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 4^{th} 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).

O: How much time will it take?

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

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

A: The National Center for Education Statistics, within the Department of Education, is authorized to conduct this study (Section 9543, 20 US Code). This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is XXXX-XXXX. You may send any comments about this survey, including its length, to the Federal Government. Write to: Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

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.

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



National Household Education Survey















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.

_						
J	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	B. How old is this child in years?	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old
		_ age in years	_ age in years	_ age in years	_ age in years	_ age in years
4	l. What is this child's sex?	☐ Male	☐ Male	☐ Male	☐ Male	☐ Male
		\square Female	\square Female	\square Female	\square Female	\square Female
5	i. Is this child currently in	☐ Public or private school, or	☐ Public or private school, or preschool,			
		preschool, Homeschool instead of school for some	 Homeschool instead of school for some or all classes, or 	 Homeschool instead of school for some or all classes, or 	 Homeschool instead of school for some or all classes, or 	 Homeschool instead of school for some or all classes, or
		or all classes, or Not in school? GO TO youth/child 2.	☐ Not in school? GO TO youth/child 3.	☐ Not in school? GO TO youth/child 4.	☐ Not in school? GO TO youth/child 5.	☐ Not in school? Return survey.
e	6. What is this child's current grade or	·	□ Draachaal	□ Duccebeel	□ Dysashaal	□ Dysashasi
	equivalent?	☐ Preschool	☐ Preschool	☐ Preschool	☐ Preschool	☐ Preschool
		☐ Kindergarten	☐ Kindergarten	☐ Kindergarten	☐ Kindergarten	☐ Kindergarten
		write _ grade 1 through 12	write _ grade 1 through 12	write _ grade 1 through 12	write _ grade 1 through 12	write _ grade 1 through 12
		☐ College or vocational school	☐ College or vocational school	☐ College or vocational school	☐ College or vocational school	☐ College or vocationa school
		☐ None of these	☐ None of these	☐ None of these	☐ None of these	☐ None of these
	► Please verify you have listed th	e 5 youngest youth or ch	ildren living in this hous	ehold in columns 1 throu	igh 5 above.	
	* *		<u> </u>			
			► Thank you. Please return National Household Educ	n this form in the postage-paid	d envelope provided or mail it	to:
			Toll-free number for	auestions: 1-XXX-XXX-X	XXX	

Screener Questionnaire With Name

Commonly Asked Questions

Q: How did you get my address?

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

Q: Why don't you ask more questions about education in this questionnaire?

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

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

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

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

A: This survey is the only way that the Department of Education can learn about children's care, early learning activities, and schooling from your perspective. You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative it is important that you complete and return this questionnaire. Those who do not return the survey will not be represented in key statistics used by policymakers and researchers.

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

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

Q: How much time will it take?

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

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

A: The National Center for Education Statistics, within the Department of Education, is authorized to conduct this study (Section 9543, 20 US Code). This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is XXXX-XXXX. You may send any comments about this survey, including its length, to the Federal Government. Write to: Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

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

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



National Household Education Survey

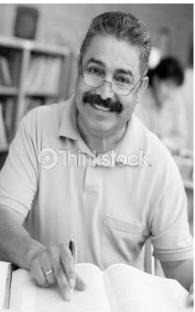












The National Center for Education Statistics is authorized to conduct this survey under Section 9543, 20 US Code. Your participation is voluntary. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by 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.

			Y	e	5
--	--	--	---	---	---

☐ 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.

1						
	➤ 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?	First name/initials/nickname	First name/initials/nickname	First name/initials/nickname	First name/initials/nickname	First name/initials/nickname
	4. How old is this child in years?	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old	☐ Mark for babies less than 1 year old
		_ age in years	_ age in years			
	5. What is this child's sex?	☐ Male	□ Male	☐ Male	☐ Male	☐ Male
		\square Female	\square Female	\square Female	☐ Female	\square Female
	6. Is this child currently in	 □ Public or private school, or preschool, □ Homeschool instead of school for some or all classes, or □ Not in school? ■ GO TO youth/child 2. 	 □ Public or private school, or preschool, □ Homeschool instead of school for some or all classes, or □ Not in school? ■ GO TO youth/child 3. 	 □ Public or private school, or preschool, □ Homeschool instead of school for some or all classes, or □ Not in school? ■ GO TO youth/child 4. 	 □ Public or private school, or preschool, □ Homeschool instead of school for some or all classes, or □ Not in school? ■ GO TO youth/child 5. 	 □ Public or private school, or preschool, □ Homeschool instead of school for some or all classes, or □ Not in school? ▶ Return survey.
	7. What is this child's current grade or equivalent?	☐ Preschool ☐ Kindergarten write ☐ ☐ grade 1 through 12 ☐ College or vocational school ☐ None of these	 □ Preschool □ Kindergarten write _ grade 1 through 12 □ College or vocational school □ None of these 	 □ Preschool □ Kindergarten write _ grade 1 through 12 □ College or vocational school □ None of these 	 □ Preschool □ Kindergarten write _ grade 1 through 12 □ College or vocational school □ None of these 	 □ Preschool □ Kindergarten write _ grade 1 through 12 □ College or vocational school □ None of these
	▶ Please verify you have listed th	e 5 youngest youth or ch	ildren living in this house	ehold in columns 1 throu	gh 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-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.

Sponsored by

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



Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below has not yet started kindergarten. If this child is attending public or private school or is homeschooled for kindergarten through 12th grade or equivalent, please call us at the toll-free number below so we can be sure you received the correct survey.
- ◆ These questions should be filled in by a parent or guardian who knows about:

Please answer all the survey questions thinking about this child or youth.

- ◆ To answer a question, simply mark

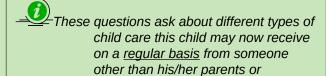
 the box that best represents your answer.
- ◆ Please use a black or blue pen, if available, to complete this survey.
- ◆ If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.
- Our toll-free number is 1-888-880-3033.

We are authorized to collect this information by Section 9543, 20 U.S. Code. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 U.S. Code). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take an average of 20 minutes, including time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. Do not return the completed form to this address.

1. Childhood Care and Programs

- Thank you for your help with the previous survey your household completed.
- ► Answer all the survey questions thinking about the child listed below:
- ► Care Your Child Receives from Relatives



- 1. Is this child now receiving care from a relative other than a parent or guardian on a <u>regular basis</u>, for example, from grandparents, brothers or sisters, or any other relatives?
 - No GO TO question 17
- 2. Are any of these care arrangements regularly scheduled at least once a
 - No GO TO question 17
- 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?

9.

Mark \boxtimes ONE only.

Yes

Yes

week?

- Grandmother/Grandfather
- Aunt /Uncle

Brother /Sister

	Another relative
•	How old is the relative who provides the most care to this child?
	Is this care provided in your home or another home?
	Own home
	Other home
	Both
	How many <u>days</u> each <u>week</u> does this child receive care from this relative?
	days each week
	How many <u>hours</u> each <u>week</u> does this child receive care from this relative?
	hours each week
•	How old was this child in years and months when this particular regular care arrangement with this relative began?
	years months
	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?	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?
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?	Write '0' if your household does not pay this relative for care. \$\bigcup\$ solution \text{\$\text{\$\sigma}\$} \$\text{\$\si
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.	Hour Day Week Month Year Every 2 weeks
No Yes ▼ ▼	Other Specify
a. A relative of this child	14. How many children from your
outside your household who provides money specifically for that care, not including general child support	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 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	22. How many <u>hours</u> each <u>week</u> does this child receive care from this person? hours each week
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	23. How old was this child in years and months when this particular regular care arrangement with this person began? years months
Yes 18. Are any of these care arrangements regularly scheduled at least once a week?	24. Was this care provider someone you already knew?
No GO TO question 35 Yes	Yes 25.Is this child's care provider age 18 or older?
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.	No Yes
Is this care provided in your own home or in another home?	26. What language does this care provider speak most when caring for this child?
Own home	English
Other home	Spanish
20. Does this person who cares for this child	A language other than English or Spanish
live in your household? No	English and Spanish equally
Yes	English and another language equally
21. How many days each week does this child receive care from this person? days each week	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? 	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.		
No GO TO question 33			
■ Yes	Is that amount per		
. ♦	Hour		
30. Do any of the following people, programs, or organizations help pay	Day		
for this person to care for this child?	Week		
Mark $ imes$ ONE box for each item below.	Month		
No Yes ▼ ▼	Year		
a. A relative of this child	Every 2 weeks		
outside your household	Other Specify		
who provides money specifically for that care, not including general child support	32.How many children from your household is this amount for, including this child?		
b. Temporary Assistance	This child only		
for Needy Families, or	2 children		
TANF	3 children		
c. Another social service,	4 children		
welfare, or child care agency	5 or more children		
d. An employer, not including a tax-free spending account for child care	33. Does this child have any other home-based care arrangements on a <u>regular basis</u> with someone who is not a relative? Do not include arrangements at day care centers or preschools.		
e. Someone else	No GO TO question 35 Yes		

. . .

. .. .

. . .

does t	nany total <u>hours</u> each <u>week</u> this child spend in those other rrangements with non- res?
	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 <u>program</u> where this child spends the most time.

Is this child's current <u>program</u> 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 $igotimes$ 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?
synagogue, or other religious
synagogue, or other religious group?
synagogue, or other religious group?
synagogue, or other religious group? No Yes 41.Is this program located at your workplace or this child's other
synagogue, or other religious group? No Yes 41.Is this program located at your workplace or this child's other parent's workplace?
synagogue, or other religious group? No Yes 41.Is this program located at your workplace or this child's other parent's workplace? No
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
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?

ı	mo	nths w	he	n h	is child in years and elshe started going <u>r</u> 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?	48.Is there any charge or fee for this program, paid either by you or some other person or agency?
English	No GO TO question 52
Spanish	Yes
A language other than English or Spanish English and Spanish equally English and another language equally	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. Ye
46. Would you recommend this program to another parent? No Yes 47. Does this program provide any of the following services to this child or your family? Mark ONE box for each item below. No Yes ▼ ▼ a Hearing, speech, or vision testing	a. A relative of this child outside your household who provides money specifically for that care, not including general child support b. Temporary Assistance for Needy Families, or TANF c. Another social service, welfare, or child care agency d. An employer, not including a tax-free spending account for child care e. Someone else 50. How much does your household pay for this child to go to this program, not counting any money that you may receive from others to help pay for care? Write '0' if your household does not pay for this program.
this child is sick and has a fever	F \$

Is that amount per	
Hour	51. How many children from your household is this amount for,
Day	including this child?
Week	This child only
Month	2 children
Year	3 children
Every 2 weeks	4 children
Other Specify	5 or more children
	52. Does this child have any other care arrangements at a day care center or preschool on a <u>regular basis</u> ?
	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

	art or Early Head Start program?
	Head Start and Early Head Start are ally sponsored preschool programs primarily hildren from low-income families.
	No
	Yes
	Don't know
	nat is the <u>main</u> reason your household nted a care program for this child in the past ar?
Ма	rk 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?	c. The reliability of the arrangement?
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 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 A little important Somewhat important A little important Somewhat important A little important Very important Somewhat important A little important Somewhat important Somewhat important A little important Somewhat important Somewhat important Somewhat important Very 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 □ Very important □ A little important □ A little important □ A little important □ A little important □ The times during the day that this caregiver is able to provide care?

3. Family Activities	c. Sang songs with this child?
The next questions ask about this child's activities with family members in the past week or month.	☐ 1 or 2 times ☐ 3 or more times
 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 	 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
 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? 	64. In the past month, have you or someone in your family visited a bookstore with this child? NO Yes
 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 	 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? GO TO question 74 Under 2 years 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

Nο

Yes

Up to 100 or more

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

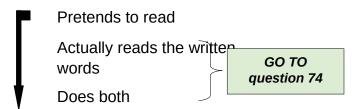
71. Does this child ever read or pretend to read storybooks on his/her own?



Г

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?



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.

 74. In general, how would you describe this child's health? Excellent Very good Good Fair Poor 	Disorder, ADD or ADHD k. A developmental delay l. Traumatic brain injury m.Another health impairment lasting 6 months or more
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	
b. An intellectual disability (mental retardation)	
c. A speech or language	
d. A serious emotional disturbance	
e. Deafness or another hearing impairment	
f. Blindness or another visual impairment not corrected with glasses	
g. An orthopedic	
h. Autism	
i. Pervasive Developmental Disorder (PDD)	
j. Attention Deficit	

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	80. Are any of these services provided through an Individualized Family Service Plan (IFSP) or an Individualized Educational Program (IEP)?
Child is age 3 or older	No GO TO question 83 Yes
77. Did you mark <u>yes</u> to any condition in question 75 or question 76? No GO TO question 85 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?
78.Is this child receiving services for his/her condition?	Yes 82. Since September, how satisfied or
No GO TO question 83 Yes	dissatisfied have you been with the following aspects of this child's IFSF or IEP?
79. Are these services provided by any of the following sources? Mark ONE box for each item below. Ye No s ▼ ▼ a. Your local school district □ □ b. A state or local health or social service agency □ c. A doctor, clinic, or other health care provider □	 a. The service provider's or school's communication with your family? Very satisfied Somewhat satisfied Very dissatisfied Does not apply b. The child's special needs teacher or therapist? Very satisfied Somewhat satisfied Somewhat dissatisfied 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
\square Somewhat satisfied
\square Somewhat dissatisfied
☐ Very dissatisfied
Does not applyThe service provider's or school's commitment to help your child learn?
☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied
☐ Does not apply
83 Is this child currently enrolled in any special education classes or services?
No
Yes
O.A. Dono this philabo condition intenfano
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.
with his/her ability to do any of the following things? Mark ONE box for each item below.
with his/her ability to do any of the following things?
with his/her ability to do any of the following things? Mark ONE box for each item below. Child no longer has condition
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
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 ▼ ▼
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
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
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
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
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
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
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
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

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

6. Child's Background 85. In what month and year was this child born? month year 86. Where was this child born? One of the 50 United States or the District of Columbia GO TO question 88 One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands) Another country 87. How old was this child when he/she first moved to the 50 United States or the District of Columbia? age 88. Is this child of Spanish, Hispanic, or Latino origin? No Yes 89. What is this child's race? You may mark one or more races. American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

{89B. What is this child's sex? [variable prin
- no sex on screener]
□ <mark>Male</mark>
\Box 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? $Mark \times ONE only.$ ☐ Child has not~ started to speak GO TO Section 7 ☐ English □ Spanish \square A language other than English or Spanish ☐ English and Spanish equally ☐ English and another language equally 92 Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program? □ No ☐ Yes ► Continue with section 7 on the next

page.

7. Child's Family

PARENT 1 LIVING IN HOUSEHOLD

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

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

		s this s	parent	or	guardian	the		
		Biological parent						
		Adoptive parent						
		Stepparent						
		Foster parent						
		Grandparent						
		Other g	uardian					
94.	Is	this per	son mal	e or	female?			
		Male						
		Female						
95. What is the current marital or partner status of this parent or guardian?								
	Μá	ark OI	NE only.					
		Married						
		In a reg or civil u		ome	stic partner	ship		
		Living w	ith a par	tner				
		Separat	ted					
		Divorce	d					
		Widowe	ed					
		Never n	narried					

96. What was the <u>first</u> language this parent 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 <u>now</u> ?							
Ma	ark $oxtimes$ ONE or	nly.					
	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?							
		O United States or the					
Ĺ	District of C	GO TO question 100					
	One of the U	.S. territories					
	(Puerto Rico, Guam, American						
	Samoa, U.S. Virgin Islands, or						
	Mariana Islands)						
	Another cour	ntry					

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.	
8 th 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 <u>per week</u> does he or she <u>usually</u> work for pay or income, counting all jobs? GO TO question 107 hours					
106. (If unemployed or out of work) Has this parent or guardian been actively looking for work <u>in the past</u> 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 th	ne child's				
Biological pare	Biological parent				
Adoptive paren	Adoptive parent				
Stepparent	Stepparent				
Foster parent	Foster parent				
Grandparent	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 or civil union	domestic partnership				
Living with a pa	artner				

114. What was the first language this parent or guardian learned to speak? $Mark \bigcirc ONE only.$ ☐ English GO TO question 116 ☐ Spanish \square 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

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

119. What is this person's race? You may mark one or more races.	122. Which of the following best
American Indian or Alaska Native	describes this person's
Asian	employment status? Mark ⊠ ONE only.
Black or African American	Employed for pay or income
Native Hawaiian or other Pacific Islander	Self-employed
White	Out of work GO TO question 124
120. What is the highest grade or level of school that this parent or guardian completed?	Full-time student
Mark [X] ONE only.	Stay at home
8 th grade or less	parent GO TO question 125 Retired
High school, but no diploma	Disabled or
High school diploma or equivalent (GED)	unable to work
Vocational diploma after high school	123. (If employed or self-employed) About how many hours <u>per week</u>
Some college, but no degree	does he or she <u>usually</u> work for pay or income, counting all jobs?
Associate's degree (AA, AS)	
Bachelor's degree (BA, BS)	hours GO TO question 125
Some graduate or professional education, but no degree	124. (If unemployed or out of work) Has this parent or guardian been
Master's degree (MA, MS)	actively looking for work <u>in the past</u> <u>4 weeks</u> ?
Doctorate degree (PhD, EdD)	No
Professional degree beyond	Yes
bachelor's degree (MD, DDS, JD, LLB)	125. <u>In the past 12 months</u> , how many
121. Is he or she currently attending or enrolled	months (if any) has this person worked for pay or income?
in a school, college, university, or adult learning center, or receiving vocational education or job training?	months
No	126. How old is this person?
Yes	
	age

127. How old was this person when he or she first became a parent to any child? 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) 2	boyfriend/ partner Other relative(s) Other non- relative(s)
Write '0' if none. Numbe This child's r Brother(s)	
Sister(s) Aunt(s) Uncle(s) Grandmother(s) Cousin(s) Parent's girlfriend/	

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?	
Mar $igotimes$ 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. <u>In the past 12 months</u> , did y family ever receive benefits of the following programs?		any
Mark ONE box for each ite	m bel	OW.
	No •	Yes ▼
a. Temporary Assistance for Needy Families, or TANF		
b. Your state welfare or family assistance program		
c. Women, Infants, and Children, or WIC		
d. Food Stamps		
e. Medicaid		
f. Child Health Insurance Program (CHIP)		
g. Section 8 housing assistance		
	of all perso your house over t past 1 month	ehold he .2
Include your own income.	perso your house over t past 1	ehold he .2
Include your own income. Include money from jobs or other ea pensions, interest, rent, Social Secu and so on.	perso your house over t past 1 month	ehold he .2 ns?
Include money from jobs or other ea pensions, interest, rent, Social Secu	perso your house over t past 1 month	ehold he .2 ns?
Include money from jobs or other ea pensions, interest, rent, Social Secu and so on.	perso your house over t past 1 month	ehold he .2 ns?
Include money from jobs or other eapensions, interest, rent, Social Secular and so on. \$0 to \$10,000	perso your house over t past 1 month	ehold he .2 ns?
Include money from jobs or other eapensions, interest, rent, Social Secular and so on. \$0 to \$10,000 \$10,001 to \$20,000	perso your house over t past 1 month	ehold he .2 ns?
Include money from jobs or other eapensions, interest, rent, Social Secular and so on. \$0 to \$10,000 \$10,001 to \$20,000 \$20,001 to \$30,000	perso your house over t past 1 month	ehold he .2 ns?

\$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 ma	
Write '0	Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:
135. Is this h Mark □ Ow in t □ Rei hou □ Occ arra	National Household Education Survey [RETURN ADDRESS HERE]
136. Oth	
receive	e in this nousehold currently e mail at another address ing P.O. Boxes?
137. Do you address	have access to the internet at this s?
□ No	
☐ Yes	
	at least one telephone inside this nat is currently working and not a cell
□ No	
☐ Yes	
139. Do you ☐ No ☐ Yes	have a working cell phone?

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-xxxx-xxxx.

ECPP Short form for 4th Mailing

The National Household Education Survey

r 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.
- 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

	ινοι αρριιο	abic
yo reç	ur home or a	now receiving care in nother home on a omeone who is not her?
	No	
	Yes	
18.	Are any of th	d for by non-relative) nese care arrangements neduled at least once a
	No	
	Yes	
	Not applic	able
35.		w attending a day care ool, or prekindergarten not in ?
	No -	GO TO SECTION X
Ţ	Yes	
36.	center, pres	ild go to a day care chool, or rten, at least once each
	No -	GO TO SECTION X
	Yes	GO TO Question 37

Not applicable

37.The next questions ask about the program where this child spends the	39. Where is this program located?
most time.	Mark 🔀 ONE only.
Is this child's current <u>program</u> a day care program, a preschool program,	In a church, synagogue, or other place of worship
or a prekindergarten program? Day care	In a public elementary or secondary school
Preschool	In a private elementary or secondary school
Prekindergarten	At a college or university
38. Is this program a Head Start or Early Head Start program?	At a community center
Zarry rroad Gtart program	At a public library
Head Start and Early Head Start are federally sponsored preschool programs primarily for children	In its own building, office space, or storefront
	Some other place
No	Specify:
Yes Don't know	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 <u>days</u> each <u>week</u> 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
	liours each week

44. How old was this child in years and	45. What language does this child's
months when he/she started going	main care provider or teacher at this
to <u>this particular</u> program?	program speak most when caring for
years months	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 $oximes$ ONE box for each item below.
	No Yes
	a Hearing, speech, or . vision testing
	b Physical examinations
	C Dental examinations
	d Formal testing for . developmental or learning problems
	e Sick child care when . this child is sick but does not have a fever
	f. Sick child care when this child is sick and has a fever
	48. Is there any charge or fee for this program, paid either by you or some other person or agency? No GO TO question 52

Yes

49. Do any of the following people, programs, or organizations help pay
for this child to go to this program?
Mark ONE box for each item below. Ye No s ▼ ▼
a. A relative of this child outside your household
who provides money <u>specifically</u> for that care, not including general child support
b. Temporary Assistance for Needy Families, or TANF
c. Another social service, welfare, or child care agency
d. An employer, not including a tax-free spending account for child care
e. Someone else
50. How much does your household pay for this child to go to this program, not counting any money that you may receive from others to help pay for care?
Write '0' if your household does not pay for this program or care provider.
s .00 Is that amount per
Hour
Day
Week

Month	51. How many children from your
Year	household is this amount for, including this child?
Every 2 weeks	This child only
Other Specify	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? GO TO question 62 Not at all 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. <u>In the past month</u> , have you or someone in your family visited a library with this child?
No
Yes
163
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

	s this child under 2 years old or is he/she 2 ears old or older?
	Under 2 years GO TO question 74
Ţ	2 years or older
	an this child identify the colors red, yellow lue, and green by name?
	No
	Yes, some of them
	Yes, all of them
	an this child recognize the letters of the lphabet?
	No
	Yes, some of them
	Yes, most of them
	Yes, all of them
69. H	ow 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?	5. This Child's Health
Yes	74.In general, how would you describe this child's health?
71. Does this child ever read or pretend to read	Excellent
storybooks on his/her own?	Very good
N ₀ ⇒ GO TO question 74	Good
Yes	 Fair
72. Does this child actually read the words written in the book, or does he/she look at	Poor
Pretends to read Actually reads the written words GO TO question 74	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.
Does both	No Yes
	▼ ▼
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	a. A specific learning
without much connection between them?	b. An intellectual disability
Sounds like connected story Tells what's in each picture	c. A speech or language
Does both	d. A serious emotional disturbance
Does neither	e. Deafness or another hearing impairment
	f. Blindness or another visual impairment not corrected with glasses
	g. An orthopedic \Box impairment
	h. Autism
	i. Pervasive Developmental Disorder (PDD)

	 j. Attention Deficit Disorder, ADD or ADHD k. A developmental delay l. Traumatic brain injury m.Another health impairment lasting 6 months or more 		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
10		1	0

6. Child's Background	90.Since September, has this child usually lived at this address or another address (for example, because of a joint custody arrangement)?
85. In what month and year was this child	Do not include vacation properties.
born?	☐ Child usually lived at this address
month year	☐ Child usually lived at another address
86. Where was this child born?	
One of the 50 United States or the District of Columbia GO TO question 88	91. What language does this child speak most at home? Mark ○ ONE only. □ Child has not ¬
One of the U.S. territories	started to speak GO TO Section 7
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or	☐ English
Mariana Islands)	☐ Spanish
Another country	A language other than English or Spanish
87. How old was this child when he/she first moved to the 50 United States	☐ English and Spanish equally☐ English and another language
or the District of Columbia? age	equally 92 Is this child currently enrolled in
88. Is this child of Spanish, Hispanic, or Latino origin?	English as a second language, bilingual education, or an English
No	immersion program?
Yes	☐ 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	

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.	ls	this	parent	or	guardian	the
chil	ďs.					

Biological parent

Adoptive parent

Stepparent

Foster parent

Grandparent

Other guardian

94. Is this	person	male	or	femal	e	?
-------------	--------	------	----	-------	---	---

	Male
--	------

☐ Female

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

 $Mark \boxtimes ONE only.$

Married

In a registered domestic partnership or civil union

Living with a partner

Separated

Divorced

Widowed

Never married

	High school diploma or equivalent (GED)
	Vocational diploma after high school
	Some college, but no degree
97. What language does this person	Associate's degree (AA, AS)
speak most at home <u>now</u> ? Mark⊠ ONE only. □ English □ Spanish □ A language other than English or	Bachelor's degree (BA, BS) Some graduate or professional education, but no degree Master's degree (MA, MS)
Spanish	Doctorate degree (PhD, EdD)
English and Spanish equallyEnglish and another language equally	Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)
 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? 	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?
Mark ⊠ ONE only. 8 th grade or less High school, but no diploma	No Yes

8. Your Household

 128. Including yourself, how many total people live in this household? people 129. Other than the parents or guardians already reported, how many of the following people live in the household with this child? Example: Brother(s) 2 	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
Write '0' if none.	☐ Grandmother☐ Grandfather
Numbe	\square Parent's girlfriend/ boyfriend/ partner
This child's r	☐ Other relationship – Specify:
Brother(s)	
Cintar(a)	
Sister(s)	131. Which language(s) are spoken at home by the adults in this household?
Aunt(s)	Mari⊠ all that apply.
Uncle(s)	☐ English
	☐ Spanish or Spanish Creole
Grandmother(s)	☐ French (including Patois, Creole, Cajun)
Grandfather(s)	☐ Chinese
	☐ Other languages – Specify:
Cousin(s)	
Parent's girlfriend/ boyfriend/ partner	
Other relative(s)	
Other non-relative(s)	

fa	n the past 12 months, did y mily ever receive benefits the following programs?		any
М	ark ONE box for each ite	m bel	ow.
		No ▼	Yes
	Temporary Assistance for Needy Families, or TANF		
	our state welfare or amily assistance program		
	Women, Infants, and Children, or WIC		
d. F	ood Stamps		
e. I	Medicaid		
	Child Health Insurance Program (CHIP)		
_	Section 8 housing		
ć	assistance		
	hich category best fits the tota sons in your household over the?		
Inc	clude your own income.		
pe	clude money from jobs or other ea nsions, interest, rent, Social Secu d 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		

	Thank you.
134. How many years have you lived at this address?	Please return this questionnaire in the postage-paid envelope provided. If you have
Write '0' if less than 1 year.	lost the envelope, mail the completed questionnaire to:
years at this address	National Household Education Survey
	[RETURN ADDRESS HERE]
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	

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	\frown l	5 F I	٦,	6	C	L	00	(H	3.6
1. (J		u	5	JU	Ш	UU	ш	

- Thank you for your help with the previous survey your household completed.
- ► Answer all the survey questions thinking about the child listed below:
- 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

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?
	☐ 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
☐ Yes	\square Does not apply
11. Since the beginning of this school year, has this child been in the same school?	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
□ No	Write '0' if none.
☐ Yes	Number
12.In which month did this child start at his/her current school?	a Behavior problems this child . is having in school
month (1 through 12)	b Problems this child is having with school work
	c. Very good behavior
13. How much do you agree or disagree with the following statement:	d Very good school work
"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	

17. Since the beginning of this school year, how many days has this child been absent from school?	20. Has this child ever had the following experiences? Mark ONE box for each item below.
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 Eighth grade High school Ninth grade - freshman Tenth grade - sophomore Eleventh grade - junior Twelfth grade - senior	a An out-of-school . suspension
	☐ Below average ☐ Failing

23. Some students take school-related courses over the internet. Is this child receiving any instruction this way?		26
No GO TO question 26		
T Yes		
24. Is that instruction provided by any of the following places?		
Mark $oxtimes$ all that apply.		
Your local public school		
A charter school		
Another public school		
A private school		
A college, community college, or university		
Someplace else—Specif		
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 · b	Attended a school or class event, such as a play, dance, sports event, or science fair Served as a volunteer in this child's classroom or elsewhere in the		
	school		
C.	Attended a general school meeting, for example, an open house, or a back-to-school night		
d.	Attended a meeting of the parent-teacher organization or association		
e.	Gone to a regularly scheduled parent-teacher conference with this child's teacher		
f.	Participated in fundraising for the school		
g.	Served on a school committee		
h.	Met with a guidance counselor in person		
	ring this school year, how mar		

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	30. How satisfied or dissatisfied are you
groups or classes.	with each of the following:
☐ Very well	a. The school this child attends this year?
☐ Just okay	☐ Very satisfied
☐ Not very well	\square Somewhat satisfied
\square Does not do it at all	☐ Somewhat dissatisfied
	☐ Very dissatisfied
 d. Providing information on your expected role at this child's school. 	b. The teachers this child has this year?
☐ Very well	☐ Very satisfied
☐ Just okay	☐ Somewhat satisfied
☐ Not very well	☐ Somewhat dissatisfied
☐ Does not do it at all	☐ Very dissatisfied
	c. The academic standards of the school?
e. Providing information on how to	\square Very satisfied
help this child plan for college or	☐ Somewhat satisfied
vocational school.	☐ Somewhat dissatisfied
Very well	☐ Very dissatisfied
Just okay	d. The order and discipline at the school?
Not very well	☐ Very satisfied
	\square Somewhat satisfied
Does not do it at all	\square Somewhat dissatisfied
Does not apply	☐ Very dissatisfied
	e. The way that school staff interacts with parents?
	☐ Very satisfied
	☐ Somewhat satisfied
	☐ Somewhat dissatisfied
	☐ Very dissatisfied
	= very disseasemen

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
32.In an <u>average week</u> , 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 ofter	n does aı	ny adult in your
hous	sehold chec	k to see	that this child's
hom	ework is do	ne?	

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. <u>In the past week,</u> has an your family done the for things with this child?	_	
Mark $oxtimes$ ONE box for each below.	ach i	tem
	No ▼	Ye s ▼
a. Told him/her a story (Do not include reading to this child.)		
b. Done activities like arts and crafts, coloring, painting, pasting, or using clay		
c. Played board games or did puzzles with him/her		
d. Worked on a project like building, making, or fixing something		
e. Played sports, active games, or exercised together		
f. Discussed with him/her how to manage time		
g. Talked with him/her about the family's history or ethnic heritage		
39. <u>In the past week</u> , how many days family eaten the evening meal tog	_	
Write '0' if none.		

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

Mar⊠ ONE box for each item below.

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

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

5. Child's Health			
41.In general, how would you describe this child's health?			
Excellent			
Very good			
Good			

		Excellen	τ				
		Very goo	od				
		Good					
		Fair					
		Poor					
42.	pr ha	as a healt ofessiona as any of t onditions?	al told the fol	you Iowii	that ng		
	be	elow.					
						No ▼	Yes
a.		specific le sability	_				
b.		n intellectu nental reta		•			
c.		speech or pairment.					
d.		serious er sturbance					
e.		eafness or earing imp					
f.	vi	indness of sual impai orrected wi	rment	not			
g.	Αı	n orthoped	lic imp	airme	ent		
h.	Αı	utism					
İ.	Di	ervasive D isorder (PI	DD)	men	tal		
j.	Αt	tention De	eficit Di		-		
k.	Α	developm	ental d	lelay.			

l Traumatic brain injury	43. Did you mark <u>yes</u> to any condition in question 40?
m.Another health impairment lasting 6 months or more	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.
	Ye No s ▼ ▼
	a. Your local school district \Box
	b. A state or local health or social service agency
	c. A doctor, clinic, or other health care provider
	46. Are any of these services provided through an Individualized Education Program (IEP)?
	No GO TO question 49
	Yes
	47. Did any adult in your household work with the service provider or school to develop or change this child's IEP?
	No
	Yes

satisfic been w	this school year, how ed or dissatisfied have you vith the following aspects of ild's IEP?		ild currently enroial education cla			
	service provider's or school's	No				
	nunication with your family? ery satisfied	Yes				
	omewhat satisfied					
	omewhat dissatisfied		s child's condition with his/her abili		l۵	
	ery dissatisfied		e following thing	-	•	
_	oes not apply	Mark —	ONE box for below.	each	item	
b. The o	child's special needs teacher or pist?	Child :	no longer has con			
□Ve	ery satisfied			No ▼	Yes	
□ So	omewhat satisfied	a. Learn				
□ So	omewhat dissatisfied					
□ Ve	ery dissatisfied					
	oes not apply	b. Participat	-			
	service provider's or school's ability commodate the child's special	activities.				
	ery satisfied		hool on a regular			
	omewhat satisfied					
	omewhat dissatisfied	d. Make				
□Ve	ery dissatisfied	friends				
□ D(pes not apply					
comr	service provider's or school's mitment to help your child learn? ery satisfied omewhat satisfied omewhat dissatisfied ery dissatisfied oes not apply		e with section 6, o	questic	on	

6. Child's Background	□ <mark>Male</mark>
51. In what month and year was this	☐ <mark>Female}</mark>
child born?	
month year	
52. Where was this child born?	
One of the 50 United States or the	
District of Co 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?	
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]	

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.	
\Box 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 	
\square English and Spanish equally	
English and another language equally	
58. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program? ☐ No ☐ Yes	
Continue with section 7, on the next page.	
7. Child's Family PARENT 1 LIVING IN HOUSEHOLD	59. Is this parent or guardian the child's
Answer questions 59 to 78 about yourself	Biological parent
if you are the child's parent or guardian.	Adoptive parent
If you are not the child's parent or	Stepparent
guardian, answer questions 59 to 78 about one of this child's parents or	• •
guardians living in the household.	Foster parent
	Crandparent

Grandparent

Other quardian

Other guardia	n			nat language eak most at h	does this person ome <u>now</u> ?
60. Is this person male or female?			Ма	rk ONE on	ly.
☐ Male				English	GO TO question 67
\square Female				Spanish	
61. What is the current partner status or guardian?				Spanish	ther than English or Spanish equally
Mark ONE onl	y.			equally	nother language
In a registered partnership or Living with a p	civil union		to C S	o participate i hild's school peaks a langı	is it for this person in activities at this because he/she uage other than
				inglish?	
Separated				☐ Very difficul	
Divorced		☐ Somewhat difficult ☐ Not at all difficult			
Widowed				⊥ NUL at all ull	licuit
Never married			v la	ho speak this	ol have interpreters s person's native neetings or parent- rences?
				No	
				Yes	
62.What was the <u>fir</u> parent or guardi speak?		s	n S iı	naterials, suc	ool have written h as newsletters or s, that are translated on's native
Mark ONE onl				No	
☐ English ☐	GO TO question	67		Yes	
☐ Spanish	har than English	. or		162	
Spanish	her than English	1 01			
·	panish equally				
☐ English and a equally	nother language				

	67. Where was this parent or guardian born?	71. What is the highest grade or level of school
	One of the 50 United States or the	that this parent or guardian completed?
	GO TO question 69	ONE only.
	One of the U.S. territories	8 th grade or less
(Pu	erto Rico, Guam, American Samoa, U.S.	High school, but no diploma
	Virgin Islands, or Mariana Islands) Another country	High school diploma or equivalent (GED)
	68. How old was this person when he or she first moved to the 50 United	Vocational diploma after high school
	States or the District of Columbia?	Some college, but no degree
age		Associate's degree (AA, AS)
9-	69. Is this person of Spanish, Hispanic, or Latino	Bachelor's degree (BA, BS)
	origin?	Some graduate or professional education, but no degree
	Yes	Master's degree (MA, MS)
		Doctorate degree (PhD, EdD)
	70. What is this person's race? You may mark one or more races. American Indian or Alaska Native	Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)
	Asian Black or African American	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?
	Native Hawaiian or other Pacific	No
	Islander White	Yes
		73. Which of the following best describes this person's employment status?
	Mark	ONE only.
		Employed for pay or income
		Self-employed

Unemployed or Don't know GO TO question 75 out of work Full-time student Stay at home parent GO TO question 76 Retired Disabled or unable to work 74. (If employed or self-employed) About how many hours per week does he or she usually work for pay or income, counting all jobs? GO TO question 76 hours 75. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks? No Yes 76. In the past 12 months, how many months (if any) has this person worked for pay or income? months 77. How old is this person? age 78. How old was this person when he or she first became a parent to any child? age

ARENT 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? GO TO question 100 No 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? $Mark \bigcirc ONE only.$ Married In a registered domestic partnership or civil union Living with a partner Separated Divorced Widowed **Never married**

83. What was the <u>first</u> language this parent or guardian learned to speak?	school notices, that are translated into this person's native language?
Mark ONE only.	No
☐ English GO TO question 88	Yes
☐ Spanish	100
☐ A language other than English or Spanish	
\square 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?	
☐ 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	

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.	Stay at home parent <i>GO TO question 97</i>					
8 th grade or less	Retired					
High school, but no diploma	Disabled or					
High school diploma or equivalent (GED)	unable to work 95. (If employed or self-employed) About					
Vocational diploma after high school	how many hours <u>per week</u> does he or she <u>usually</u> work for pay or income,					
Some college, but no degree	counting all jobs?					
Associate's degree (AA, AS)	hours GO TO question 97					
Bachelor's degree (BA, BS)	96. (If unemployed or out of work) Has					
Some graduate or professional education, but no degree	this parent or guardian been actively looking for work in the past 4 weeks?					
Master's degree (MA, MS)	No					
Doctorate degree (PhD, EdD)	Yes					
Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)	97. In the past 12 months, how many months (if any) has this person worked for pay or income?					
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?	months					
No	98. How old is this person?					
Yes	age					
94. Which of the following best describes this person's employment status?	99. How old was this person when he or she first became a parent to any child?					
Mark ONE only.						
Employed for pay or income	age					
Self-employed	Don't know					
Unemployed or out of work GO TO question 96						
Full-time student						

 Continue with section 8, 100 on the next page. 8. Your House 100. Including yourself, how mar live in this household? 	nold	Other non- relative(s)	
people			
101. Other than the paren guardians already repor many of the following po the household with this	ted, how eople live in		
Example: 2	Brother(s)		
	e '0' if none.		
Other relative(s)			

102. How are you related to this child?	
Mark ONE only.	
☐ Mother (<i>birth, adoptive, step, or foster</i>)	
Father (birth, adoptive, step, or	
foster)	
☐ Aunt	
☐ Uncle	
\square Grandmother	
\square Grandfather	
\square Parent's girlfriend/ boyfriend/ partner	
\Box 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.... b. Your state welfare or family assistance program. . c. Women, Infants, and Children, or WIC..... d. Food Stamps..... e. Medicaid..... f. Child Health Insurance Program (CHIP)..... g. Section 8 housing assistance..... 105. Which category best fits the total income of all persons in your household over the past 12 months? Include your own income. Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on. \$0 to \$10,000 \$10,001 to \$20,000 \$20,001 to \$30,000 \$30,001 to \$40,000 \$40,001 to \$50,000 \$50,001 to \$60,000 \$60,001 to \$75,000 \$75,001 to \$100,000 \$100,001 to \$150,000

	low many years have you lived at this ddress?
V	Vrite '0' if less than 1 year.
	years at this address
107. Is	s this house
٨	1ark 🗌 ONE only.
	Owned or being bought by someone in this household,
	Rented by someone in this household, or
	Occupied by some other arrangement?
r ii	Other than this address, does anyone in this household currently eceive mail at another address ncluding P.O. Boxes? No Yes
a	o you have access to the internet at this ddress? No Yes
110. Is h p	s there at least one telephone inside this come that is currently working and not a cell chone? No Yes
	oo you have a working cell phone? No Yes

► Continue with question 112 on the next page.

112. We wo	uld like to identify thi	is child's school so	we can include	information abo	out the school in
our stu	ıdy.				

Using the list of schools below, mark $\ \ \ \ \ \ \$ the box next to the school this child attends. If this child's school is not in this list, GO TO question 113.

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



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

113.			_				_			cho ow.	ol t	his	s ch	ild	ati	tend	ls, v	vrit	e t	he	naı	me	ar	ıd a	add	res	ss (of t	his	ch	ild'	S
	Ple	as	e u	se Ł	olo	ck d	or c	ap	oita	l leti	ers	, fo	or e.	xan	npl	e:	S	С		Н	0	С		L								
a.	Scl	ho	ol r	am	e																											
	SCHOOL NAME																															
	b. School street address																															
															Π																	
											N	UN	1BE	R Al	VD	ST	REE	TA	DD	RE	SS											
	c.	S	cho	ol	city	y																										
																CIT	Υ															
	d.	S	cho	ol:	sta	te																										
									T						Π																	
							STA	47	Ε																							
	e.	S	cho	ol :	zip	CO	de																									
			T																													
			ZIP			_																										

Thank you.

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

National Household Education Survey [RETURN ADDRESS HERE]

Commonly Asked Questions

Q: How did you get my address?

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

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

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

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

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

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

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

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

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

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

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

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

A: The National Center for Education Statistics, within the Department of Education, is authorized to conduct this study (Section 9543, 20 U.S Code). This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is 1850-0768. You may send any comments about this survey, including its length, to the Federal Government. Write to: Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send email to XXX. If you have any questions about the study, contact XXX toll-free at 1-xxx-xxx-xxxx.

PFI Homeschool Questionnaire

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 <u>mainly</u> provides this child's <u>home</u> 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?

NΩ	-
110	$\overline{}$

GO TO question 7

Yes

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

 $Mark \square$ 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)	We mostly use informal learning, but sometimes use a formal curriculum. We always use informal learning, and never follow a formal curriculum.
 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 	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.
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?	a. A public library?
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").	c. Another educational publisher?

Ye

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?	16.Thinking about typical grade levels, for which grades was this child schooled at home for at least some classes or subjects?
No GO TO question 16	Mark \square all that apply.
Yes	Include the current year.
14. Is that instruction provided by any of the following places?	Elementary through Middle school ☐ Kindergarten (Including transitional K and Pre-first grade)
Mark \square all that apply.	☐ First grade
Your local public school	☐ Second grade
A charter school	\square Third grade
Another public school	\square Fourth grade
A private school	☐ Fifth grade
A college, community college, or	☐ Sixth grade
university	☐ Seventh grade☐ Eighth grade
Offered by my state	High School
Someplace else—Specify:	☐ Ninth grade - freshman
· • • • • • • • • • • • • • • • • • • •	☐ Tenth grade - sophomore
	☐ Eleventh grade - <i>junior</i>
	☐ Twelfth grade - senior
15. Is there a charge or fee for that instruction?	
No	
Yes	

h. You are interested in a nontraditional approach to children's education? i. You have another reason for homeschooling your child?
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

nstruction? 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				
	ontinue with Section 2, question L on the next page.				

2. Family Activities

21. <u>In the past week,</u> has anyone in			
your family done the following things with this child?			
Mark ONE box for each item below.			
Ye No s			
▼ ▼			
a. Told him/her a story (Do not include reading to this child.)			
b. Done activities like arts and crafts, coloring, painting, pasting, or using clay			
c. Played board games or did puzzles with him/her			
d. Worked on a project like building, making, or fixing something			
e. Played sports, active games, or exercised together			
f. Discussed with him/her how to manage time			
g. Talked with him/her about the family's history or ethnic heritage			
22. <u>In the past week,</u> 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				
			elow.	CIII	
				No ▼	Ye s ▼
		a.	Visited a library		
		b.	Visited a bookstore		
		c.	Gone to a play, concert, or other live show		
		d.	Visited an art gallery, museum, or historical site		
		e.	Visited a zoo or aquarium		
		f.	Attended an event sponsored by a community, religious, or ethnic group		
		g.	Attended an athletic or sporting event outside of school in which this child was not a player		
	24. Does your family participate in the activities or meetings of a <u>local</u> homeschooling association, co-op or other local homeschool group?				-op,
			No GO TO question	n 26	
			Yes		
	25	ha pa lo co	nce September, how makes your family gone to marticipated in the activitie cal homeschooling associon, or other local home oup?	eetinges of a	gs or a on,

		number of times
26	househo	family or someone in your old a member of a <u>national</u> hooling organization?
	No	

Yes

3. Child's Health ADD or ADHD..... k. A developmental delay..... 27. In general, how would you describe I Traumatic brain injury this child's health? m. Another health impairment Excellent lasting 6 months or more Very good Good Fair Poor 29. Did you mark yes to any condition 28. Has a health or education in question 28? professional told you that this child has any of the following GO TO question 37 No conditions? Yes Mark ONE box for each item below. 30. Is this child receiving services for No Yes his/her condition? a. A specific learning No ____ GO TO question 35 disability..... Yes b. An intellectual disability (mental retardation)..... 31. Are these services provided by any c. A speech or language of the following sources? impairment..... Mark ONE box for each item d. A serious emotional below. disturbance..... e. Deafness or another Ye hearing impairment..... No S f. Blindness or another visual impairment not a. Your local school district...... corrected with glasses...... b. A state or local health or g. An orthopedic impairment social service agency..... h. Autism..... c. A doctor, clinic, or other health care provider..... i. Pervasive Developmental Disorder (PDD) j. Attention Deficit Disorder,

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	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 Somewhat dissatisfied Very dissatisfied Does not apply
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 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 con interfere with his/her any of the following the	abili hing	ty to c				
Mark ONE box below.	for	each	item			
Child no longer has condition						
		No	Yes			
a. Learn?						
b. Participate in sports, clubs, or other organize activities?	ed					
c. Attend school on a regularis?						
d. Make friends?						

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

4 Child's Bookground	□ Molo
4. Child's Background	☐ <mark>Male</mark> ☐ <mark>Female}</mark>
37.In what month and year was this child born?	
month year	
38. Where was this child born?	
One of the 50 United States or the	
District of Co GO TO question 40	
OO TO question 40	
One of the U.S. territories	
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or	
Mariana Islands)	
Another country	
39. How old was this child when he/she first moved to the 50 United States or the District of Columbia?	
age	
40. Is this child of Spanish, Hispanic, or Latino origin?	
No	
Yes	
41. What is this child's race? You may mark one or more races.	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
{41B.What is this child's sex? [variable	
print – no sex on screener]	

12	For this school year, does this child usually
42.	live at this address or another address (for example, because of a joint custody arrangement)?
	Do not include vacation properties.
	$\ \square$ Child usually lives at this address
	Child usually lives at another address
43.	.What language does this child speak most at home?
	Mark ONE only.
	☐ Child is not ┐
	able to speak GO TO SECTION 5
	□ English
	☐ Spanish
	☐ A language other than English or Spanish
	\square English and Spanish equally
	☐ English and another language
	equally
44.	Is this child currently enrolled in English as a second language, bilingual education, or an English
	immersion program?
	□ No
	☐ Yes
>	Continue with Section 5, on the next page.

5. Child's Family

PARENT 1 LIVING IN HOUSEHOLD-

Answer questions 45 to 61 about yourself if you are the child's parent or guardian.

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

chi		S
		Biological parent
		Adoptive parent
		Stepparent
		Foster parent
		Grandparent
		Other guardian
46.	ls	this person male or female?
		Male
		Female
		hat is the current marital or partner atus of this parent or guardian?
	Ma	ark ONE only.
		Married
		In a registered domestic partnership or civil union
		Living with a partner

Separated

Divorced

Widowed

Never married

	48. What was the <u>first</u> language this parent guardian learned to speak?	or
	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	
Pu	One of the U.S. territories werto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands) Another country	

age	 51. How old was this person when he or she first moved to the 50 United States or the District of Columbia? 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	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
Mark	8 th grade or less High school, but no diploma	56. Which of the following best describes this person's employment status? ONE only. Employed for pay or income Self-employed Unemployed or Full-time student Stay at home Retired Disabled or unable to work
	Associate's degree (AA, AS)	

58. (If unemployed or out of work) Has this parent or guardian been actively looking for work <u>in the past 4 weeks</u> ?	
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 <u>any</u> child?	

57. (If employed or self-employed) About how many hours <u>per week</u> does he or she <u>usually</u> work for pay or income,

GO TO question 59

counting all jobs?

hours

Don't know		

RENT	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?	parent or guardian learned to speak?
	No GO TO question 80	Mark ONE only. ☐ English GO TO question 68
	Yes	☐ English☐ GO TO question 68☐ Spanish
	63. Is this person the child's	☐ A language other than English or
	Biological parent	Spanish □ English and Spanish equally
	Adoptive parent	☐ English and another language
	Stepparent	equally
	Foster parent	
	Grandparent	67.What language does this person
	Other guardian	speak most at home <u>now</u> ?
	64. Is this person male or female?	Mark ONE only. □ English
	\square Male	☐ Spanish
	\square Female	☐ A language other than English or
	65.What is the current marital or partner status of this parent or guardian?	Spanish English and Spanish equally
	Mark ONE only.	English and another language equally
	Married	equality
	In a registered domestic partnership or civil union	68. Where was this parent or guardian
	Living with a partner	born?
	Separated	One of the 50 United States or the District of Columbia
	Divorced	GO TO question 70
	Widowed	One of the U.S. territories
	Never married	Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
		Another country

		Associate's degree (AA, AS)
	69. How old was this person when he or she first moved to the 50 United	Bachelor's degree (BA, BS)
	States or the District of Columbia?	Some graduate or professional education, but no degree
age		Master's degree (MA, MS)
		Doctorate degree (PhD, EdD)
		Professional degree beyond
	70. Is this person of Spanish, Hispanic, or Latino origin?	bachelor's degree (MD, DDS, JD, LLB)
	No	
	Yes	
	71. What is this person's race? You may mark one or more races.	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?
	American Indian or Alaska Native	No
	Asian	Yes
	Black or African American	
	Native Hawaiian or other Pacific	
	Islander	74. Which of the following best describes this person's
	White	employment status?
		Mark ONE only.
	72. What is the highest grade or level of school that this parent or guardian completed?	Employed for pay or income
Mark [X] O		Self-employed
	8 th grade or less	Unemployed or GO TO question 76
	High school, but no diploma	Full-time student
	High school diploma or equivalent	Stay at home
		rent GO TO question 77
	Vocational diploma after high school	Retired
	Some college, but no degree	Disabled or

unable to work	Don't know
75. (If employed or self-employed) About how many hours <u>per week</u> does he or she <u>usually</u> work for pay or income, counting all jobs? 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?	
79. How old was this person when he or she first became a parent to <u>any</u> child?	
age	

6. Your Househo	\ld	82. H	ow are you related to this child	d?
		Má	ark ONE only.	
80. Including yourself, how many to live in this household?	nai people		Mother	
			(birth, adoptive, step, or fo	oster)
people			Father (birth, adoptive, step, or for	nster)
			Aunt	55101)
81. Other than the parents or g	guardians		Uncle	
already reported, how ma			Grandmother	
following people live in the household with this child			Grandfather	
	· other(s)		Parent's girlfriend/ boyfrie	nd/ partner
Example Bi	ourer(3)		Other relationship – Spec	•
	Write '0' if		,	T.
none.				
Nun	nhe			
This child's r	ЮС			
Brother(s)			at language(s) are spoken at	home by the
		ad	ults in this household?	
Sister(s)	Mar	k all ti	nat apply.	
At/a)			English	
Aunt(s)			Spanish or Spanish Creol	е
Uncle(s)	\neg		French (including Patois,	Creole,
			Cajun)	
Grandmother(s)			Chinese	
		Ш	Other languages – Specif	V:
Grandfather(s)				•
Cousin(s)				
Parent's girlfriend/				
boyfriend/			ntinue with question 84	on the
partner		ne	xt page.	
Other relative(s)				
Other nonrelative(s).				

	84. <u>In the past 12 months</u> , did yo family ever receive benefits to of the following programs?		any
	Mark ONE box for each iter	n bel	ow.
		No ▼	Yes ▼
	a. Temporary Assistance for Needy Families, or TANF		
	b. Your state welfare or family assistance program		
	c. Women, Infants, and Children, or WIC		
	d. Food Stamps		
	e. Medicaid		
	f. Child Health Insurance Program (CHIP)		
	g. Section 8 Housing assistance		
	85. Which category best fincome of all persons in household over the parmonths?	in you	
Include	your own income.		
Include	money from jobs or other earnings, pensions, rent, Social Security payments, and s		
	\$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		

	How madress?	ny years have you lived at this		
Write '0' if less	than 1 ye	Thank you.		
years	at this ac	Please return this questionnaire in the posta completed questionnaire to:	age-paid envelope provided. If you have lost the envelope, m	nail th
87.	Is this I			
	<i>Mark</i>	National Household Education Surve [RETURN ADDRESS HERE]	y 	
	in t			
	☐ Rei			
	hou			
	☐ Ocearra			
	arre			
88.	Other anyon			
	receive	e mail at another addressing P.O. Boxes?		
	\square No			
	☐ Yes			
89.	Do you address	have access to the internet at this ?		
	\square No			
	☐ Yes			
90.		at least one telephone inside this at is currently working and not a cell		
	□ 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: 	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
3. What type of school does this child	Mostly D's and lower
attend? Private, Catholic Private, religious but not Catholic Private, not religious Public school 4. Is it his/her regularly assigned school?	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.
□ No □ Yes	Behavior problems this child is having in school
6. Did you move to your current neighborhood so that this child could attend his/her current school? ☐ No ☐ Yes	b Problems this child is having with school work
10. Is the school this child attends your first choice, that is, the school you wanted most for him/her to attend? □ No □ Yes	 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 it	em b	elow.		
a Attended a school or . class event, such as a	No ▼	Yes ▼		
play, dance, sports event, or science fair b Served as a volunteer in this child's classroom or elsewhere in the				
school c. Attended a general school meeting, for example, an open house, or a back-to-	Ш	Ц		
d. Attended a meeting of the parent-teacher organization or				
e. Gone to a regularly scheduled parent-teacher conference with this child's teacher				
f. Participated in fundraising for the school				
g. Served on a school committee				
h. Met with a guidance counselor in person				

27. During this school year, how many times has any adult in the household gone to meetings or participated in activities at this child's school? number of times	28. During this school year, has your family received any of the following: a. Notes or emails specifically about this child from his/her teachers or school administrators? No Yes b. Newsletters, memos, emails, or notices addressed to all parents? No Yes
	 c. Phone calls specifically about this child from his/her teachers or school administrators? No Yes
	29. How well has this child's school been doing the following things during this school year?
	 a. Letting you know how this child is doing in school between report cards. Very well Just okay Not very well Does not do it at all b. Providing information about how to help this child with homework. Very well Just okay Not very well Does not do it at all

c. Providing information about why this child is placed in particular groups or classes.	3. Homework
☐ Just okay ☐ Not very well ☐ Does not do it at all d. Providing information on your expected	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
role at this child's school. Very well Just okay Not very well Does not do it at all	1 to 2 days a week 3 to 4 days a week 5 or more days a week Never GO TO section 4
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	Child does not have homework 36.How often does any adult in your household check to see that this child's homework is done? Never Rarely Sometimes Always

4. Family Activities

40. In the past month, has anyone in your family done the following things with this child? Mark ONE box for each item below. Ye No S a. Visited a library..... b. Visited a bookstore...... c. Gone to a play, concert, or other live show..... d. Visited an art gallery, museum, or historical site..... e. Visited a zoo or aquarium..... f. Attended an event sponsored by a community, religious, or ethnic group..... g. Attended an athletic or sporting event outside of school in which this child was not a player.... ► Continue with section 5, question 41 on the next page.

5. This Child's Health

74.In general, how would you this child's health?	u desc	ribe
Excellent		
Very good		
Good		
Fair		
Poor		
75. Has a health, education, intervention professional that this child has any of following conditions? Mark ONE box for each	told y the	ou
	No	Yes
a. A specific learning disability		
b. An intellectual disability (mental retardation)		
c. A speech or language impairment		
d. A serious emotional disturbance		
e. Deafness or another hearing impairment		
f. Blindness or another visual impairment not corrected with glasses		
g. An orthopedic impairment		
h. Autism		
i. Pervasive Developmental Disorder (PDD)		

j. Attention Deficit Disorder, ADD or ADHD k. A developmental delay l. Traumatic brain injury m.Another health impairment lasting 6 months or more	76. Did you mark <u>yes</u> 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	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.
born?	☐ Child usually lived at this address
month year	☐ Child usually lived at another address
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?	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
88. Is this child of Spanish, Hispanic, or Latino origin?	92 Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?
Yes	□ 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	

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?
\square Male
\square 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

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

	that this parent or guardian completed?
	Mark ONE only.
	8 th grade or less
07 What language does this person	High school, but no diploma
97. What language does this person speak most at home now? Mark ONE only.	High school diploma or equivalent (GED)
☐ English	Vocational diploma after high school
☐ Spanish	Some college, but no degree
☐ A language other than English or Spanish	Associate's degree (AA, AS)
☐ English and Spanish equally	Bachelor's degree (BA, BS)
English and another language equally	Some graduate or professional education, but no degree
100. Is this person of Spanish, Hispanic, or Latino	Master's degree (MA, MS)
origin?	Doctorate degree (PhD, EdD)
No	Professional degree beyond
Yes	bachelor's degree (MD, DDS, JD, LLB)
101. What is this person's race? You may mark one or more races.	104. Which of the following best describes this person's employment status?
American Indian or Alaska Native	Mark ONE only.
Asian	Employed for pay or income
Black or African American	Self-employed
Native Hawaiian or other Pacific Islander	Unemployed or
White	out of work GO TO question 106
- Willio	Full-time student
	Stay at home
	parent GO TO question 107
	Retired
	Dischlad su
	Disabled or unable to work

110. Is there a sec guardian living in t	cond parent or his household?
No	
Yes	
8. Your Hous	sehold
128. Including yourself, how live in this household? people 129. Other than the pare	many total people
already reported, h following people liv household with this	e in the
Example: Brother(s)	2
	Write '0' if none.
	Numbe
This child's	Numbe r
This child's Brother(s)	
Brother(s)	
Brother(s)	
Brother(s) Sister(s) Aunt(s)	
Brother(s)Sister(s)	
Brother(s) Sister(s) Aunt(s)	
Brother(s) Sister(s) Aunt(s) Uncle(s) Grandmother(s)	
Brother(s) Sister(s) Aunt(s) Uncle(s)	
Brother(s) Sister(s) Aunt(s) Uncle(s) Grandmother(s)	
Brother(s) Sister(s) Aunt(s) Uncle(s) Grandmother(s) Grandfather(s)	

partner	
Other relative(s)	
Other non- relative(s)	

120 How are you related to this shild?	
130. How are you related to this child? Mark ONE only. Mother (birth, adoptive,	132. In the past 12 months, did your family ever receive benefits from any of the following programs?
step, or foster)	Mark ONE box for each item below.
☐ Father (birth, adoptive, step, or	No Yes
foster)	▼ ▼
☐ Aunt	a. Temporary Assistance for
☐ Uncle	Needy Families, or TANF
☐ Grandmother	b. Your state welfare or
\square Grandfather	family assistance program
☐ Parent's girlfriend/ boyfriend/ partner	c. Women, Infants, and
☐ Other relationship – Specify:	Children, or WIC
	d. Food Stamps
	e. Medicaid
131. Which language(s) are spoken at home by the adults in this household?	f. Child Health Insurance Program (CHIP)
Mark all that apply.	g. Section 8 housing
_	assistance
☐ English	
☐ Spanish or Spanish Creole	133. Which category best fits the total income of all persons in your household over the past 12
☐ French (including Patois, Creole,	months?
Cajun)	Include your own income.
☐ Chinese —	Include money from jobs or other earnings,
☐ Other languages – Specify:	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
\square Occupied by some other
arrangement?
136. Other than this address, does anyone in this household currently receive mail at another address including P.O. Boxes?
□ No
☐ Yes
137. Do you have access to the internet at this address?
□ No
☐ Yes
138. Is there at least one telephone inside this home that is currently working and not a cell phone? □ No
□ Yes
139. Do you have a working cell phone?
□ No
☐ Yes
► Continue with question 113 on the next page.

113. We would like to identify this child's school so we can include information about the school in our study.Using the list of schools below mark the box next to the school this child attends. If this child's school is not in this list, GO TO question 114.

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



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

114.			-			enti spa	-				l th	nis	chi	ild	atte	end	ls, ı	∧ri	te 1	the	na	me	a	nd	ad	dr	es	s c	of tl	his	chi	ld'	S
	Ple	as	e u	se	blo	ock (or c	ар	ital	lette	ers,	foi	r ex	an	ple	e:	S	C	;	Н	0	Ţ	o	L	L	Ι							
a.	Scl	ho	ol r	nar	ne																												
														SC	HO	OL	NA	ME															
	b.	S	cho	ool	st	reet	ac	ldr	ess	;																							
																									T								
											NL	JME	BEF	R AI	VD .	STF	REE	T A	\DE	RE	SS												
	c.	S	cho	ool	cit	ty																											
															(CIT	Y																
	d.	S	cho	ool	st	ate																											
							ST	ATI	Ξ							-																	
	e.	S	cho	ool	zi	o co	ode																										
				Τ	Τ																												
			ZIF)																													

Thank you.

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

National Household Education Survey Westat 1600 Research Blvd. Room RC B16 Rockville, MD 20850-3129

Commonly Asked Questions

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.