Appendix A Spring 2015 Parent Interview

IMPORTANT! After completing the interview, peel off child name label before sending!

Peel Off
Child Name Label
Site Coordinator Name:
Caregiver Language:
Child ID Number:

Updater Name:	
Updater Code:	
(Check one) Telephone:	In-Person:
Date://	_
Month Day	Year

OMB#: 0970-0229

Expiration Date: XX/XX/20XX

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-1.	-	RST NAME, LAST N me correct?	AME] is listed as the ch	ild who is part of th	nis study. Is the
	YES			1 (G	O TO A-3)
	NO			2	
A-2.	What is th	e child's correct nam	e?		
	Name:				
		First Name	Middle Name or Initia	l Last Name	-
A-3.	Are you st	till this child's parent/	orimary caregiver?		
	YES			1	
	NO			2 (G	O TO D-1)
A-4.	Have you	moved since May 1,	2014?		
	YES			1	
	NO			2	
A-5.	spelling of (INTERVII RESPONI	f your name. EWER SPELL NAM	ddress? Also, please to ME AS LISTED ON (RD BELOW WITH PHY	CHILD PROFILE,	VERIFY WITH
	Name:	First Name	Last Name		_
	Address:	Street		Apartment	_
		City	State	Zip	_
		- -)		- .۱-	

A. CONTACT INFORMATION UPDATE

A-6.	i. Is this the name and address for us to use when we send you a letter in the mail?					
	YES			1 (GC	TO A-8)	
	NO			2		
A-7.	What is th	e name and addres	s where we should send y	ou a letter in the m	ail?	
	Name:	First Name	Last Name			
	Address:	Street/P.O. Box		Apartment		
	-	City	State	Zip		
A-8.	Should we	e mail your 20 dollar	check to you at (this add	ress/one of these a	ddresses)?	
	YES, PHY	SICAL ADDRESS .		1 (GC	TO A-10)	
	YES, LET	TER MAILING ADD	RESS	2 (GC	TO A-10)	
	NO, ANO	THER NAME AND/O	OR ADDRESS	3		
			STATES THAT HE/SHE (NEY ORDER AND CHEC		CHECK, SAY	
SEND	MONEY O	RDER 🗆				
A-9.	What is th	e name and addres	s where we should mail th	ne check?		
	Name:	First Name	Last Nam	e		
	Address:	Street/ P.O. Box		Apartment		
		City	State	Zip		

A-10.	-10. Are you currently employed?					
	YES				1	
	NO				2 (0	90 TO A-12)
A-11.	What is th	e name and	d address of the p	ace where yo	ou work?	
	Name:	First Name	e Last N	ame		_
	Address:	Street			Apartment	
	-	City		State	Zip	_
A-12.	What are	your curren	t phone numbers?	Check the b	oox if None for that p	ohone number.
	Home Tel	ephone:	() (Area Code)	- -	None	
	Cell Phone	e:	() (Area Code)	<u>-</u> -	None □	
	Work (If A	10 = Yes):	() (Area Code)	 -	None □	
	Alternate I	Phone:	() (Area Code)	- _	None □	
A-13.	Which of t	hese is the	best number to us	se to reach yo	ou?	
	Cell Phone Work (Mag Alternate I	ey select onl y select onl Phone	y if A-10 = Yes)			
A-14.	What is yo	our email ac	ddress? Check the	e box if None	None □	

A-15.	Are you plan	ning to move	e between no	w and March	2016?		
	YES					1	
	NO					2 (GO T	O A-18a)
A-16.	Do you know to move?	what your r	new address	will be or the	general area	where you	are planning
	YES					1	
	NO					2 (GO	ГО А-18а)
A-17.	new address	and telepho	ne number?	_	e and, if you k		will be your
	Address: S	treet			Apartmen	t	
	_						
		ity		State	2	Zip	
	Telephone:	((Area Cod) e)				

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.

			First Name	Last Name
A-18	b. How is this	person related to	[CHILD]? (CIRCLE THE RELA	ATIONSHIP CODE.)
		RI	ELATIONSHIP CODES:	
	01=Birth Mo 02=Birth Fat 03=Adoptive 04=Adoptive 05=Stepmot 06=Stepfath 07=Grandm 08=Grandfa 09=Great gr 10=Great gr	ther e Mother e Father cher er other andmother	11=Sister/Stepsister 12=Brother/Stepbrother 13=Other relative or in-la 14=Other relative or in-la 15=Foster parent (female 16=Foster parent (male) 17=Other non-relative (fe 18=Other non-relative (male) 19=Parent's partner (female)	emale) iale)
A-18	c. What is this	s person's preferre	ed language?	
A-18	Spanish Other (Spe		s?	02
	Address:			
		Street	Ара	artment
		City	State	Zip
A-18	e. Is this pers	on currently emplo	oyed?	
	YES			1

Name:

A-18g.	g. 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	s person?		
	Home Telephone				
A-18i.	What is this person's	email address? Check the box	if None		
			None □		

A-19a. What is th	ne name of the second	person? First Name	Last Name			
A-19b. How is this person related to [CHILD]? (CIRCLE THE RELATIONSHIP CODE.)						
	RE	LATIONSHIP CODES:				
02=Bii 03=Ac 04=Ac 05=St 06=St 07=Gi 08=Gi 09=Gi	rth Mother rth Father doptive Mother doptive Father epmother epfather randmother randfather reat grandmother reat grandfather	11=Sister/Stepsister 12=Brother/Stepbrother 13=Other relative or in-law 14=Other relative or in-law 15=Foster parent (female) 16=Foster parent (male) 17=Other non-relative (fem 18=Other non-relative (ma 19=Parent's partner (femal 20=Parent's partner (male)	nale) le)			
A-19c. What is the	nis person's preferred la	anguage?				
English						
A-19d. What is h	is/her address?					
Address:	Street	Apart	ment			
-	City	State	Zip			
A-19e. Is this per	rson currently employed	d?				
·			1			

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

Name:

A-19g.	g. What are this person's phone numbers? Check the box if None for that phone number.				
	Home Telephone:	() (Area Code)	None		
	Cell Phone:	()	None		
	Work:	() (Area Code)	None □		
	Alternate Phone:	() (Area Code)	None		
A-19h.	Which of these is the	best number to use to reach this	s person?		
	Cell Phone Work (May select only Alternate Phone	/ if A-19e = Yes)	02 03 04		
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 Mother 02=Birth Father 03=Adoptive Mother 04=Adoptive Father 05=Stepmother 06=Stepfather 07=Grandmother	11=Sister/Stepsister 12=Brother/Stepbrother 13=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)		
08=Grandfather	18=Other non-relative (male)		
09=Great grandmother	19=Parent's partner (female)		
10=Great grandfather	20=Parent's partner (male)		

		at grandmother at grandfather	19=Parent's partne 20=Parent's partne	,	
4-20c.		is person's preferred lar			
	Spanish	ecify)		02	
۹-20d.	What is his	s/her address?			
	Address:	Street		Apartment	
	_	City	State	Zip	
4-20e.	Is this pers	son currently employed	?		
	YES			1	
	NO			2 (GO	TO A-20g)
۹-20f.	What is th	e name of the place wh	ere this person works	6?	
	Name:				

A-20g.	g. What are this person's phone numbers? Check the box if None for that phone number.		
	Home Telephone:	()	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 thi	s person?
	Cell Phone Work (May select only Alternate Phone	/ if A-20e = Yes)	02 03 04
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: (
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?
	YES1
	NO2
B-5.	Does your child currently receive
a.	Special education services through an Individualized Education Plan (IEP)?
	YES1
	NO2
b.	Gifted/talented services?
	YES1
	NO2

B-6.	Has your child's teacher or other school staff ever retaining your child or repeating a grade?	spoken to you about the possibility of
	YES	1
	NO	2
B-7.	Has your child ever repeated a grade or been reta	ined 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 With you With another family member On his/her own or with roommates In a college dorm In the military Other (Specify)	o you think your child will be living?0102030405
B-10.	 Has your child ever had any contact with the juver being picked up by the police for brobeing found guilty for a crime or a description of court supervises being on probation or court supervises being held at juvenile hall or in jail 	eaking the law delinquent offense
	YES	1
	NO	2
	DON'T KNOW	3

B-11.	Overall, how would you describe your child's health?
	Excellent
B-12.	Will (or did) your child graduate from high school or get a GED before Fall 2015?
	Yes, Graduated from high school
B-13.	Is your child currently enrolled in school (includes home school)?
	YES
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 fe usually, or always?	el your child is	safe at school? Wo	uld you say never, sometimes,	ı
	Never Sometimes Usually Always			2 3	
B-17.	What is the name, a	ıddress, and tel	ephone number of t	his school?	
	School Name:				
	Address:				
	Street				
	City		State	Zip	
	Telephone:()			
	(Area C	ode)			
B-18.	Between now and Menroll him/her in a n		you planning to cha	ange [CHILD'S] current school	or
	YES			1	
	IF YES, approximate	ely when?	Month		
	NO			2(GO TO B-21)	
B-19.	Do you know the na located?	ame, address c	or telephone numbe	r of that school or where it wi	ll be
	YES NO				
	☐ Mark this box if th		be in school. (IF B-1	L3 = NO and B-18 = NO THEN	1

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)
	ach of the following statements, please tell me how often your child(None of the time, of the time, Most of the time, or All of the time)?
B-21.	Cares about doing well in school?
	None of the time
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

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

Please indicate how much you agree or disagree (Strongly agree, Somewhat agree, Neither

agree nor disagree, Somewhat disagree, Strongly disagree)

C. <u>CURRENT PARENT/PRIMARY CAREGIVER INFORMATION</u>

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 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 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 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

C-5.	Do you know what type of homework your child has?	
	No, never	01
	Rarely	
	Sometimes	
	Most of the time.	
	Yes, always	U5
0.0		
C-6.	Do you know what your child spends money on?	
	No, never	01
	Rarely	02
	Sometimes	
	Most of the time	
	Yes, always	
	1 00, amayo	
C-7.	Do you know when your child has a paper or exam due at school?	
	No povor	01
	No, never	
	Rarely	
	Sometimes	
	Most of the time	
	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 friend	nds at night?
	No, never	01
	Rarely	
	Sometimes	
	Most of the time	
	Yes, always	
C-10.	Do you know what your child does after school?	
	No, never	01
	Rarely	
	Sometimes	
	Most of the time	
	Yes, always	
	,	

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

No, never	01
Rarely	02
Sometimes	03
Most of the time	
Yes, always	05

D. <u>OTHER PRIMARY CAREGIVER</u>

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

D-1.	=		v? (What is his/her name))?
	☐ Mark this box if yo	ou do not know.		
	Name: First Nam	ne	Last Name	
D-2.	What is this person's	s relationship to the	child?	
	Grandparent Other relative Non-relative foster p Other non-relative	arent		02 03 04 05
D-3.	About when did this	person become the	child's primary caregiver	?
	Month /	Day	Year	
D-4.	What are this persor	n's phone numbers?	Check the box if None f	or 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?				
	Cell Phon Work Alternate	e Phone		02 03 04	
D-6.	What is this person's email address? Check the box if None				
			N	lone □	
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? $\ \square$ Same as current home address				
	Address:	Street		Apartment	
	-	City	State	Zip	

E. <u>END SCRIPT</u>

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