school diploma or equivalent (GED)
* Vocational diploma after high school
* Some college, but no degree
* Associate’s degree (AA, AS)
* Bachelor’s degree (BA, BS)
* Some graduate or professional education, but no degree
* Master’s degree (MA, MS)
* Doctorate degree (PhD, EdD)
* Professional degree beyond bachelor’s degree (MD, DDS, JD, LLB)

**104. Which of the following best describes this person’s employment status?**

*Mark ONE only.*

* Employed for pay or income
* Self-employed
* Unemployed or

***GO TO question 106***

out of work

* Full-time student
* Stay at home

parent

***GO TO question 107***

* Retired
* Disabled or

unable to work

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

* No
* Yes

|  |
| --- |
| **8. Your Household** |

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

people

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

*Example: Brother(s)*

**2**

*Write ‘0’ if none.*

|  |  |
| --- | --- |
| This child’s…. | *Number* |
| 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) |  |

**130. 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:

**131. 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:

**132. 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 |  |  |
| b. | Your state welfare or family assistance program |  |  |
| c. | Women, Infants, and Children, or WIC |  |  |
| d. | Food Stamps |  |  |
| e. | Medicaid |  |  |
| f. | Child Health Insurance Program (CHIP) |  |  |
| g. | Section 8 housing assistance |  |  |

**133. 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

**134. How many years have you lived at this address?**

*Write ‘0’ if less than 1 year.*

years at this address

**135.** **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?

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

* No
* Yes

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

* No
* Yes

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

* No
* Yes

**139. Do you have a working cell phone?**

* No
* Yes

►**Continue with question 113 on the next page.**

**113. 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 114.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School Name**  **▼** | **Address**  **▼** | **City**  **▼** |
|  | {SCHOOL 1 UP TO ~40 CHARACTERS} | {ADDRESS 1 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 2 UP TO ~40 CHARACTERS} | {ADDRESS 2 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 3 UP TO ~40 CHARACTERS} | {ADDRESS 3 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 4 UP TO ~40 CHARACTERS} | {ADDRESS 4 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 5 UP TO ~40 CHARACTERS} | {ADDRESS 5 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 6 UP TO ~40 CHARACTERS} | {ADDRESS 6 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 7 UP TO ~40 CHARACTERS} | {ADDRESS 7 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 8 UP TO ~40 CHARACTERS} | {ADDRESS 8 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 9 UP TO ~40 CHARACTERS} | {ADDRESS 9 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 10 UP TO ~40 CHARACTERS} | {ADDRESS 10 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 11 UP TO ~40 CHARACTERS} | {ADDRESS 11 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 12 UP TO ~40 CHARACTERS} | {ADDRESS 12 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 13 UP TO ~40 CHARACTERS} | {ADDRESS 13 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 14 UP TO ~40 CHARACTERS} | {ADDRESS 14 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |
|  | {SCHOOL 15 UP TO ~40 CHARACTERS} | {ADDRESS 15 UP TO ~30 CHARACTERS} | {CITY UP TO ~15 CH.} |

|  |  |
| --- | --- |
| **expointFULL-white** | **If you found and marked this child’s school in the list provided in question 113, then SKIP this question and return your survey in the postage-paid envelope. Otherwise, continue with question 114.** |

**114. To help us identify the school this child attends, write the name and address of this child’s school in the spaces below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | **C** | **H** | **O** | **O** | **L** |  |  |

*Please use block or capital letters, for example:*

**a. School name**

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

*SCHOOL NAME*

**b. School street address**

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

*NUMBER AND STREET ADDRESS*

**c. School city**

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

*CITY*

**d. School state**

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

*STATE*

**e. School zip code**

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

*ZIP*

**Thank you.**

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

**National Household Education Survey**

**Westat**

**1600 Research Blvd. Room RC B16**

**Rockville, MD 20850-3129**

**Commonly Asked Questions**

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