



Appendix B.

NHES: 2012 Questionnaires

1. Screener Questionnaires
 - a. Without name*♦
 - b. With name*♦
2. Topical Questionnaires
 - a. Early Childhood Program Participation*♦
 - b. Early Childhood Program Participation – short form for 4th mailing
 - c. Parent and Family Involvement in Education – Enrolled Students*♦
 - d. Parent and Family Involvement in Education – Homeschooled Students*♦
 - e. 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 Zuckerberg, 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.

U.S. Department of Education
National Center for Education Statistics



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.



National Household Education Survey

U.S. Department of Education
National Center for Education Statistics

Start Here

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.

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.

▶ 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
3. How old is this child in years?.....	<input type="checkbox"/> Mark for babies less than 1 year old age in years	<input type="checkbox"/> Mark for babies less than 1 year old age in years	<input type="checkbox"/> Mark for babies less than 1 year old age in years	<input type="checkbox"/> Mark for babies less than 1 year old age in years	<input type="checkbox"/> Mark for babies less than 1 year old age in years
4. What is this child's sex?.....	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
5. Is this child currently in..... Mark [X] ONE only.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 2.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 3.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 4.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 5.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ Return survey.
6. What is this child's current grade or equivalent?.....	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these

▶ Please verify you have listed the 5 youngest youth or children living in this household in columns 1 through 5 above.

▶ 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.

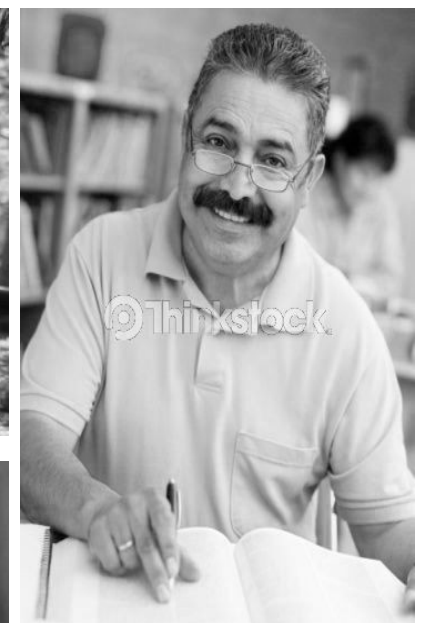
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National Center for Education Statistics



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Start Here

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- ▶ 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.

▶ 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
3. What is his or her first name, initials, or nickname?..... <i>First names will be used only to ask you questions about the education of a specific child.</i>	<input type="text"/> First name/initials/nickname	<input type="text"/> First name/initials/nickname	<input type="text"/> First name/initials/nickname	<input type="text"/> First name/initials/nickname	<input type="text"/> First name/initials/nickname
4. How old is this child in years?.....	<input type="checkbox"/> Mark for babies less than 1 year old _ age in years	<input type="checkbox"/> Mark for babies less than 1 year old _ age in years	<input type="checkbox"/> Mark for babies less than 1 year old _ age in years	<input type="checkbox"/> Mark for babies less than 1 year old _ age in years	<input type="checkbox"/> Mark for babies less than 1 year old _ age in years
5. What is this child's sex?.....	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6. Is this child currently in..... <i>Mark [X] ONE only.</i>	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 2.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 3.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 4.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ GO TO youth/child 5.	<input type="checkbox"/> Public or private school, or preschool, <input type="checkbox"/> Homeschool <u>instead</u> of school for some or all classes, or <input type="checkbox"/> Not in school? ↳ Return survey.
7. What is this child's current grade or equivalent?.....	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write _ _ grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write _ _ grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write _ _ grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write _ _ grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> None of these	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten write _ _ grade 1 through 12 <input type="checkbox"/> College or vocational school <input type="checkbox"/> 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

The National Household Education Survey

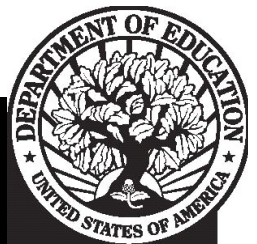
Our Children's Future: A Survey of Young Children's Care and Education



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.

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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

 These 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

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...

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**



The 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

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...

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 <u>specifically</u> for that care, not including general child support..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |

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?

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hours each week

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



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?



Head Start and Early Head Start are federally sponsored preschool programs primarily for children

No

Yes

Don't know

Large empty green rectangular area for data entry.

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

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?



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 to find care → **GO TO question 59**
- 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

1 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



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 words

Does both

GO TO question 74

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.

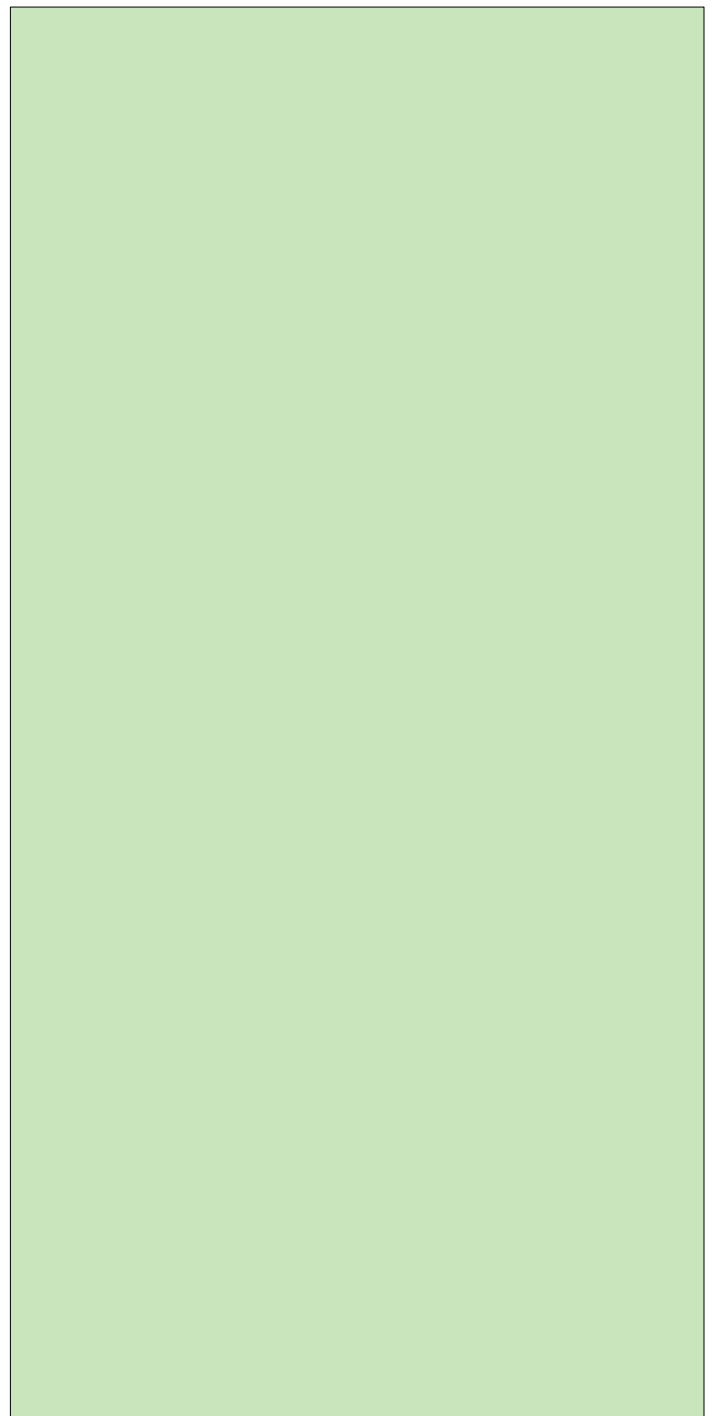
- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. A specific learning disability..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An intellectual disability (mental retardation)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A speech or language impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A serious emotional disturbance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Blindness or another visual impairment not corrected with glasses... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Pervasive Developmental Disorder (PDD)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Attention Deficit | <input type="checkbox"/> | <input type="checkbox"/> |

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... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A state or local health or social service agency..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A doctor, clinic, or other health care provider..... | <input type="checkbox"/> | <input type="checkbox"/> |

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?

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

- 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.....	<input type="checkbox"/>	<input type="checkbox"/>
..		
.....		
....		
b. Participate in play with other children.....	<input type="checkbox"/>	<input type="checkbox"/>
.....		
c. Go on outings.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends.....	<input type="checkbox"/>	<input type="checkbox"/>

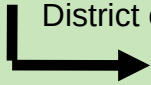
6. Child's Background

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

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

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?

<input type="text"/>	<input type="text"/>
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 started to speak
- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

GO TO Section 7

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

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

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)

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

GO TO question 106

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?

hours

GO TO question 107

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

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

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**

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

GO TO question 124

GO TO question 125

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?

hours

GO TO question 125

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

boyfriend/
partner....

Other relative(s)

.....

Other non-
relative(s)

8. Your Household

Don't know

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)

Write '0' if none.

This child's....	Number
Brother(s)	<input type="text"/>
Sister(s)	<input type="text"/>
Aunt(s)	<input type="text"/>
Uncle(s)	<input type="text"/>
Grandmother(s)	<input type="text"/>
Grandfather(s)	<input type="text"/>
Cousin(s)	<input type="text"/>
Parent's girlfriend/	<input type="text"/>

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.... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program. . | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |

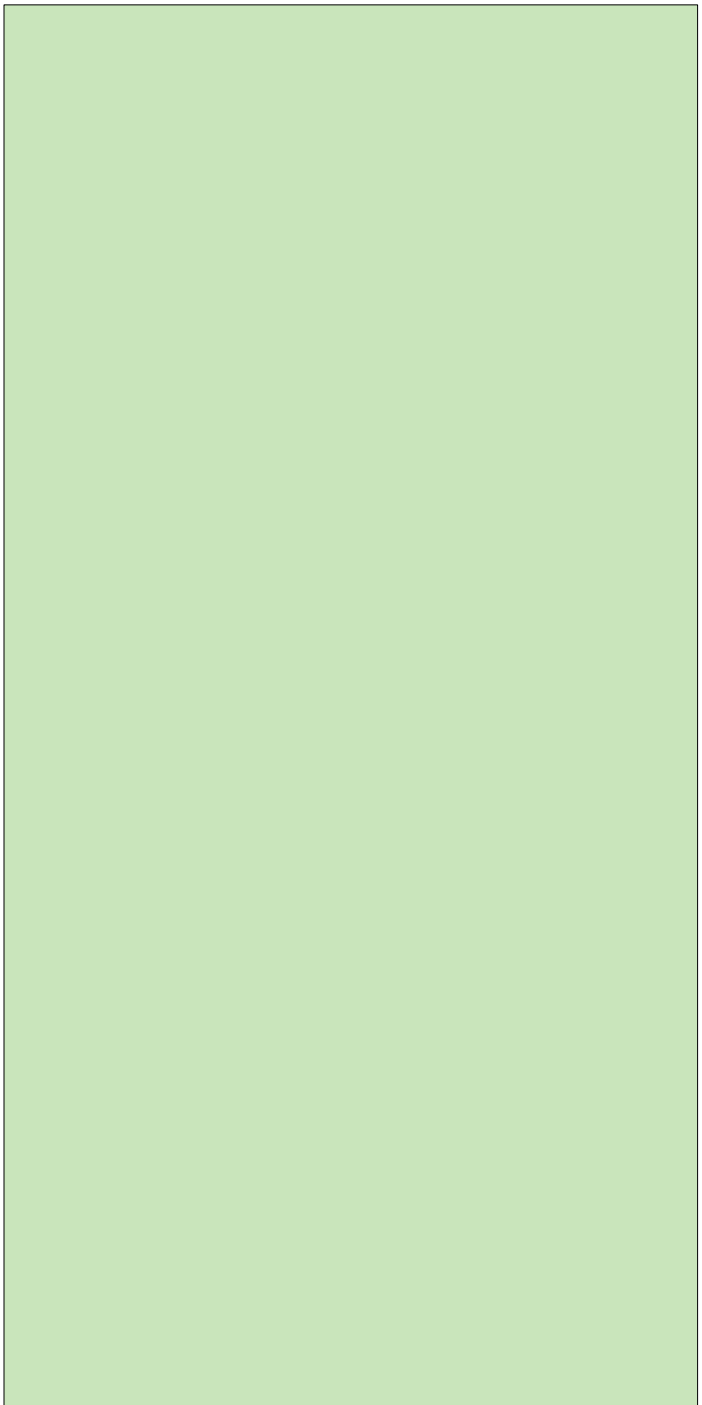
133. Which category best fits the total income of all persons in your household over the past 12 months?

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 addresses

Write '0'

Thank you.

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

135. Is this household

Mark

Own

in the

Rent

house

Occa

arran

**National Household Education Survey
[RETURN ADDRESS HERE]**

136. Other

**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

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

for 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:



This 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?



Head Start and Early Head Start are federally sponsored preschool programs primarily for children

- 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

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

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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |

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



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



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 words
 - Does both
- GO TO question 74**

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.....	<input type="checkbox"/>	<input type="checkbox"/>
b. An intellectual disability (mental retardation).....	<input type="checkbox"/>	<input type="checkbox"/>
c. A speech or language impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A serious emotional disturbance.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Deafness or another hearing impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Blindness or another visual impairment not corrected with glasses...	<input type="checkbox"/>	<input type="checkbox"/>
g. An orthopedic impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Autism.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Pervasive Developmental Disorder (PDD).....	<input type="checkbox"/>	<input type="checkbox"/>

- j. Attention Deficit Disorder, ADD or ADHD
- 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

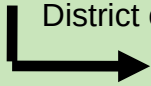
6. Child's Background

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

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

<input type="text"/>	<input type="text"/>
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 started to speak
- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

GO TO Section 7

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)

Write '0' if none.

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

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....	<input type="checkbox"/>	<input type="checkbox"/>
b. Your state welfare or family assistance program. .	<input type="checkbox"/>	<input type="checkbox"/>
c. Women, Infants, and Children, or WIC.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Food Stamps.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Child Health Insurance Program (CHIP).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Section 8 housing assistance.....	<input type="checkbox"/>	<input type="checkbox"/>

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

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.

Please STOP now and call 1-XXX-XXX-XXXX so we can verify that you received the correct survey.

kindergarten



- 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 but not Catholic
- Private, not religious
- Public school

GO TO question 6



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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An in-school suspension not counting detentions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Been expelled from school... | <input type="checkbox"/> | <input type="checkbox"/> |

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

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
- Child does not have homework

GO TO section 4

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

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

► Continue with section 5, question 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An intellectual disability (mental retardation)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A speech or language impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A serious emotional disturbance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Blindness or another visual impairment not corrected with glasses... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. An orthopedic impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Pervasive Developmental Disorder (PDD)
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Attention Deficit Disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. A developmental delay.. | <input type="checkbox"/> | <input type="checkbox"/> |

- l. Traumatic brain injury.....
- 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A state or local health or social service agency..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A doctor, clinic, or other health care provider..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

6. Child's Background

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

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

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?

<input type="text"/>	<input type="text"/>
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
- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

GO TO Section 7

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 *Mark*

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

Mark

71. What is the highest grade or level of school

that this parent or guardian completed?

ONE only.

8th grade or less

High school, but no diploma

High school diploma or equivalent (GED)

Vocational diploma after high school

Some college, but no degree

Associate's degree (AA, AS)

Bachelor's degree (BA, BS)

Some graduate or professional education, but no degree

Master's degree (MA, MS)

Doctorate degree (PhD, EdD)

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

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

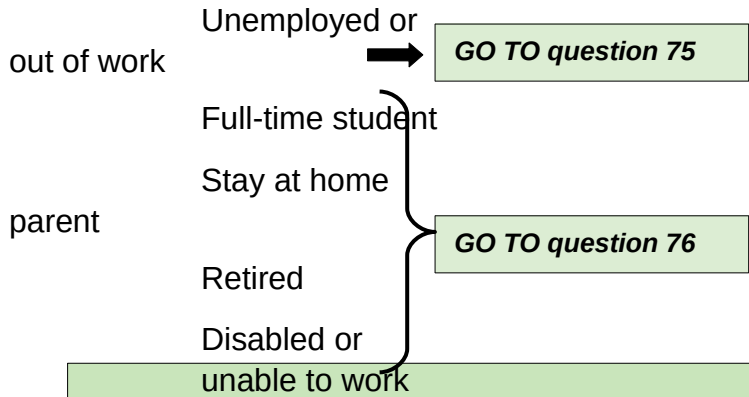
Yes

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

ONE only.

Employed for pay or income

Self-employed



Don't know

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?

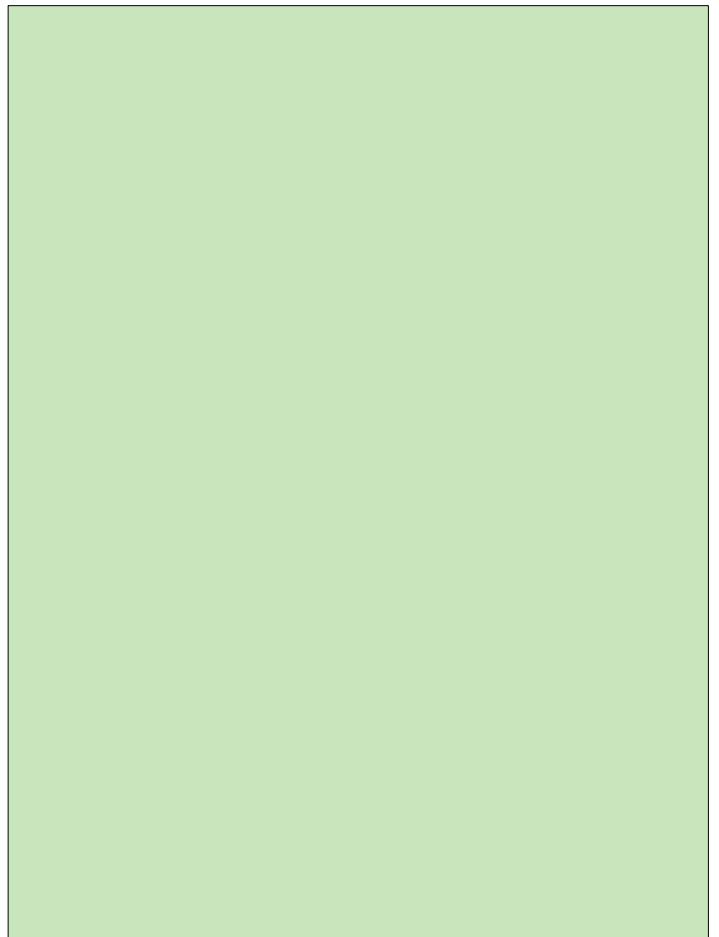
months

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



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 out of work  GO TO question 96
- Full-time student

Stay at home parent

Retired

Disabled or unable to work

GO TO question 97

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?

hours



GO TO question 97

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.

.....

Other non-
relative(s)

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)

Write '0' if none.

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

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.**

\$150,001 or more

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.... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program. . | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

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.

	<u>School Name</u> ▼	<u>Address</u> ▼	<u>City</u> ▼
<input type="checkbox"/>	{SCHOOL 1 UP TO ~40 CHARACTERS}	{ADDRESS 1 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 2 UP TO ~40 CHARACTERS}	{ADDRESS 2 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 3 UP TO ~40 CHARACTERS}	{ADDRESS 3 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 4 UP TO ~40 CHARACTERS}	{ADDRESS 4 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 5 UP TO ~40 CHARACTERS}	{ADDRESS 5 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 6 UP TO ~40 CHARACTERS}	{ADDRESS 6 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 7 UP TO ~40 CHARACTERS}	{ADDRESS 7 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 8 UP TO ~40 CHARACTERS}	{ADDRESS 8 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 9 UP TO ~40 CHARACTERS}	{ADDRESS 9 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 10 UP TO ~40 CHARACTERS}	{ADDRESS 10 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 11 UP TO ~40 CHARACTERS}	{ADDRESS 11 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 12 UP TO ~40 CHARACTERS}	{ADDRESS 12 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 13 UP TO ~40 CHARACTERS}	{ADDRESS 13 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 14 UP TO ~40 CHARACTERS}	{ADDRESS 14 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 15 UP TO ~40 CHARACTERS}	{ADDRESS 15 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}

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

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 |
|--|--------------------------|--------------------------|
| | s | |
| | ▼ | ▼ |
| a. A public library?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A homeschooling catalog, publisher, or individual who specializes in homeschooling materials?.... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another educational publisher?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A homeschooling organization?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A church, synagogue, or other religious organization?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your local public school or school district?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. A private school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. A bookstore or other store (including online)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Websites, excluding retailers?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other source— Specific | | ↓ |



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
- Somewhere else—Specify:

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

- No
- Yes

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

Mark all that apply.

Include the current year.

Elementary through Middle school

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

High School

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

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

Mark ONE box for each item below.

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

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

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

Write '0' if none.

days

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

Mark ONE box for each item below.

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

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

No  **GO TO question 26**

Yes

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

--	--

number of times

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

No

Yes

3. Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

Mark ONE box for each item below.

	No ▼	Yes ▼
a. A specific learning disability.....	<input type="checkbox"/>	<input type="checkbox"/>
b. An intellectual disability (mental retardation).....	<input type="checkbox"/>	<input type="checkbox"/>
c. A speech or language impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A serious emotional disturbance.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Deafness or another hearing impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Blindness or another visual impairment not corrected with glasses.....	<input type="checkbox"/>	<input type="checkbox"/>
g. An orthopedic impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Autism.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Pervasive Developmental Disorder (PDD).....	<input type="checkbox"/>	<input type="checkbox"/>
j. Attention Deficit Disorder,	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A state or local health or social service agency.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A doctor, clinic, or other health care provider.....	<input type="checkbox"/>	<input type="checkbox"/>

32. Are any of these services provided through an Individualized 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| | | |
| | | |
| b. Participate in sports, clubs, or other organized activities?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attend school on a regular basis?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| d. Make friends?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

4. Child's Background

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

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

<input type="text"/>	<input type="text"/>
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
- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

GO TO SECTION 5

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?

Two empty boxes for entering age.

age

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

No

Yes

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)

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

Mark

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

ONE only. [checkbox]

- 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)

out of work

parent

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?

ONE only. [checkbox]

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

GO TO question 58

GO TO question 59

Mark

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

hours

GO TO question 59

Don't know

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

ARENT 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
- Yes

GO TO question 80

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

GO TO question 68

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

- Associate's degree (AA, AS)
- Bachelor's degree (BA, BS)
- Some graduate or professional education, but no degree
- Master's degree (MA, MS)
- Doctorate degree (PhD, EdD)
- Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

70. Is 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

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

- No
- Yes

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

Mark ONE only.

- Employed for pay or income
- Self-employed
- Unemployed or out of work
- Full-time student
- Stay at home
- Retired
- Disabled or parent

GO TO question 76

GO TO question 77

unable to work

Don't know

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

--	--

hours



GO TO question 77

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

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

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)

Write '0' if

none.

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

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.... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program. . | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 Housing assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

Thank you.

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

87. Is this home

Mark

Owned

in the

Rented

home

Occasional

arrangement

**National Household Education Survey
[RETURN ADDRESS HERE]**

88. Other

anyone

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

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

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 but not Catholic
- Private, not religious
- Public school

GO TO question 6



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

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
- Child does not have homework

GO TO section 4

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
▼ | Ye
s
▼ |
|--|--------------------------|--------------------------|
| a. Visited a library..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visited a bookstore..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gone to a play, concert, or other live show..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visited an art gallery, museum, or historical site..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Visited a zoo or aquarium..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Attended an event sponsored by a community, religious, or ethnic group..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Attended an athletic or sporting event outside of school in which this child was not a player.... | <input type="checkbox"/> | <input type="checkbox"/> |

► Continue with section 5, question 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An intellectual disability (mental retardation)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A speech or language impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A serious emotional disturbance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Blindness or another visual impairment not corrected with glasses... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Pervasive Developmental Disorder (PDD)..... | <input type="checkbox"/> | <input type="checkbox"/> |

- j. Attention Deficit Disorder, ADD or ADHD
- 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 able to speak
 English
 Spanish
 A language other than English or Spanish
 English and Spanish equally
 English and another language equally

GO TO Section 7

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

GO TO question 106

GO TO question 107

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

No

Yes

partner....

Other relative(s)

.....

Other non-
relative(s)

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)

Write '0' if none.

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

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....	<input type="checkbox"/>	<input type="checkbox"/>
b. Your state welfare or family assistance program. .	<input type="checkbox"/>	<input type="checkbox"/>
c. Women, Infants, and Children, or WIC.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Food Stamps.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Child Health Insurance Program (CHIP).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Section 8 housing assistance.....	<input type="checkbox"/>	<input type="checkbox"/>

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 ▼
<input type="checkbox"/> {SCHOOL 1 UP TO ~40 CHARACTERS}	{ADDRESS 1 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 2 UP TO ~40 CHARACTERS}	{ADDRESS 2 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 3 UP TO ~40 CHARACTERS}	{ADDRESS 3 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 4 UP TO ~40 CHARACTERS}	{ADDRESS 4 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 5 UP TO ~40 CHARACTERS}	{ADDRESS 5 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 6 UP TO ~40 CHARACTERS}	{ADDRESS 6 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 7 UP TO ~40 CHARACTERS}	{ADDRESS 7 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 8 UP TO ~40 CHARACTERS}	{ADDRESS 8 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 9 UP TO ~40 CHARACTERS}	{ADDRESS 9 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 10 UP TO ~40 CHARACTERS}	{ADDRESS 10 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 11 UP TO ~40 CHARACTERS}	{ADDRESS 11 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 12 UP TO ~40 CHARACTERS}	{ADDRESS 12 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 13 UP TO ~40 CHARACTERS}	{ADDRESS 13 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 14 UP TO ~40 CHARACTERS}	{ADDRESS 14 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/> {SCHOOL 15 UP TO ~40 CHARACTERS}	{ADDRESS 15 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}

Commonly Asked Questions

Q: How did you get my address?

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

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

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

Q: How will the information I provide be used?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 U.S. Code).

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?

A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?

A: The Department of Education wants to understand the condition of education in the United States. This survey is the only way that the Department of Education can learn about schooling from your perspective. Your responses will be combined with those from other households to inform educators, policy makers, schools and universities about changes in the condition of education in the United States. Reports from past surveys can be found at www.nces.ed.gov/nhes.

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

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