

A Survey about Students' and Families' Experience with Their Schools

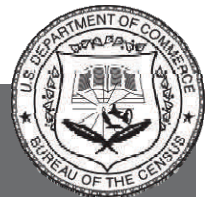
## The National Household Education Survey



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 information is not correct, please call us toll-free at 1-888-840-8353 to let us know.
  
- ◆ 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 X the box that best represents your answer.
- ◆ Please use a black or blue pen, if available, to complete the survey.
- ◆ Please return the completed survey using the postage-paid envelope provided.

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering this survey on behalf of NCES. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C., § 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0803. The time required to complete this survey is estimated to average 20 minutes per response, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: National Household Education Survey, National Center for Education Statistics, 1990 K Street, NW, Room 9016, Washington, DC 20006. Do not return the completed form to this address.

# Child's Schooling

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

## 1. What is this child's current grade or year of school?

If this child is not assigned a specific grade, mark or write the grade he/she would be in at a school with regular grades.

- Child has not yet started kindergarten



**Please STOP now and call 1-888-840-8353 so we can verify that you received the correct survey.**

- Full-day kindergarten
- Partial-day kindergarten

grade (1 through 12)

## 2. What type of school does this child attend?

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



**GO TO question 5**



## 3. Is it his/her regularly-assigned school?

- No
- Yes

## 4. Is this school a charter school?

- No
- Yes

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

- No
- Yes

## 6. 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

## 7. Did you consider other schools for this child?

- No
- Yes

**GO TO question 9**



## 8. 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

## 9. Is the school this child attends your first choice, that is, the school you wanted most for him/her to attend?

- No
- Yes

## 10. Since the beginning of this school year, has this child been in the same school?

- No
- Yes

11. In which month did this child start at his/her current school?

month (1 through 12)

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

**“This child enjoys school.”**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

13. 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

14. Is he/she currently enrolled in any high school Advanced Placement (AP) classes?

*Advanced Placement is a program that offers college-level courses to high school students, with the option for students to take AP exams to earn college credit.*

- No
- Yes
- Does not apply

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

Write ‘0’ if none.

Number

- a. Behavior problems this child is having in school.....
- b. Problems this child is having with school work.....
- c. Very good behavior.....
- d. Very good school work.....

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

 days

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

No →

**GO TO question 19**

Yes

18. What grade or grades did he/she repeat?

Mark  all that apply.

**Elementary through Middle school**

- Kindergarten
- First grade
- Second grade
- Third grade
- Fourth grade
- Fifth grade
- Sixth grade
- Seventh grade
- Eighth grade

**High school**

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

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

Mark  ONE box for each item below.

- |  | No<br>▼                  | Yes<br>▼                 |
|--|--------------------------|--------------------------|
| a. An out-of-school suspension.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An in-school suspension not counting detentions ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Been expelled from school.....                        | <input type="checkbox"/> | <input type="checkbox"/> |

**20. 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

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

Mark  ONE only.

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


**22. Some students take school-related courses for credit over the Internet. Is this child receiving any instruction this way?**

No  **GO TO question 26**

Yes

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

Mark  all that apply.


- Your local public school
- Your state
- A charter school
- Another public school
- A private school
- A college, community college, or university
- A website
- Someplace else—Specify: 

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

- No
- Yes

**25. What is the main reason this child took school-related courses over the internet?**

Mark  ONE only

- Extra-credit
- Tutoring
- Improve basic reading, writing, math, or science skills
- School did not offer the class or subject
- To earn college credit
- Due to an illness or health condition
- Other—Specify: 

26. Some parents decide to educate their children at home rather than send them to a public or private school. Is this child being schooled at home instead of at school for at least some classes or subjects?

- No
- Yes

**GO TO question 32**

27. Which of the following statements best describes your homeschooling arrangement for this child?

- This child is homeschooled for all classes or subject areas
- This child is homeschooled for some classes and subject areas and also attends a public or private school
- This child is not homeschooled. This child attends a public or private school for all classes or subject areas

**GO TO question 28**

**GO TO question 32**

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

Hours

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

Mark  ONE box for each item below.

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

30. 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 29 for the most important reason you chose to homeschool your child.

Letter from question 29

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

Mark  all that apply.

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

## Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

Mark  ONE box for each item below.

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

34. Did you mark yes to any condition in question 33?

No → **GO TO question 38**

Yes

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

No → **GO TO question 38**

Yes

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

Mark  ONE box for each item below.

	No ▼	Yes ▼
a. Your local school district.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A state or local health or social service agency.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A doctor, clinic, or other health care provider.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A teacher or health provider from a <u>private</u> school.....	<input type="checkbox"/>	<input type="checkbox"/>

37. Are any of these services provided through an Individualized Education Plan (IEP) or services plan?

No  
 Yes

**CONTINUE on the next page**

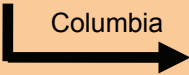


## Child's Background

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

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

39. Where was this child born?

- One of the 50 United States or the District of Columbia
-  **GO TO question 41**
- One of the U.S. territories (*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)
- Another country

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

<input type="text"/>	<input type="text"/>	Age
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41. Is this child of Hispanic, Latino, or Spanish origin?

- No
- Yes

42. 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


43. What is this child's sex?

- Male
- Female

44. Does this child live at this address and another address (for example, because of a joint custody arrangement)?

*Do not include vacation properties.*

No  **GO TO question 46**


Yes 

45. If yes, does this child...

- spend most time at this address?
- spend most time at another address?
- spend equal time at both addresses?

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

Mark  *ONE* only.

- Child is not able to speak
- English
-  **GO TO question 48**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

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

- No
- Yes

**CONTINUE on the next page**

# Your Household

48. How many of the following people live in **this household with this child**? Do not include this child in your answer.

Example: Brother(s)  Write '0' if none.

This child's....	Number
a. Brother(s).....	<input style="width: 30px; height: 25px;" type="text"/>
b. Sister(s).....	<input style="width: 30px; height: 25px;" type="text"/>
c. Parent(s).....	<input style="width: 30px; height: 25px;" type="text"/>
d. Aunt(s).....	<input style="width: 30px; height: 25px;" type="text"/>
e. Uncle(s).....	<input style="width: 30px; height: 25px;" type="text"/>
f. Grandmother(s).....	<input style="width: 30px; height: 25px;" type="text"/>
g. Grandfather(s).....	<input style="width: 30px; height: 25px;" type="text"/>
h. Cousin(s).....	<input style="width: 30px; height: 25px;" type="text"/>
i. Parent's girlfriend/ boyfriend/ partner.....	<input style="width: 30px; height: 25px;" type="text"/>
j. Other relative(s).....	<input style="width: 30px; height: 25px;" type="text"/>
k. Other non-relative(s).....	<input style="width: 30px; height: 25px;" type="text"/>

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

*Do not include this child in your answer.*

people

50. 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:

51. 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 :

**52. 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<br>▼                  | Yes<br>▼                 |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP).....            | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance ....                     | <input type="checkbox"/> | <input type="checkbox"/> |

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

*Include your own income.*

*Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.*

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 or more

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

*Write '0' if less than 1 year.*

years at this address

**55. 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?

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

**CONTINUE on the next page**

## Child's Family

### PARENT 1 LIVING IN HOUSEHOLD

Answer the following questions about yourself if you are the child's parent or guardian.

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

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

Mark  ONE only.

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

#### 60. 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

## Finding and Choosing Care for Your Child

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

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

- No
- Yes
- Don't know

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



Mark  ONE only.

- 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


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

- No
- Yes
- Don't know

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

- Have not tried to find care  **GO TO End.**
- No difficulty  **GO TO question 66.**
- A lot of difficulty
- Some difficulty
- A little difficulty
- Did not find the child care program you wanted

65. What was the primary reason for the difficulty finding care?

- Cost
- Location
- Quality
- Lack of open slots for new children
- Needed a program for children with special needs
- Other reason: Specify 

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

a. The location of the arrangement?

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

b. The cost of the arrangement?

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

c. The reliability of the arrangement?

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

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

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

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

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

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

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

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

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

**h. Ratings on a website?**

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

**i. Recommendations from friends and family?**

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

**j. Accreditation of the care provider (e.g. from the National Association for the Education of Young Children or the National Early Childhood Program Accreditation)?**

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

**k. The religious orientation of the program?**

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

**l. Your city or state's Quality Rating and Improvement System (QRIS).**

*A QRIS is a voluntary "star" rating system that informs families about the quality of early learning programs (including child care and preschools) in their communities. Some areas do not have a QRIS.*

- Did not use a QRIS
- Not at all important
- A little important
- Somewhat important
- Very important

**67. Which of the following best describes this program's curriculum?**

Mark  only one box.

- Montessori
- Special program emphasis- such as science or math emphasis, performing arts, talented or gifted preschool, foreign language immersion, etc.
- Special education- primarily serves students with disabilities
- The Creative Curriculum®
- None of the above

**Does this child attend a district-assigned school or a school that you chose?**

- District- assigned school
- School of choice
- District– assigned school is school of choice

## Commonly Asked Questions

### **Q: How was my household chosen?**

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 U.S. households. The sample was designed so that surveys of only a few thousand people will accurately describe the educational experiences of almost all Americans.

### **Q: Why should I participate? Do I have to do this?**

A: Your answers are very important to the success of this study. You represent thousands of other adults like yourself, and you cannot be replaced. This survey is voluntary. You may choose not to answer any or all questions in this survey, but in order for the survey to be representative, it is important that you complete and return it. Those who do not return the survey will not be represented in statistics used by policymakers and researchers. There are no penalties should you choose not to participate in the study.

### **Q: Will the information I provide be kept confidential? Will my privacy be protected?**

A: Yes. Your responses will be combined with those from other adults to produce statistical summaries about education in the United States. 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 (20 USC § 9573).

### **Q: How will my response help the Federal Government?**

A: The U.S. Department of Education wants to understand schooling from your perspective. Your responses will be combined with those from other households to inform educators, policy makers, and schools about how adults in the U.S. learn the skills needed for work.

### **Q: Who is sponsoring this study?**

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0803. The time required to complete this survey is estimated to average 20 minutes per response, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: National Household Education Survey, National Center for Education Statistics, 1990 K Street, NW, Washington, DC 20006-5650.

### **Q: What if I have other questions?**

A: If you have any questions about the study, you may send e-mail to [xxxx@census.gov](mailto:xxxx@census.gov) or you may call the Census Bureau toll-free at 1-800-xxx-xxxx