

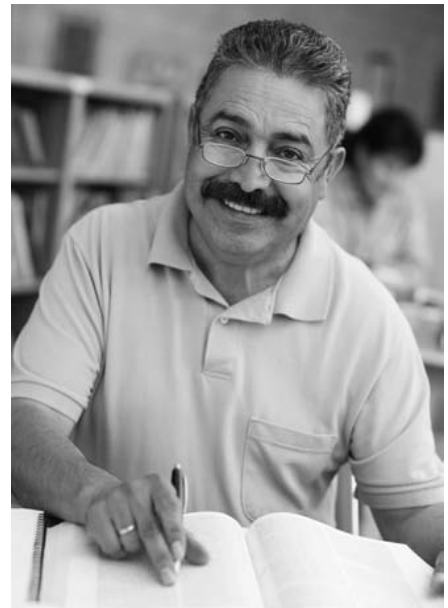
Appendix B.

NHES:2015 Screener Survey

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



National Household Education Survey



The National Center for Education Statistics is authorized to conduct this survey under U.S. Code Title 20, Section 9543 (20 USC § 9543). 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 (20 USC § 9573). The information you provide will be combined with information from other participants to produce statistical summaries and reports.

NHES-1B
(12/06/2013)



National Household Education Survey

Start Here

The Department of Education is studying the education and training experiences of adults and children. 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 only one or two people in the household.
- ▶ 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. How many people live in this household?

Include adults and children who are temporarily away from home (for example, living in college housing) if they have no other permanent home.

Continue answering questions 2 through 6 for each person living in this household. Include all adults and children. Start with yourself.

You / Person 1



2. What is his or her first name, initials, or nickname?

First names will be used only to ask you questions about the education of a specific person.

First name/initials/nickname

3. What is this person's month and year of birth?

 /

month year

4. What is this person's sex?

- Male
 Female

5. Is this person currently in . . . Mark [X] ONE only.

- Homeschool instead of school for some or all classes,
 Public or private school, or preschool,
 College, university or vocational school, or
 Not in school?

↳ GO TO person 2.

6. What is this person's current grade or equivalent?

- Preschool
 Kindergarten
 write grade 1 through 12
 College, university or vocational school
 None of these

Person 2



First name/initials/nickname

 /

month year

- Male
 Female

- Homeschool instead of school for some or all classes,
 Public or private school, or preschool,
 College, university or vocational school, or
 Not in school?

↳ GO TO person 3.

- Preschool
 Kindergarten
 write grade 1 through 12
 College, university or vocational school
 None of these



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

Person 3



First name/initials/nickname

 /

month

year

- Male
 Female

- Homeschool instead
of school for some
or all classes,
 Public or private
school, or preschool,
 College, university or
vocational school, or
 Not in school?

↳ **GO TO person 4.**

- Preschool
 Kindergarten

 write grade
1 through 12

- College, university or
vocational school
 None of these

Person 4



First name/initials/nickname

 /

month

year

- Male
 Female

- Homeschool instead
of school for some
or all classes,
 Public or private
school, or preschool,
 College, university or
vocational school, or
 Not in school?

↳ **GO TO person 5.**

- Preschool
 Kindergarten

 write grade
1 through 12

- College, university or
vocational school
 None of these

Person 5



First name/initials/nickname

 /

month

year

- Male
 Female

- Homeschool instead
of school for some
or all classes,
 Public or private
school, or preschool,
 College, university or
vocational school, or
 Not in school?

↳ **GO TO page 4.**

- Preschool
 Kindergarten

 write grade
1 through 12

- College, university or
vocational school
 None of these

► **If there are more than 5 people in your household, continue on the next page. Otherwise, stop here and return this form in the postage-paid envelope provided.**



National Household Education Survey

Continue

If there are more than 5 people in your household, please continue answering for each person living in this household.

If you have finished answering about everyone in the household please return the survey in the postage-paid envelope provided.

Person 6



2. What is his or her first name, initials, or nickname?

First name/initials/nickname

First names will be used only to ask you questions about the education of a specific person.

3. What is this person's month and year of birth?

 /

month year

4. What is this person's sex?

 Male
 Female

5. Is this person currently in . . .

Mark [X] ONE only.

 Homeschool instead of school for some or all classes,
 Public or private school, or preschool,
 College, university or vocational school, or
 Not in school?

↳ **GO TO person 7.**

6. What is this person's current grade or equivalent?

 Preschool
 Kindergarten
 write grade 1 through 12
 College, university or vocational school
 None of these

Person 7



First name/initials/nickname

 /

month year

 Male
 Female

 Homeschool instead of school for some or all classes,
 Public or private school, or preschool,
 College, university or vocational school, or
 Not in school?

↳ **GO TO person 8.**

 Preschool
 Kindergarten
 write grade 1 through 12
 College, university or vocational school
 None of these


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

Person 8



First name/initials/nickname

 /

month

year

- Male
 Female

- Homeschool instead
of school for some
or all classes,
 Public or private
school, or preschool,
 College, university or
vocational school, or
 Not in school?

↳ **GO TO person 9.**

- Preschool
 Kindergarten

write grade
1 through 12

- College, university or
vocational school
 None of these

Person 9



First name/initials/nickname

 /

month

year

- Male
 Female

- Homeschool instead
of school for some
or all classes,
 Public or private
school, or preschool,
 College, university or
vocational school, or
 Not in school?

↳ **GO TO person 10.**

- Preschool
 Kindergarten

write grade
1 through 12

- College, university or
vocational school
 None of these

Person 10



First name/initials/nickname

 /

month

year

- Male
 Female

- Homeschool instead
of school for some
or all classes,
 Public or private
school, or preschool,
 College, university or
vocational school, or
 Not in school?

↳ **Return survey.**

- Preschool
 Kindergarten

write grade
1 through 12

- College, university or
vocational school
 None of these

- ▶ **Please verify you have filled out a column for everyone in your household.**
▶ **Thank you. Please return this form in the postage-paid envelope provided or mail it to:**

U.S. Census Bureau
ATTN: DCB 60-A
1201 E. 10th Street
Jeffersonville, IN 47132-0001

Toll-free number for questions: 1-888-840-8353



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Thank you.

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

**U.S. Census Bureau
ATTN: DCB 60-A
1201 E. 10th Street
Jeffersonville, IN 47132-0001**



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 after-school care and adult training and education 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 (20 USC § 9573).

Q: How much time will it take?

A: On average, it should take 8 minutes or less for you to respond, including the time for reviewing instructions and completing and reviewing the collection of information.

Q: Who is sponsoring this study?

A: The National Center for Education Statistics, within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this study on behalf of the U.S. Department of Education. This study has been approved by the Office of Management and Budget, 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 average time required to complete this survey is estimated to average 5-10 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 the survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Andrew Zukerberg, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street NW, Washington, DC 20006-5650. You may send email to NHES@census.gov.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to NHES@census.gov or you may call the Census Bureau toll-free at 1-888-840-8353



Appendix C. NHES:2015 Topical Surveys

C.1 Credentials for Work Survey (CWS)

C.2 Training for Work Survey (TWS)

C.3 Early Childhood Program Participation (ECP) Survey

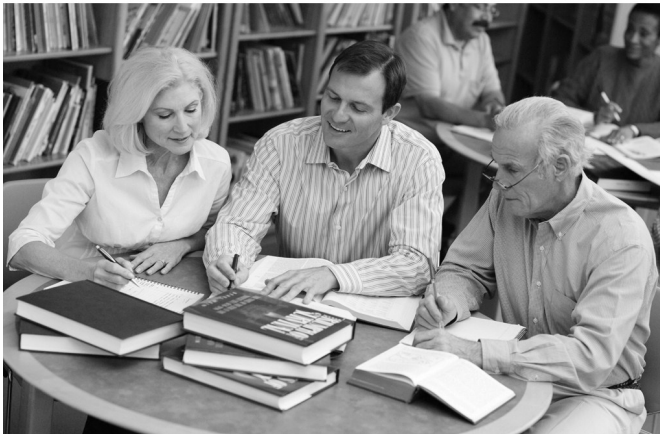
C.4 Parent and Family Involvement in Education (PFI) Survey for Enrolled Students

C.5 Parent and Family Involvement in Education (PFI) Survey for Homeschooled Students

C.1 Credentials for Work Survey (CWS)

Adult Training and Education Survey

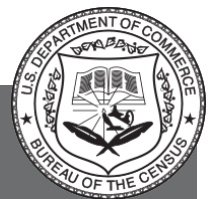
Part of the 2015 National Household Education Survey



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.

Conducted by

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




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Instructions

- ◆ **In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is not in high school, and lives in this household. If this information is not correct, please call us at the toll-free number below so we can be sure you received the correct survey.**
- ◆ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ◆ **You might be asked to skip questions that do not apply to you. Follow the arrows to answer the questions that apply to you. Please see the example below:**

No  GO TO question 12

Yes 

- ◆ **To answer a question, simply mark the box [X] that best represents your answer.**
- ◆ **Use a black or blue pen, if available, to complete this survey.**
- ◆ **Please return the completed survey using the postage-paid envelope provided.**
- ◆ **If you have any questions about this survey, please call us at our toll-free number: 1-888-840-8353.**

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of adults. 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 (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a 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 10 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: Lisa Hudson, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street, NW, Washington, DC 20006. You may send email to NHES@census.gov.

Level of Education

1. What is the highest degree or level of school you have completed? (Mark one.)

- Elementary or high school, but no high school diploma or GED®
- High school diploma
- GED® or alternative high school credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

2. What was the major or field of study for your highest degree or level of education? (Mark one.)

If there was more than one, please choose the one you consider most important.

- General studies, no major, undeclared major
- Accounting, finance, insurance, real estate
- Administrative support
- Arts, music, design
- Audio, broadcasting, multimedia, or graphics technologies
- Business management, marketing
- Communications, journalism
- Computer science, information technology
- Construction, repair, manufacturing, transportation
- Education
- Engineering, architecture
- English language, literature
- Family or consumer science
- Healthcare, nursing, medicine
- Law enforcement, security, firefighting
- Law, legal studies
- Liberal arts
- Political science, economics, history, other social sciences
- Psychology
- Religious vocations, theology
- Sciences (biological or physical), mathematics
- Social or human services, public administration
- Other (specify) 

Certifications and Licenses

3. Do you have a currently active professional certification or a state or industry license? Do **not** include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Teacher, or an IT certification.

- No
 Yes



GO TO question 10



4. If yes, how many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses

CONTINUE on the next page.

5. Please answer questions 5a – 5d for <u>each</u> currently active certification and license you have, up to three. <i>If you have more than three, answer for the three you last earned or renewed.</i>			
	Certification or License #1	Certification or License #2	Certification or License #3
5a. What is the name of the certification or license? <i>Do not include college degrees.</i>			
5b. Using Table A on the next page, what is its subject field?	<input type="text"/> <input type="text"/> Number from Table A	<input type="text"/> <input type="text"/> Number from Table A	<input type="text"/> <input type="text"/> Number from Table A
5c. Was it issued by the federal, state, or local government? <i>(For example, by a state board of education or other state board, OSHA, or FAA)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
5d. Is it for your current job? (Mark one.) <i>If you are not employed, answer "no".</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it is required <input type="checkbox"/> Yes, but it is not required

6. Of the certifications and licenses that you listed above, which did you earn or renew last?
(Mark one.)

Certification or license #1
 Certification or license #2
 Certification or license #3

CONTINUE on page 8.

TABLE A. FIELD OF CERTIFICATION OR LICENSE CODES FOR QUESTION 5b

- | | |
|---|---|
| <p>1. EMT, CPR, basic first aid</p> <p>2. Health care (<i>for fitness use code 13</i>) Includes nursing, health care technologist or technician, medical practitioners (such as MD, OD, PA, DC, PharmD, DVM), and health care specialties.</p> <p>3. Accounting, finance, insurance, real estate (<i>for notary public use code 12</i>)</p> <p>4. Business management or operations
Includes project management, Six Sigma, Lean Manufacturing, and other business management and operations.</p> <p>5. Childcare</p> <p>6. Computer science, information technology
Includes software development and applications, networking, and other computer and information technologies.</p> <p>7. Cosmetology, barbering</p> <p>8. Engineering, architecture, energy
Includes engineering and engineering technologies, architecture, drafting, LEED, energy auditing and other similar fields.</p> <p>9. Food handling, sanitation
Includes food handling, water treatment and sanitation, hazardous waste operations, and other sanitation fields.</p> <p>10. Funeral, mortuary, taxidermy</p> <p>11. Legal practice</p> | <p>12. Notary public</p> <p>Nursing (<i>use code 2</i>)</p> <p>13. Physical fitness
Includes personal or athletic trainer, yoga instructor, and other fitness instruction.</p> <p>14. Public safety , security
Includes law enforcement, firefighting, flight attendant, and other public safety services (<i>for water and hazardous waste treatment use code 9</i>).</p> <p>15. Religious ordination</p> <p>16. Skilled trades
Includes auto repair, HVAC installation and maintenance, construction trades, welder, machinist, and manufacturing or production technician.</p> <p>17. Social work, counseling</p> <p>18. Teaching
Includes preschool through grade 12 teaching, TESOL, and adult education. (<i>For other instructional fields, use the code for that field; for example, flight instructors use code 19 for transportation.</i>)</p> <p>19. Transportation
Includes CDL, aviation or marine piloting, and other transportation work (<i>for flight attendant use code 14</i>).</p> <p>20. Other fields not listed above</p> |
|---|---|

The rest of this section asks about the certification or license from question 6 that you last earned or renewed.

7. How useful has your last certification or license been for each of the following?

a. Getting a job (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

b. Keeping a job (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

c. Increasing your pay (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

d. Keeping you marketable to employers or clients (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

e. Improving your work skills (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

8. Did you do any of the following to prepare for earning your last certification or license? (Mark ONE box in each row below.)

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Earned a college degree | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Took classes from a college, technical school, or trade school (no degree) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Took classes or training from a company, association, union, or private instructor | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Studied on my own using textbooks or on-line resources | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Participated in on-the-job training, an internship, or apprenticeship | <input type="checkbox"/> | <input type="checkbox"/> |

9. The next time your last certification or license is up for renewal, do you plan to renew it or let it expire? (Mark one.)

- Renew it
- Let it expire
- Have not decided
- It does not have to be renewed

CONTINUE on the next page.

Certificates

10. People sometimes earn certificates for completing an education or training program. A certificate is different from a certification or license. Do NOT include certifications/licenses here; include them in the previous section only. Have you ever earned any of the following types of certificates?

a. A certificate for completing a training program from an employer, employment agency, union, software or equipment manufacturer, or other training provider, but NOT from a school.

- No
- Yes

b. A certificate for completing a vocational program at a high school.

- No
- Yes

c. A high school equivalency certificate, such as a GED®.

- No
- Yes

d. A certificate—rather than a degree—for completing a program at a community or technical college, or other school after high school. Do not include teaching certificates or college degrees.

- No  **GO TO question 19**
- Yes

11. (If yes.) We will refer to the certificates in question 10d as “post-secondary certificates.” Where did you get your last post-secondary certificate? (Mark one.)

- A community college
- A vocational, technical, trade, or business school
- Another college or university
- Someplace else
Specify: _____

If you do NOT have a post-secondary certificate, go to question 19.

12. What was the field of study for your last post-secondary certificate? (Mark one.)

- Accounting, finance, insurance, real estate
- Administrative support
- Agriculture
- Arts, music, design
- Audio, broadcasting, multimedia, or graphics technologies
- Business management, marketing
- Computer science, information technology
- Construction trades
- Cosmetology
- Culinary arts
- Drafting, engineering technologies
- Education
- Family or consumer science
- Funeral or mortuary science
- Healthcare, nursing
- Law enforcement, security, firefighting
- Law, legal studies
- Liberal arts
- Manufacturing, production (for example machinist, welder, boilermaker)
- Mechanic, repair technologies
- Transportation, materials moving
- Other (specify) 

13. About how many hours of instruction did you complete in order to earn your last post-secondary certificate? (Mark one.)

- 480 or more hours (12 or more full-time weeks)
- 160 to 479 hours (4 full-time weeks to less than 12 full-time weeks)
- 40-159 hours (1 full-time week to less than 4 full-time weeks)
- Less than 40 hours (less than 1 full-time week)

14. Which one of the following best describes the requirement for enrolling in your last post-secondary certificate program? (Mark one.)

- It required enrollment in or prior completion of an advanced degree program (Master's or higher).
- It required enrollment in or prior completion of a Bachelor's degree program.
- It required prior completion of high school or high school equivalency.
- It did not have any of these educational requirements.

15. Did completing your last post-secondary certificate require any of the following? (Mark ONE box in each row below.)

	No	Yes
	▼	▼
a. Passing a test or exam	<input type="checkbox"/>	<input type="checkbox"/>
b. Some other evaluation of my knowledge or performance	<input type="checkbox"/>	<input type="checkbox"/>
c. Completion of a minimum number of credits	<input type="checkbox"/>	<input type="checkbox"/>
d. Completion of a minimum number of instructional hours	<input type="checkbox"/>	<input type="checkbox"/>

16. Is your last post-secondary certificate related to your current job?

If you are not employed, answer "no."

- No
- Yes

17. How useful has your last post-secondary certificate been for each of the following?

a. Getting a job (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

b. Increasing your pay (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

c. Improving your work skills (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

18. Was your last post-secondary certificate part of the training you took for a professional certification or license?

- No
- Yes

Work Experience Programs

19. People sometimes prepare to enter a trade or profession through a program that combines work experience with education or formal training. Have you ever COMPLETED one of these types of work experience programs—an internship, student teaching, co-op, practicum, clerkship, externship, residency, clinical experience, or apprenticeship?

- No → **GO TO question 21**
- Yes



If you did NOT complete any of the types of work experience programs listed above, go to question 21. If you DID complete a program, answer the following question about the last work experience program you completed.

20. If yes, do any of the following statements describe your last work experience program? (Mark ONE box in each row below.)

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| b. I got college credit for it. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. It did or will help me earn a certification or license. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I received journeyman status at the end of an apprenticeship. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I got a state or federal apprenticeship registration number. | <input type="checkbox"/> | <input type="checkbox"/> |

College and Other Classes

21. Since leaving high school, have you taken any of the following types of classes?

- a. Classes to learn English as a second language, sometimes called ESL classes.
- No
 Yes
- b. Literacy classes to help improve my reading. Do not include college classes.
- No
 Yes
- c. Classes to earn a high school equivalency (such as the GED®).
- No
 Yes

22. How many college classes have you taken in the past 12 months, including for-credit and non-credit classes?

- None → **GO TO question 24**
- One
- Two
- Three or more



23. If one or more, did you take these classes as part of a degree program, or to transfer to a degree program?

- No
- Yes, as part of a degree program
- Yes, to transfer to a degree program

CONTINUE on the next page.

Training for Work

24. People often participate in courses, training, or other instruction for work.

These trainings can include classes, seminars, workshops, or on-line instruction. They can be taken at the workplace or somewhere else, and can include topics such as:

- Job safety, security, sexual harassment, ethics, or other regulations,
- Equipment use,
- Communication, sensitivity, or team-building,
- Computer or technical skills,
- Management skills, and
- Other job skills.

Have you completed any work-related training in the past 12 months?

No → GO TO question 26

Yes

25. If yes, how many work-related trainings have you completed in the past 12 months?

Count multiple sessions of the same training as one training.

Number of trainings

Employment

26. Last week, were you employed for pay at a job or business?

If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".

No → GO TO question 32

Yes

27. If yes, for the job or business you were in last week, were you a member of a labor union or of an employee association similar to a union (for example, AFL-CIO, Change to Win Federation, NEA)?

No

Yes

28. Last week, how many jobs did you have?

Number of jobs

29. Last week, did you work at a full-time job (a job where you work 35 hours or more per week)?

No

Yes

30. Last week, did you work at a part-time job (a job where you work fewer than 35 hours per week)?

No → GO TO question 36

Yes

31. If yes, would you have preferred to work at a full-time job?

No } GO TO question 36

Yes }

32. Last week, were you on layoff from a job?

- No
- Yes

33. During the last 4 weeks, have you been actively looking for work?

- No
- Yes → **GO TO question 35**

34. If no, do you intend to look for work within the next 5 years?

- No
- Yes
- Don't know

35. When did you last work, even for a few days? (Mark one.)

- Never worked for pay → **GO TO question 48**
- Over 12 months ago → **GO TO question 38**
- Within the past 12 months

36. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service? (Mark one.)

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

37. During the past 12 months, in the weeks you worked, how many hours did you usually work each WEEK?

--	--	--

 Usual hours worked each WEEK

38. In your current or last job, which one of the following were you? (Mark one.)

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

- An employee of a private (for-profit or not-for-profit) company or business, or of an individual, for wages, salary, or commission
- A local (city, county, etc.), state, or federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay in family business or farm

39. For whom did you work?

- If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.*

Name of company, business, or other employer:

40. What kind of business or industry was this?

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

41. What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

42. What were your most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

43. Did you have a license that was required by a federal, state, or local government agency to do this job?

- No
- Yes

44. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from your current or last job over the past 12 months? (Mark one.)

Report amount before deductions for taxes, bonds, dues, or other items.

- \$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 \$150,000
- \$150,001 or more

45. What kind of position did you hold? (Mark one.)

- Permanent
- Temporary

GO TO question 47

46. Would you have preferred to work at a permanent job?

- No
- Yes

47. How many people worked for your employer? Count employees at all locations. (Mark one.)

If you were self-employed, how many people worked for you, including yourself?

- 1—49 people
- 50—499 people
- 500—999 people
- 1,000 or more people

Background

48. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (Mark one.)

- No, never served in the military → **GO TO question 50**
- Yes, but only on active duty for training in the Reserve or National Guard
- Yes, on active duty now or in past

49. Have you served on active duty since September 2001?

- No
- Yes

50. Are you male or female?

- Male
- Female

51. What is your current marital status? (Mark one.)

- Now Married → **GO TO question 54**
- Widowed
- Divorced
- Separated
- Never married

52. Are you currently living with a boyfriend/girlfriend or partner?

- No
- Yes

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

- No
- Yes

54. Do you speak a language other than English at home?

- No → **GO TO question 56**

- Yes

55. How well do you speak English? (Mark one.)

- Very well
- Well
- Not well
- Not at all

56. How old are you?

years old

57. Are you of Hispanic or Latino origin?

- No
- Yes

58. What is your race? Choose one or more.

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

Thank You.

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

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

Commonly Asked Questions

Q: How 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: Your responses will be combined with those from other adults to produce statistical summaries about education and training 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. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. 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, within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this study on behalf of the U.S. Department of Education. This study has been approved by the Office of Management and Budget, 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 average time required to complete this survey is estimated to average 10 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 the survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Lisa Hudson, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street NW, Washington, DC 20006-5650. You may send email to NHES@census.gov.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to NHES@census.gov or you may call the Census Bureau toll-free at 1-888-840-8353

C.2 Training for Work Survey (TWS)

Adult Training and Education Survey

Part of the 2015 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.

Conducted by

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




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Instructions

- ◆ **In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is not in high school, and lives in this household. If this information is not correct, please call us at the toll-free number below so we can be sure you received the correct survey.**
- ◆ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ◆ **You might be asked to skip questions that do not apply to you. Follow the arrows to answer the questions that apply to you. Please see the example below:**

No  GO TO question 12

Yes 

- ◆ **To answer a question, simply mark the box [X] that best represents your answer.**
- ◆ **Use a black or blue pen, if available, to complete this survey.**
- ◆ **Please return the completed survey using the postage-paid envelope provided.**
- ◆ **If you have any questions about this survey, please call us at our toll-free number: 1-888-840-8353.**

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of adults. 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 (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a 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 10 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: Lisa Hudson, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street, NW, Washington, DC 20006. You may send email to NHES@census.gov.

Level of Education

1. What is the highest degree or level of school you have completed? (Mark one.)

- Elementary or high school, but no high school diploma or GED®
- High school diploma
- GED® or alternative high school credential
- Some college credit but less than one year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

2. What was the major or field of study for your highest degree or level of education? (Mark one.)

If there was more than one, please choose the one you consider most important.

- General studies, no major, undeclared major
- Accounting, finance, insurance, real estate
- Administrative support
- Arts, music, design
- Audio, broadcasting, multimedia, or graphics technologies
- Business management, marketing
- Communications, journalism
- Computer science, information technology
- Construction, repair, manufacturing, transportation
- Education
- Engineering, architecture
- English language, literature
- Family or consumer science
- Healthcare, nursing, medicine
- Law enforcement, security, firefighting
- Law, legal studies
- Liberal arts
- Political science, economics, history, other social sciences
- Psychology
- Religious vocations, theology
- Sciences (biological or physical), mathematics
- Social or human services, public administration
- Other (specify) ↴

Certifications and Licenses

3. Do you have a currently active professional certification or a state or industry license? Do **not** include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Teacher, or an IT certification.

- No
 Yes

GO TO question 5

4. If yes, how many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses

CONTINUE on the next page.

Certificates

5. People sometimes earn certificates for completing an education or training program. A certificate is different from a certification or license. Do **NOT** include certifications/licenses here; include them in the previous section only. Have you ever earned any of the following types of certificates?

a. A certificate for completing a training program from an employer, employment agency, union, software or equipment manufacturer, or other training provider, but **NOT** from a school.

- No
- Yes

b. A certificate for completing a vocational program at a high school.

- No
- Yes

c. A high school equivalency certificate, such as a GED®.

- No
- Yes

d. A certificate—rather than a degree—for completing a program at a community or technical college, or other school after high school. Do not include teaching certificates or college degrees.

- No  **GO TO question 8**
- Yes



6. If yes, in the rest of this section we will refer to the certificates described in question 5d as “post-secondary certificates.” Where did you get your **last** post-secondary certificate? (Mark one.)

- A community college
- A vocational, technical, trade, or business school
- Another college or university
- Someplace else
Specify: _____


If you do NOT have a post-secondary certificate, go to question 8.

7. About how many hours of instruction did you complete in order to earn your last post-secondary certificate? (Mark one.)

- 480 or more hours (12 or more full-time weeks)
- 160 to 479 hours (4 full-time weeks to less than 12 full-time weeks)
- 40-159 hours (1 full-time week to less than 4 full-time weeks)
- Less than 40 hours (less than 1 full-time week)

Work Experience Programs

8. People sometimes prepare to enter a trade or profession through a program that combines work experience with education or formal training. Have you ever **COMPLETED** one of these types of work experience programs—an internship, student teaching, co-op, practicum, clerkship, externship, residency, clinical experience, or apprenticeship?

No  **GO TO question 18**

 Yes

If you did **NOT** complete any of the types of work experience programs listed above, go to question 18. If you **DID** complete a program, answer the rest of this section about the last work experience program you completed.

9. If yes, how long was your last work experience program? (Mark one.)
- Less than 3 months
 - 3 months to less than 6 months
 - 6 months to less than 1 year
 - 1 year to less than 2 years
 - 2 years to less than 3 years
 - 3 years or more
10. What wage did you earn as part of your last work experience program? (Mark one.)
- No wage
 - A training wage that was lower than the wage of a fully qualified worker
 - The same wage as a fully qualified worker

11. During your last work experience program, did you do any of the following? (Mark **ONE** box in each row below.)

	No ▼	Yes ▼
a. Took classes from a college, technical school, or trade school	<input type="checkbox"/>	<input type="checkbox"/>
b. Took classes or training from a company, association, union, or private instructor	<input type="checkbox"/>	<input type="checkbox"/>
c. Studied on my own using textbooks or on-line resources	<input type="checkbox"/>	<input type="checkbox"/>
d. Got instruction from a mentor or coworker at my worksite	<input type="checkbox"/>	<input type="checkbox"/>
e. Got evaluated by a mentor or supervisor	<input type="checkbox"/>	<input type="checkbox"/>

12. Did you take your last work experience program as part of a school's education or training program? (Mark one.)

- No
- Yes, as part of a high school program
- Yes, as part of a post-secondary certificate program from a community college, technical college, or other school after high school
- Yes, as part of an associate's degree program
- Yes, as part of a bachelor's degree program
- Yes, as part of an advanced degree program

13. Do any of the following statements describe your last work experience program? (Mark ONE box in each row below.)

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| b. I got college credit for it. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. It did or will help me earn a certification or license. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I received journeyman status at the end of an apprenticeship. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I got a state or federal apprenticeship registration number. | <input type="checkbox"/> | <input type="checkbox"/> |

14. What type of work was your last work experience program for? (Mark one.)

Building or construction trades

- Carpenter
- Electrician
- Plumber, pipefitter
- Sheet metal worker, structural-steel worker
- Other building and construction trades

Health care, nursing, medicine

- Medical doctor
- Nursing
- Other healthcare
- Accounting, finance, insurance, real estate
- Chef, cook, food preparation
- Computer networking, programming
- Cosmetology, barbering
- Driving, piloting, or other transport
- Engineering, architecture
- Funeral/mortuary services
- Legal practice
- Machinist, tool and die maker
- Management
- Mechanic or repair work
- Printing
- Public safety or security, corrections
- Social work, counseling, religious vocations
- Teaching
- Utility or telecommunications technician
- Other (specify) ▼

15. Are you currently working in a job related to your last work experience program?

- No
- Yes

16. In your current job, how often do you use the skills or knowledge that you learned during your last work experience program?

If you are not employed, please answer "Never or almost never".

- Never or almost never
- Sometimes
- All or most of the time

17. How useful was your last work experience program for each of the following?

a. Getting a job (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

b. Increasing your pay (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

c. Improving your work skills (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

College and Other Classes

18. Since leaving high school, have you taken any of the following types of classes?

a. Classes to learn English as a second language, sometimes called ESL classes.

- No
- Yes

b. Literacy classes to help improve my reading. Do not include college classes.

- No
- Yes

c. Classes to earn a high school equivalency (such as the GED®).

- No
- Yes

19. How many college classes have you taken in the past 12 months, including for-credit and non-credit classes?

- None → **GO TO question 27**
- One
- Two
- Three or more

CONTINUE with question 20.

20. If one or more, did you take these classes as part of a degree program, or to transfer to a degree program?

- No
- Yes, as part of a degree program
- Yes, to transfer to a degree program

21. Among all the college classes you have taken in the past 12 months, how many were not for college credit (that is, non-credit)?

- Don't know } **GO TO question 27**
- None }
- One
- Two
- Three or more

Go to question 27 if you do not know how many college classes you took, or if you did not take any in the last 12 months.

If you took more than one non-credit class during the same time period, please answer the following questions for the class you took earlier in the week or if on the same day, earlier in the day.

The rest of this section asks about the last non-credit class you took.

22. What was the primary subject or field of study for your last non-credit class?

23. Did you take your last non-credit class for any of the following reasons? (Mark ONE box in each row below.)

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. To prepare for or to consider further education | <input type="checkbox"/> | <input type="checkbox"/> |
| b. For personal interest | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To earn or renew a professional certification or license | <input type="checkbox"/> | <input type="checkbox"/> |
| d. For my current job | <input type="checkbox"/> | <input type="checkbox"/> |
| e. For a future job | <input type="checkbox"/> | <input type="checkbox"/> |

24. How useful was your last non-credit class for each of the following?

a. Increasing your pay (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

b. Keeping you marketable to employers or clients (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

c. Improving your work skills (Mark one.)

- Not useful
- Somewhat useful
- Very useful
- Too soon to tell

25. Was your last non-credit class required by your employer?

If you were self-employed or not employed when you took the class, answer "does not apply."

- No
- Yes
- Does not apply

26. Did your employer pay for your last non-credit class? Include reimbursements from your employer. (Mark one.)

If you were self-employed or not employed when you took the class, answer "does not apply."

- No
- Yes, partly
- Yes, completely
- Does not apply

Training for Work


27. People often participate in courses, training, or other instruction for work.

These trainings can include classes, seminars, workshops, or on-line instruction. They can be taken at the workplace or somewhere else, and can include topics such as:

- *Job safety, security, sexual harassment, ethics, or other regulations,*
- *Equipment use,*
- *Communication, sensitivity, or team-building,*
- *Computer or technical skills,*
- *Management skills, and*
- *Other job skills.*

Have you completed any work-related training in the past 12 months?

No  **GO TO question 31**

 Yes

28. If yes, how many work-related trainings have you completed in the past 12 months?

Count multiple sessions of the same training as one training.

Number of trainings

If none, go to question 31. If one or more, continue on page 14.

This page left blank intentionally.

29. Answer questions 29a – 29f in the following grid for each work-related training you have completed in the past 12 months.

If you had more than three, answer for the last three you had.

	Training #1	Training #2	Training #3
29a. What was the topic or title of this training?			
29b. Using Table A on the next page, which category best fits this training?	<input type="checkbox"/> Number from Table A	<input type="checkbox"/> Number from Table A	<input type="checkbox"/> Number from Table A
29c. In total, how many hours did this training take? Round to the nearest hour. Count less than 1 hour as 1 hour.	<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours
29d. Was this training for your current job? (Mark one.) <i>If you are not employed, answer "No".</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required
29e. Did you take this training to earn or renew a professional certification or license?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
29f. How useful was this training for improving your work skills? (Mark one.)	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Too soon to tell	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Too soon to tell	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Too soon to tell

TABLE A. TRAINING CATEGORIES FOR QUESTION 29b

- | | |
|--|---|
| <p>1 Compliance training: Provides information on company, professional, or government policies and regulations concerning legal and ethical issues.</p> <p>2 Safety training: Provides information on workplace safety, including safety procedures and processes.</p> <p>3 Communication or team training: Includes training to improve communication in the workplace or how to work in teams or groups.</p> | <p>4 Supervisory/management training: Includes training in supervising employees and in implementing employment practices, regulations, and policies related to personnel or budget management.</p> <p>5 Job skills training: Includes all other training to develop the professional or technical skills needed to do your work, such as sales and customer relations training, use of computer applications, and other skills that you use on your job.</p> |
|--|---|

30. How much do each of the following factors motivate you to take work-related training?

a. Your employer's requirements. (Mark one.)

- Not at all
- Somewhat
- A great deal

b. Certification or licensing requirements. (Mark one.)

- Not at all
- Somewhat
- A great deal

c. Your desire to get a job. (Mark one.)

- Not at all
- Somewhat
- A great deal

d. Your desire to move up in your career. (Mark one.)

- Not at all
- Somewhat
- A great deal

e. Your desire to increase your pay. (Mark one.)

- Not at all
- Somewhat
- A great deal

CONTINUE on the next page

Employment

31. **Last week**, were you employed for pay at a job or business?

If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".

- No → **GO TO question 37**
 Yes

32. If yes, for the job or business you were in last week, were you a member of a labor union or of an employee association similar to a union (for example, AFL-CIO, Change to Win Federation, NEA)?

- No
 Yes

33. Last week, how many jobs did you have?

Number of jobs

34. Last week, did you work at a full-time job (a job where you work 35 hours or more per week)?

- No
 Yes

35. Last week, did you work at a part-time job (a job where you work fewer than 35 hours per week)?

- No → **GO TO question 41**
 Yes

36. If yes, would you have preferred to work at a full-time job?

- No } **GO TO question 41**
 Yes }

37. **Last week**, were you on layoff from a job?

- No
 Yes

38. During the **last 4 weeks**, have you been **actively** looking for work?

- No
 Yes → **GO TO question 40**

39. If no, do you intend to look for work within the next 5 years?

- No
 Yes
 Don't know

40. When did you last work, even for a few days? (Mark one.)

- Never worked for pay → **GO TO question 55**
 Over 12 months ago → **GO TO question 43**
 Within the past 12 months

41. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service? (Mark one.)

- 50 to 52 weeks
 48 to 49 weeks
 40 to 47 weeks
 27 to 39 weeks
 14 to 26 weeks
 13 weeks or less

42. During the **past 12 months**, in the **weeks you worked**, how many hours did you usually work each WEEK?

Usual hours worked each WEEK

43. In your current or last job, which one of the following were you? (Mark one.)

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

- An employee of a private (for-profit or not-for-profit) company or business, or of an individual, for wages, salary, or commission
- A local (city, county, etc.), state, or federal government employee
- Self-employed in own business, professional practice, or farm
- Working without pay in family business or farm

44. For whom did you work?

- If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.*

Name of company, business, or other employer:

45. What kind of business or industry was this?

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

46. What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

47. What were your most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

48. Did you have a license that was required by a federal, state, or local government agency to do this job?

- No
- Yes

49. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from your current or last job over the past 12 months? (Mark one.)

Report amount before deductions for taxes, bonds, dues, or other items.

- \$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 \$150,000
- \$150,001 or more

50. What kind of position did you hold? (Mark one.)

- Permanent
- Temporary

GO TO question 52

51. Would you have preferred to work at a permanent job?

- No
- Yes

52. How many people worked for your employer? Count employees at all locations. (Mark one.)

If you were self-employed, how many people worked for you, including yourself?

- 1—49 people
- 50—499 people
- 500—999 people
- 1,000 or more people

53. How supportive was your employer of your training needs? (Mark one.)

- Not at all supportive
- Somewhat supportive
- Very supportive
- Not applicable

54. When you started your current or last job, did it have a clear training path laid out, or did you need to figure out on your own what training you needed? (Mark one.)

- A clear training path was laid out
- Some parts of the training path were clear
- I needed to figure it out on my own
- There was no training path

Background

55. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (Mark one.)

- No, never served in the military

GO TO question 57

- Yes, but only on active duty for training in the Reserve or National Guard
- Yes, on active duty now or in past

56. Have you served on active duty since September 2001?

- No
- Yes

57. Are you male or female?

- Male
- Female

58. What is your current marital status? (Mark one.)

- Now Married
- Widowed
- Divorced
- Separated
- Never married

GO TO question 61

59. Are you currently living with a boyfriend/girlfriend or partner?


- No
- Yes

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

- No
- Yes

61. Do you speak a language other than English at home?

No  **GO TO question 63**

 Yes

62. How well do you speak English? (Mark one.)

- Very well
- Well
- Not well
- Not at all

63. How old are you?

years old

64. Are you of Hispanic or Latino origin?

- No
- Yes

65. What is your race? Choose one or more.

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

Thank You.

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

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

Commonly Asked Questions

Q: How 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 and training 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. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. 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, within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this study on behalf of the U.S. Department of Education. This study has been approved by the Office of Management and Budget, 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 average time required to complete this survey is estimated to average 10 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 the survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Lisa Hudson, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street NW, Washington, DC 20006-5650. You may send email to NHES@census.gov.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to NHES@census.gov or you may call the Census Bureau toll-free at 1-888-840-8353

C.3 Early Childhood Program Participation (ECP) Survey

The National Household Education Survey

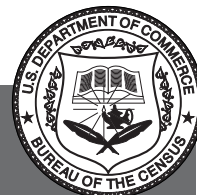
Our Children's Future: A Survey of Young Children's Care and Education



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.

Conducted by

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



NHES-21AC
(02/14/2011)

24252017



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 1-888-840-8353.
-
-

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.


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: Andrew Zukerberg, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street, NW, Washington, DC 20006. You may send email to NHES@census.gov.



1. Childhood Care and Programs

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

Care Your Child Receives from Relatives

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

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

- No → **GO TO question 17**
- Yes

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

- No → **GO TO question 17**
- Yes

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

Mark ONE only.

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

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

age

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

- Own home
- Other home
- Both

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

days each week

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

hours each week

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

years months

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

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



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

No Yes
▼ ▼

- a. Sick but does not have a fever?
- b. Sick and has a fever?

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

- No → **GO TO question 15**
- Yes



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

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

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

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

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

\$.00

Is that amount per...

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

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

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

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

- No → **GO TO question 17**
- Yes

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

hours each week



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



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

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

- No → **GO TO question 35**
- Yes

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

- No → **GO TO question 35**
- Yes

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

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

- Own home
- Other home
- Both

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

- No
- Yes

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

days each week

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

hours each week

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

years months

24. Was this care provider someone you already knew?

- No
- Yes

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

- No
- Yes

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

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

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

- | | No | Yes |
|--|--------------------------|--------------------------|
| | ▼ | ▼ |
| a. Sick but does not have a fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sick and has a fever? | <input type="checkbox"/> | <input type="checkbox"/> |

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

No

Yes

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

No → GO TO question 33

Yes

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

Mark ONE box for each item below.

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

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

Write '0' if your household does not pay this non-relative for care.

\$.00

Is that amount per...

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other — Specify: ↘

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

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

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

No → GO TO question 35

Yes

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

hours each week

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



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

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

No → **GO TO question 54**

Yes

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

No → **GO TO question 54**

Yes

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

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

Day care

Preschool

Prekindergarten

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



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

No

Yes

Don't know

39. Where is this program located?

Mark ONE only.

In a church, synagogue, or other place of worship

In a public elementary or secondary school

In a private elementary or secondary school

At a college or university

At a community center

At a public library

In its own building, office space, or storefront

Some other place – Specify: ↴

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

No

Yes

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

No

Yes

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

days each week

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

hours each week

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

years months

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

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

46. Would you recommend this program to another parent?

- No
- Yes

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

Mark ONE box for each item below.

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

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

- No → *GO TO question 52*
- Yes


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

Mark ONE box for each item below.


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

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

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


\$.00

Is that amount per...

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



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

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

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

- No → **GO TO question 54**
- Yes

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


--	--

 hours each week

▶ Continue with section 2.

2. Finding and Choosing Care for Your Child

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

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

- No
- Yes
- Don't know

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

Mark ONE 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



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

- No
 Yes
 Don't know

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

- Have not tried to find care → **GO TO question 59**
 Did not find the child care program you wanted
 A lot of difficulty
 Some difficulty
 A little difficulty
 No difficulty

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

a. The location of the arrangement?

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

b. The cost of the arrangement?

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

c. The reliability of the arrangement?

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

d. The learning activities at the arrangement?

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

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

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

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

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

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

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

h. 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



3. Family Activities



The next questions ask about this child's activities with family members in the past week or month.

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

number of books

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

Not at all



GO TO question 62

times

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

minutes

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

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

Not at all

1 or 2 times

3 or more times

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

Not at all

1 or 2 times

3 or more times

- c. Sang songs with this child?

Not at all

1 or 2 times

3 or more times

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

Not at all

1 or 2 times

3 or more times

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

No

Yes

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

No

Yes

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

Write '0' if none.

days

- Continue with section 4 on the next page.



4. Things Your Child May be Learning



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

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

- Under 2 years → **GO TO question 74**
- 2 years or older

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

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

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

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

69. How high can this child count?

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

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

- No
- Yes

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

- No → **GO TO question 74**
- Yes

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

- Pretends to read
- Actually reads the written words
- Does both } **GO TO question 74**

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

- Sounds like connected story
- Tells what's in each picture
- Does both
- Does neither

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



5. This Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

75. Has a health, education, or early intervention professional told you that this child has any of the following conditions?

Mark ONE box for each item below.

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

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

- No
- Yes
- Child is age 3 or older

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

- No → **GO TO question 85**
- Yes

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

- No → **GO TO question 83**
- Yes

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

Mark ONE box for each item below.

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

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

No → **GO TO question 83**

Yes



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

No

Yes

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

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

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

b. The child's special needs teacher or therapist?

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

c. The service provider's or school's ability to accommodate this 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 this child learn?

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

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

- No
- Yes

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

Mark ONE box for each item below.

	No ▼	Yes ▼
a. Learn.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in play with other children.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Go on outings.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends.....	<input type="checkbox"/>	<input type="checkbox"/>

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

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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

89a. 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?

Male

Female

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

Do not include vacation properties.

Child usually lived at this address

Child usually lived at another address

Child lived at at this address and another address for an equal amount of time

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

Mark ONE only.

Child has not started to speak

English

Spanish

A language other than English or Spanish

English and Spanish equally

92. English and another language equally

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.**

GO TO section 7



7. Child's Family

PARENT 1 LIVING IN HOUSEHOLD

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

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

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

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

94. Is this person male or female?

- Male
- Female

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

Mark ONE only.

- Now married → **GO TO question 98**
- Widowed
- Divorced
- Separated
- Never married

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

- No
- Yes

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

- No
- Yes

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

Mark ONE only.

- English → **GO TO question 100**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

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

Mark ONE only.

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

100. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia
↳ **GO TO question 102**
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

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

--	--

age

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

- No
- Yes

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103. 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

104. 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)

105. 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

106. 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 108
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work } GO TO question 109

107. (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 109
hours

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

- No
- Yes

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

months

110. How old is this person?

age

111. 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.

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

No → GO TO question 132

Yes

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

Biological parent

Adoptive parent

Stepparent

Foster parent

Grandparent

Other guardian

114. Is this person male or female?

Male

Female

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

Mark ONE only.

Now married → GO TO question 118

Widowed

Divorced

Separated

Never married

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

No

Yes

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

No

Yes

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

Mark ONE only.

English → GO TO question 120

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

119. 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

120. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia

→ GO TO question 122

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

Another country

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

age

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

No

Yes

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123. 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

124. 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)

125. 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

126. 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 128**
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work

127. (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 129**
hours

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

- No
- Yes

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

months

130. How old is this person?

age

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

age

Don't know



8. Your Household

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

people

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

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

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

134. 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:

135. 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 136 on the next page.



136. In the past 12 months, did your family ever receive benefits from any of the following programs?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance. | <input type="checkbox"/> | <input type="checkbox"/> |

137. 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

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

Write '0' if less than 1 year.

years at this address

139. 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?

140. Do you have access to the Internet at this address?

- No
- Yes

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

- No
- Yes

142. Do you have a working cell phone?

- No
- Yes



Thank you.

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

**U.S. Census Bureau
ATTN: DCB 60-A (7198)
1201 E. 10th Street
Jeffersonville, IN 47132-0001**

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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 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 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 this study?

A: The National Center for Education Statistics, within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this study on behalf of the U.S. Department of Education. This study has been approved by the Office of Management and Budget, 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 average 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 the survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Andrew Zukerberg, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street NW, Washington, DC 20006-5650. You may send email to NHES@census.gov.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to NHES@census.gov or you may call the Census Bureau toll-free at 1-888-840-8353



C.4 Parent and Family Involvement in Education Survey for Enrolled Students

The National Household Education Survey

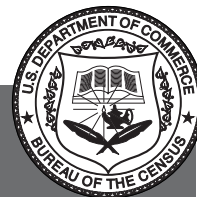
A Survey about Students' and Families' Experience with Their Schools



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.

Conducted by

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



NHES-42BC
(02/09/2012)



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 1-888-840-8353.
-
-

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.

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: Andrew Zukerberg, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street, NW, Washington, DC 20006. You may send email to NHES@census.gov.



1. Child's Schooling

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

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

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

Child has not yet started kindergarten

Please STOP now and call 1-888-840-8353 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 current 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 → GO TO question 9

Yes

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 this school year?

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 or lower
- This child's school does not give these grades

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

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

► **Continue with question 20 on the next page.**



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 over the Internet. Is this child receiving any instruction this way?**

- No → GO TO question 31
- Yes

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

Mark all that apply.

- Your local public school
- A charter school
- Another public school
- A private school
- A college, community college, or university
- Somewhere 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 → GO TO question 31
- Yes

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 or subject areas and also attends a public or private school. } GO TO question 28
- This child is not homeschooled. This child attends a public or private school for all classes or subject areas. → GO TO question 31


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 | Yes |
|--|--------------------------|--------------------------|
| a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You are dissatisfied with the academic instruction at other schools? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You prefer to teach this child at home so that you can provide religious instruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You prefer to teach this child at home so that you can provide moral instruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. This child has a physical or mental health problem that has lasted six months or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. This child has a temporary illness that prevents him/her from going to school? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. This child has other special needs that you feel the school can't or won't meet? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You are interested in a nontraditional approach to children's education? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. You have reason for homeschooling your child? | <input type="checkbox"/> | <input type="checkbox"/> |

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.

► **Continue with question 31 on the next page.**

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2. Families & School

31. **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 ONE box for each item below.

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

32. **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

33. **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

34. **How well has this child's school been doing the following things during this school year?**

a. **Letting you know how this child is doing in school between report cards.**

- Very well
 Just okay
 Not very well
 Does not do it at all

b. **Providing information about how to help this child with homework.**

- Very well
 Just okay
 Not very well
 Does not do it at all



c. Providing information about why this child is placed in particular groups or classes.

- Very well
- Just okay
- Not very well
- Does not do it at all

d. Providing information on your expected role at this child's school.

- Very well
- Just okay
- Not very well
- Does not do it at all

e. Providing information on how to help this child plan for college or vocational school.

- Very well
- Just okay
- Not very well
- Does not do it at all
- Does not apply

35. How satisfied or dissatisfied are you with each of the following:

a. The school this child attends this year?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

b. The teachers this child has this year?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

c. The academic standards of the school?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

d. The order and discipline at the school?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

e. The way that school staff interacts with parents?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied



3. Homework

36. **How often does this child do homework at home, at an after-school program, or somewhere else outside of school?**

- Less than once a week
- 1 to 2 days a week
- 3 to 4 days a week
- 5 or more days a week
- Never
- Child does not have homework

GO TO section 4,
question 43

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

number of hours per week

38. **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

39. **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

40. **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

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

- Never
- Rarely
- Sometimes
- Always

42. **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 43, on the next page.**



4. Family Activities

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

Mark ONE box for each item below.

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

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

Write '0' if none.

days

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

Mark ONE box for each item below.

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

► **Continue with section 5, question 46, on the next page.**



5. Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

47. 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"/> |

48. Did you mark **yes** to any condition in question 47?

No → GO TO question 52

Yes

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

No → GO TO question 54

Yes

50. 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"/> |

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

No → GO TO question 54

Yes

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

No

Yes

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

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

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

Does not apply

b. The child's special needs teacher or therapist?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

Does not apply

c. The service provider's or school's ability to accommodate this 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 this child learn?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

Does not apply

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

- No
- Yes

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

Mark ONE box for each item below.

	No ▼	Yes ▼
a. Learn.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in sports, clubs, or other organized activities. . .	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend school on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends	<input type="checkbox"/>	<input type="checkbox"/>

► **Continue with section 6, question 56, on the next page.**



6. Child's Background

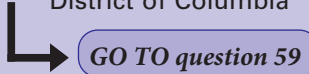
56. In what month and year was this child born?

		/					
--	--	---	--	--	--	--	--

month year

57. Where was this child born?

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



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

- Another country

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

--	--

age

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

- No

- Yes

- 60a. 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

- 60b. What is this child's sex?

- Male

- Female

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

Do not include vacation properties.

- Child usually lives at this address

- Child usually lives at another address

- Child lived at at this address and another address for an equal amount of time

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

Mark ONE only.

- Child is not able to speak

- English

- Spanish

- A language other than English or Spanish

- English and Spanish equally

- English and another language equally

GO TO section 7

63. 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 64 to 85 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 64 to 85 about one of this child's parents or guardians living in the household.

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

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

65. Is this person male or female?

- Male
- Female

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

Mark ONE only.

- Now married → **GO TO question 69**
- Widowed
- Divorced
- Separated
- Never married

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

- No
- Yes

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

- No
- Yes

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

Mark ONE only.

- English → **GO TO question 74**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

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

Mark ONE only.

- English → **GO TO question 74**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

71. How difficult is it for this person to participate in activities at this child's school because he/she speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult

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

- No
- Yes


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

- No
- Yes



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

One of the 50 United States or the District of Columbia

 **GO TO question 76**

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

Another country

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

age

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

No

Yes

77. **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

78. **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)

79. **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

► **Continue with question 80 on the next page.**



80. 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 82

Full-time student

Stay at home parent } GO TO question 83

Retired

Disabled or unable to work

81. (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 83

hours

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

No

Yes

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

months

84. How old is this person?

age

85. 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 86 to 108 about a second parent or guardian living in the household.

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

No → GO TO question 109

Yes

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

Biological parent

Adoptive parent

Stepparent

Foster parent

Grandparent

Other guardian

88. Is this person male or female?

Male

Female

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

Mark ONE only.

Now married → GO TO question 92

Widowed

Divorced

Separated

Never married

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

No

Yes

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

No

Yes



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

Mark ONE only.

- English → GO TO question 97
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

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

Mark ONE only.

- English → GO TO question 97
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

94. How difficult is it for this person to participate in activities at this child's school because he/she speaks a language other than English?

- Very difficult
- Somewhat difficult
- Not at all difficult

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

- No
- Yes

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

- No
- Yes

97. Where was this parent or guardian born?

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

→ GO TO question 99

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

- Another country

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

age

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

- No
- Yes

100. 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 101 on the next page.



101. 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)

102. 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

103. 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 105
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work
- GO TO question 106

104. (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 106

hours

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

- No
- Yes

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

months

107. How old is this person?

age

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

age

- Don't know

► Continue with section 8, question 109, on the next page.



8. Your Household

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

people

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

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

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

111. 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:

112. 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 113 on the next page.



113. In the past 12 months, did your family ever receive benefits from any of the following programs?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance. | <input type="checkbox"/> | <input type="checkbox"/> |

114. 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

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

Write '0' if less than 1 year.

years at this address

116. 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?

117. Do you have access to the Internet at this address?

- No
- Yes

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

- No
- Yes

119. Do you have a working cell phone?

- No
- Yes

► **Continue with question 120 on the next page.**



120. 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 121.

	School Name ▼	Address ▼	City ▼
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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If you found and marked this child's school in the list provided in question 120, then **SKIP** this question and return your survey in the postage-paid envelope. Otherwise, continue with question 121.

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

Please use block or capital letters, for example:

S C H O O L

a. School name

SCHOOL NAME

b. School street address

NUMBER AND STREET ADDRESS

c. School city

CITY

d. School state

STATE

e. School zip code

ZIP

Thank you.

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

**U.S. Census Bureau
ATTN: DCB 60-A (7198)
1201 E. 10th Street
Jeffersonville, IN 47132-0001**

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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 this study?

A: The National Center for Education Statistics, within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this study on behalf of the U.S. Department of Education. This study has been approved by the Office of Management and Budget, 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 average 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 the survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Andrew Zukerberg, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street NW, Washington, DC 20006-5650. You may send email to NHES@census.gov.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to NHES@census.gov or you may call the Census Bureau toll-free at 1-888-840-8353

C.5 Parent and Family Involvement in Education Survey for Homeschooled Students

The National Household Education Survey

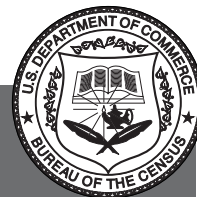
A Survey About Homeschooling in America



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.

Conducted by

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



NHES-31AC
(02/16/2012)



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 1-888-840-8353.
-
-

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.

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: Andrew Zukerberg, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street, NW, Washington, DC 20006. You may send email to NHES@census.gov.



1. Child's Homeschooling

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

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

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

↳ Who is that?

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

- No
- Yes

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

- No
- Yes

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

- No → **GO TO question 7**
- Yes

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

Mark all that apply.

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

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

hours



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

Mark ONE only.

Kindergarten

Grade (1 through 12)

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

a. How many days each week is this child homeschooled?

days each week

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

hours per week

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

No

Yes

10. Which of the following statements best describes the teaching style used to homeschool this child?

Mark ONE only.

We strictly follow a formal curriculum.

We mostly follow a formal curriculum, but also use informal learning (i.e. child-led learning, "teaching moments").

We mostly use informal learning, but sometimes use a formal curriculum.

We always use informal learning, and never follow a formal curriculum.

11. Thinking about sources of curriculum or books you use to homeschool this child, please tell us about all the sources that apply to you.

Since September, have you used materials from...

Mark ONE box for each item below.

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

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

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

No → **GO TO question 16**

Yes

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

Mark all that apply.

Your local public school

A charter school

Another public school

A private school

A college, community college, or university

Offered by my state

Someplace else – Specify: ↴

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

No

Yes

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

Mark all that apply.

Include the current year.

Elementary through Middle School

Kindergarten (Including transitional K and Pre-first grade)

First grade

Second grade

Third grade

Fourth grade

Fifth grade

Sixth grade

Seventh grade

Eighth grade

High School

Ninth grade - *freshman*

Tenth grade - *sophomore*

Eleventh grade - *junior*

Twelfth grade - *senior*



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

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure? | <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 have another reason for homeschooling your child?
Specify: | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

 letter from question 17

19. How far do you expect this child to go in his/her education?

Mark ONE only.

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



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

Mark all that apply.

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

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

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2. Family Activities

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

Mark ONE box for each item below.

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

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

Write '0' if none.

days

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

Mark ONE box for each item below.

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

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

No → **GO TO question 26**

Yes

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

number of times

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

No

Yes



3. Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

Mark ONE box for each item below.

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

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

- No → **GO TO question 37**
- Yes

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

- No → **GO TO question 35**
- Yes

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

Mark ONE box for each item below.

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

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

- No → **GO TO question 35**
- Yes

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

- No
- Yes

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

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

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

- Does not apply

b. The child's special needs teacher or therapist?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

- Does not apply

c. The service provider's or school's ability to accommodate this 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 this child learn?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

- Does not apply

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

- No
- Yes

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

Mark ONE box for each item below.

	No ▼	Yes ▼
a. Learn.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in sports, clubs, or other organized activities. . .	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend school on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends	<input type="checkbox"/>	<input type="checkbox"/>

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

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4. Child's Background

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

	/						
--	---	--	--	--	--	--	--

month year

38. Where was this child born?

One of the 50 United States or the District of Columbia

↳ **GO TO question 40**

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

Another country

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

--	--

age

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

No

Yes

41a. 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?

Male

Female

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

Do not include vacation properties.

Child usually lives at this address

Child usually lives at another address

Child lived at at this address and another address for an equal amount of time

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

Mark ONE only.

Child is not able to speak

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

GO TO section 5

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

No

Yes

▶ **Continue with section 5, on the next page.**



5. Child's Family

PARENT 1 LIVING IN HOUSEHOLD

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

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

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

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

46. Is this person male or female?

- Male
- Female

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

Mark ONE only.

- Now married → **GO TO question 50**
- Widowed
- Divorced
- Separated
- Never married

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

- No
- Yes

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

- No
- Yes

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

Mark ONE only.

- English → **GO TO question 52**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

51. 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

52. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia
↳ **GO TO question 54**
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

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

--	--

age

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

- No
- Yes

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55. **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

56. **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)

57. **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

58. **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 60**
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work

59. **(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 61**
hours

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

- No
- Yes

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

months



62. How old is this person?

age

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

age

Don't know

PARENT 2 LIVING IN HOUSEHOLD

Answer questions 62 to 79 about a second parent or guardian living in the household.

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

No → GO TO question 84

Yes

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

Biological parent

Adoptive parent

Stepparent

Foster parent

Grandparent

Other guardian

66. Is this person male or female?

Male

Female

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

Mark ONE only.

Now married → GO TO question 70

Widowed

Divorced

Separated

Never married

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

No

Yes

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

No

Yes



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

Mark ONE only.

- English → **GO TO question 72**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

71. 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

72. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia
↳ **GO TO question 74**
- One of the U.S. territories
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

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

age

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

- No
- Yes

75. 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

76. 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)



77. 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

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

Mark ONE only.

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

→ GO TO question 80

} GO TO question 810

79. (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 80

hours

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

- No
- Yes

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

months

82. How old is this person?

age

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

age

Don't know

▶ Continue with section 6, question 84 on the next page.



6. Your Household

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

people

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

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

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

86. 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:

87. 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 88 on the next page.



88. In the past 12 months, did your family ever receive benefits from any of the following programs?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 housing assistance. | <input type="checkbox"/> | <input type="checkbox"/> |

89. 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

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

Write '0' if less than 1 year.

years at this address

91. 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?

92. Do you have access to the Internet at this address?

- No
- Yes

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

- No
- Yes

94. Do you have a working cell phone?

- No
- Yes



Thank you.

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

**U.S. Census Bureau
ATTN: DCB 60-A (7198)
1201 E. 10th Street
Jeffersonville, IN 47132-0001**

24352197



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 www.nces.ed.gov/nhes.

Q: Who is sponsoring this study?

A: The National Center for Education Statistics, within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this study on behalf of the U.S. Department of Education. This study has been approved by the Office of Management and Budget, 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 average 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 the survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Andrew Zukerberg, National Center for Education Statistics, National Household Education Surveys (NHES), 1990 K Street NW, Washington, DC 20006-5650. You may send email to NHES@census.gov.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to NHES@census.gov or you may call the Census Bureau toll-free at 1-888-840-8353