# Appendix A

# Spring 2015 Parent Interview

Peel Off

Child Name Label

Updater Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updater Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Check one) Telephone: \_\_\_\_\_ In-Person: \_\_\_\_\_

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 Month Day Year

Start Time: \_\_\_\_\_\_\_AM PM End Time: \_\_\_\_\_\_AM PM

Site Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Head Start Impact Study (HSIS) Participants Beyond 8th Grade

###### Spring 2015 Parent Interview

Good [morning, afternoon or evening]. Is this (NAME OF RESPONDENT)? (IF NO, ASK FOR RESPONDENT; IF NOT AVAILABLE, ASK WHEN TO CALL BACK TO TALK WITH HIM/HER.) My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I’m calling you as a former participant in the Head Start Impact Study and the follow-up studies. We are contacting participating study families to maintain up-to-date contact information through the high school years should the U.S. Department of Health and Human Services decide to conduct a potential follow-up study in the future. We’d like to ask you a few, brief questions, much like the ones we asked last spring. The interview should take about 20 minutes to complete. We have a few questions about your child’s school, your relationship with your child, and some questions to help make it possible to contact you if we need to in the future.

We would like to thank you for completing this brief phone interview by sending you a check in the amount of 20 dollars. We would like to remind you that all information collected is private and will be kept private except as required by law. Your participation is voluntary. You may quit the interview at any time. Your participation will not result in the loss of any current benefits you may have. We truly appreciate your help and your continued support of this important study. May we begin now? (IF AGREES, CONTINUE WITH THE INTERVIEW. IF NO, ASK:When would you like to schedule a date and time to complete this short interview?)

|  |
| --- |
| NOTICE: 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 information collection is 0970-0229 (expires XX/XX/XXXX). The time required to complete this information collection is estimated to average 20 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. |

**A. CONTACT INFORMATION UPDATE**

A-1. [CHILD FIRST NAME, LAST NAME] is listed as the child who is part of this study. Is the child’s name correct?

 YES 1 (GO TO A-3)

 NO 2

A-2. What is the child’s correct name?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Middle Name or Initial Last Name

A-3. Are you still this child’s parent/primary caregiver?

 YES 1

 NO 2 (GO TO D-1)

A-4. Have you moved since May 1, 2014?

 YES 1

 NO 2

A-5. What is your current street address? Also, please tell me whether this is the correct spelling of your name.

(INTERVIEWER SPELL NAME AS LISTED ON CHILD PROFILE, VERIFY WITH RESPONDENT, AND RECORD BELOW WITH PHYSICAL STREET ADDRESS AND TELEPHONE NUMBERS.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

A-6. Is this the name and address for us to use when we send you a letter in the mail?

 YES 1 (GO TO A-8)

 NO 2

A-7. What is the name and address where we should send you a letter in the mail?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/P.O. Box Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

A-8. Should we mail your 20 dollar check to you at (this address/one of these addresses)?

 YES, PHYSICAL ADDRESS 1 (GO TO A-10)

 YES, LETTER MAILING ADDRESS 2 (GO TO A-10)

 NO, ANOTHER NAME AND/OR ADDRESS 3

(NOTE: IF RESPONDENT STATES THAT HE/SHE CANNOT CASH A CHECK, SAY THAT WE WILL SEND A MONEY ORDER AND CHECK BOX BELOW.)

SEND MONEY ORDER 🞎

A-9. What is the name and address where we should mail the check?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/ P.O. Box Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

A-10. Are you currently employed?

 YES. 1

 NO 2 (GO TO A-12)

A-11. What is the name and address of the place where you work?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

A-12. What are your current phone numbers? Check the box if None for that phone number.

Home Telephone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Cell Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Work (If A-10 = Yes): (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Alternate Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

A-13. Which of these is the best number to use to reach you?

 Home Telephone 01

 Cell Phone 02

 Work (May select only if A-10 = Yes) 03

 Alternate Phone 04

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 05

A-14. What is your email address? Check the box if None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None 🞎

A-15. Are you planning to move between now and March 2016?

 YES 1

 NO. 2 (GO TO A-18a)

A-16. Do you know what your new address will be or the general area where you are planning to move?

 YES 1

 NO. .2 (GO TO A-18a)

A-17. What is the area where you are planning to move and, if you know, what will be your new address and telephone number?

(RECORD AS MUCH INFORMATION AS THE RESPONDENT KNOWS.)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Telephone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code)

Just in case we have trouble reaching you in the future, would you please tell me the names, addresses, and telephone numbers of three people who will know how to contact you? We will contact these people only if we are having difficulty contacting you directly.

A-18a. What is the name of the first person?

 First Name Last Name

A-18b. How is this person related to [CHILD]? (CIRCLE THE RELATIONSHIP CODE.)

|  |
| --- |
| RELATIONSHIP CODES: |
| 01=Birth Mother02=Birth Father03=Adoptive Mother04=Adoptive Father05=Stepmother06=Stepfather07=Grandmother08=Grandfather09=Great grandmother10=Great grandfather | 11=Sister/Stepsister12=Brother/Stepbrother13=Other relative or in-law (female)14=Other relative or in-law (male)15=Foster parent (female)16=Foster parent (male)17=Other non-relative (female)18=Other non-relative (male)19=Parent’s partner (female)20=Parent’s partner (male) |

A-18c. What is this person’s preferred language?

 English 01

 Spanish 02

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03

A-18d. What is this person’s address?

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

A-18e. Is this person currently employed?

 YES 1

 NO 2 (GO TO A-18g)

A-18f. What is the name of the place where this person works?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A-18g. What are this person’s phone numbers? Check the box if None for that phone number.

Home Telephone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Cell Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Work: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Alternate Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

A-18h. Which of these is the best number to use to reach this person?

 Home Telephone 01

 Cell Phone 02

 Work (May select only if A-18e = Yes) 03

 Alternate Phone 04

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 05

A-18i. What is this person’s email address? Check the box if None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None 🞎

A-19a. What is the name of the second person?

 First Name Last Name

A-19b. How is this person related to [CHILD]? (CIRCLE THE RELATIONSHIP CODE.)

|  |
| --- |
| RELATIONSHIP CODES: |
| 01=Birth Mother02=Birth Father03=Adoptive Mother04=Adoptive Father05=Stepmother06=Stepfather07=Grandmother08=Grandfather09=Great grandmother10=Great grandfather | 11=Sister/Stepsister12=Brother/Stepbrother13=Other relative or in-law (female)14=Other relative or in-law (male)15=Foster parent (female)16=Foster parent (male)17=Other non-relative (female)18=Other non-relative (male)19=Parent’s partner (female)20=Parent’s partner (male) |

A-19c. What is this person’s preferred language?

 English 01

 Spanish 02

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03

A-19d. What is his/her address?

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

A-19e. Is this person currently employed?

 YES 1

 NO. 2 (GO TO A-19g)

A-19f. What is the name of the place where this person works?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A-19g. What are this person’s phone numbers? Check the box if None for that phone number.

Home Telephone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Cell Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Work: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Alternate Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

A-19h. Which of these is the best number to use to reach this person?

 Home Telephone 01

 Cell Phone 02

 Work (May select only if A-19e = Yes) 03

 Alternate Phone 04

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 05

A-19i. What is this person’s email address? Check the box if None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None 🞎

A-20a. What is the name of the third person?

 First Name Last Name

A-20b. How is this person related to [CHILD]? (CIRCLE THE RELATIONSHIP CODE.)

|  |
| --- |
| RELATIONSHIP CODES: |
| 01=Birth Mother02=Birth Father03=Adoptive Mother04=Adoptive Father05=Stepmother06=Stepfather07=Grandmother08=Grandfather09=Great grandmother10=Great grandfather | 11=Sister/Stepsister12=Brother/Stepbrother13=Other relative or in-law (female)14=Other relative or in-law (male)15=Foster parent (female)16=Foster parent (male)17=Other non-relative (female)18=Other non-relative (male)19=Parent’s partner (female)20=Parent’s partner (male) |

A-20c. What is this person’s preferred language?

 English 01

 Spanish 02

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03

A-20d. What is his/her address?

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

A-20e. Is this person currently employed?

 YES 1

 NO. 2 (GO TO A-20g)

A-20f. What is the name of the place where this person works?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A-20g. What are this person’s phone numbers? Check the box if None for that phone number.

Home Telephone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Cell Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Work: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Alternate Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

A-20h. Which of these is the best number to use to reach this person?

 Home Telephone 01

 Cell Phone 02

 Work (May select only if A-20e = Yes) 03

 Alternate Phone 04

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 05

A-20i. What is this person’s email address? Check the box if None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None 🞎

**B. CHILD’S CURRENT CONTACT AND School Information**

After your child turns 18, we would like to be able to follow up with him or her directly. If your child is contacted in the future for the study, he/she can decide at that time whether or not to participate.

B-1. What is your child’s email address? Check the box if he/she does not have email.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None 🞎

B-2. What is your child’s cell phone number? Check the box if no cell phone

Cell Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None 🞎

 (Area Code)

B-3. Please list any other ways to reach your child directly?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B-4. Did a doctor or other professional ever tell you that your child has any special needs or disabilities—for example, physical difficulties, emotional, language, hearing, or learning difficulties, or other special needs?

 YES 1

 NO 2

B-5. Does your child currently receive. . .

1. Special education services through an Individualized Education Plan (IEP)?

 YES 1

 NO 2

 b. Gifted/talented services?

 YES 1

 NO 2

B-6. Has your child’s teacher or other school staff ever spoken to you about the possibility of retaining your child or repeating a grade?

 YES 1

 NO 2

B-7. Has your child ever repeated a grade or been retained in a grade?

 YES 1

 NO 2 (GO TO B-9)

B-8. What grade(s) was (were) repeated?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B-9. Thinking ahead to when your child is 18, where do you think your child will be living?

 With you 01

 With another family member 02

 On his/her own or with roommates 03

 In a college dorm 04

 In the military 05

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 06

B-10. Has your child ever had any contact with the juvenile justice system? This would include:

* being picked up by the police for breaking the law
* being found guilty for a crime or a delinquent offense
* being on probation or court supervision
* being held at juvenile hall or in jail

 YES…. 1

 NO…… 2

 DON’T KNOW 3

B-11. Overall, how would you describe your child’s health?

 Excellent 01

 Very Good 02

 Good 03

 Fair 04

 Poor 05

B-12. Will (or did) your child graduate from high school or get a GED before Fall 2015?

 Yes, Graduated from high school 01

 Yes, GED 02

 No 03

B-13. Is your child currently enrolled in school (includes home school)?

 YES 1

 NO 2 (GO TO B-18)

B-14. Is your child currently enrolled in College/Vocational School, Twelfth Grade, Eleventh Grade, Tenth Grade, Ninth Grade, Ungraded, or Other?

 YES, COLLEGE/VOCATIONAL SCHOOL 01

 YES, TWELFTH GRADE 02

 YES, ELEVENTH GRADE 03

 YES, TENTH GRADE 04

 YES, NINTH GRADE 05

 NO, UNGRADED 06

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 07

B-15. Which of the following best describes the school setting that [CHILD] is in?

 Public School. 01

 Private School 02

 Home School 03

 Magnet School 04

 Charter School 05

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 06

B-16. How often do you feel your child is safe at school? Would you say never, sometimes, usually, or always?

 Never 1

 Sometimes 2

 Usually 3

 Always 4

B-17. What is the name, address, and telephone number of this school?

School Name:

Address:

 Street

 City State Zip

Telephone:(\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-

 (Area Code)

B-18. Between now and March 2015, are you planning to change [CHILD’S] current school or enroll him/her in a new school?

 YES 1

 IF YES, approximately when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month

 NO 2(GO TO B-21)

B-19. Do you know the name, address or telephone number of that school or where it will be located?

 YES 1

 NO 2

□ Mark this box if the child will not be in school. (IF B-13 = NO and B-18 = NO THEN GO TO SECTION C)

B-20. What is the area where the school will be located and, if you know it, what is the name, address and telephone number of that school? (RECORD AS MUCH INFORMATION AS THE RESPONDENT KNOWS.)

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Telephone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code)

For each of the following statements, please tell me how often your child…(None of the time, Some of the time, Most of the time, or All of the time)?

B-21. Cares about doing well in school?

 None of the time 01

 Some of the time 02

 Most of the time 03

 All of the time 04

B-22. Pays attention in class?

 None of the time 01

 Some of the time 02

 Most of the time 03

 All of the time 04

B-23. Goes to class unprepared?

 None of the time 01

 Some of the time 02

 Most of the time 03

 All of the time 04

Please indicate how much you agree or disagree (Strongly agree, Somewhat agree, Neither agree nor disagree, Somewhat disagree, Strongly disagree)

B-24. If something interests my child, he/she tries to learn more about it.

 Strongly disagree 01

 Somewhat disagree 02

 Neither agree nor disagree 03

 Somewhat agree 04

 Strongly agree 05

B-25. My child thinks the things he/she learns at school are useful.

 Strongly disagree 01

 Somewhat disagree 02

 Neither agree nor disagree 03

 Somewhat agree 04

 Strongly agree 05

B-26. My child believes that being a student is one of the most important parts of who he/she is.

 Strongly disagree 01

 Somewhat disagree 02

 Neither agree nor disagree 03

 Somewhat agree 04

 Strongly agree 05

**C.** **CURRENT PARENT/PRIMARY CAREGIVER INFORMATION**

Now, we have a few questions about you.

C-1. What is the highest grade or year of school that you have completed?

 Less than high school 01

 High school or GED 02

 Vocational school or 2 year Associate’s Degree 03

 College or graduate school 04

C-2. Which of the following best describes your present work or school situation?

 Working full-time (35 hours a week or more) 01

 Working part-time (less than 35 hours per week) 02

 Unemployed and looking for work 03

 Unemployed and not looking for work 04

 Full-time homemaker 05

 In school …………….. 06

 Too disabled to work 07

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 08

The following are questions about your knowledge of your child’s activities. For each activity, please provide one answer for how often this activity occurs.

C-3. Do you know what your child does during his or her free time?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-4. Do you know who your child has as friends during his or her free time?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-5. Do you know what type of homework your child has?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-6. Do you know what your child spends money on?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-7. Do you know when your child has a paper or exam due at school?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-8. Do you know how your child does on different subjects at school?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-9. Do you know where your child goes when he or she is out with friends at night?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-10. Do you know what your child does after school?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

C-11. In the last month, how often did you have no idea where your child was at night?

 No, never 01

 Rarely 02

 Sometimes 03

 Most of the time 04

 Yes, always 05

**D. OTHER PRIMARY CAREGIVER**

**PLEASE COMPLETE IF RESPONDENT IS NO LONGER THE CHILD’S PRIMARY CAREGIVER**

D-1. Who is this child’s primary caregiver now? (What is his/her name)?

□ Mark this box if you do not know.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

D-2. What is this person’s relationship to the child?

 Parent 01

 Grandparent 02

 Other relative 03

 Non-relative foster parent 04

 Other non-relative 05

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 06

D-3. About when did this person become the child’s primary caregiver?

\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

D-4. What are this person’s phone numbers? Check the box if None for that phone number.

Home Telephone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Cell Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Work: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

Alternate Phone: (\_\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) None 🞎

D-5. Which of these is the best number to use to reach this person?

 Home Telephone 01

 Cell Phone 02

 Work 03

 Alternate Phone 04

 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 05

D-6. What is this person’s email address? Check the box if None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None 🞎

D-7. What is the child’s current home address?

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

D-8. What is the child’s permanent home address? □ Same as current home address

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

**E. END SCRIPT**

That’s all the questions I have. Thank you for your cooperation. You will receive your check for $20 as soon as possible, but it may not be for 6-8 weeks.

(END OF INTERVIEW)

**If found, return to:**

**Westat**

**1600 Research Boulevard**

**Room RB 3105 – 8996.04.05**

 **Rockville, MD 20850**