

Appendix A
Tracking Instrument

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

**OMB#: 0970-0229
Expiration Date:**

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

**Tracking Head Start Impact Study Participants Beyond 8th Grade
Spring 2012 Parent Tracking 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 follow-ups. Data collection for the earlier studies has ended; however, in anticipation of a future follow-up, the U.S. Department of Health and Human Services has decided to keep in touch with the children and families beyond 8th grade through the high school years. We are contacting participating study families to maintain up-to-date information. We'd like to ask you a few, brief questions, much like the ones we asked last spring. The interview should take about 15 minutes to complete. We have a few questions about your child's school 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 confidential 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 _____). The time required to complete this information collection is estimated to average 15 – 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. Have you moved since May 1, 2011?

YES.....1

NO.....2

A-2. What is your current street address and telephone number? 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 _____

_____ City _____ State
Zip

Home Telephone: (_____) - _____ -

_____ (Area Code)

Cell Phone: (_____) - _____ -

_____ (Area Code)

Pager (_____) - _____ -

_____ (Area Code)

Alternate Phone(_____) - _____ -

_____ (Area Code)

A-3. Is this the name and address for us to use when we send you a letter in the mail?

YES.....1 (GO TO A-5)

NO.....2

A-4. 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 _____

 Zip City State

A-5. Should we mail your 20 dollar check to you at (this address/one of these addresses)?

YES, PHYSICAL ADDRESS.....1 (GO TO A-7)

YES, LETTER MAILING ADDRESS.....2 (GO TO A-7)

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-6. What is the name and address where we should mail the check?

Name:

 First Name _____

Last Name _____

Address:

 Street/ P.O. Box _____

Apartment _____

Zip City State

A-7. Are you currently employed?

YES.....1

NO.....2 (GO TO A-9)

A-8. What is the name, address and telephone number of the place where you work?

Name:

Address:

Street _____

_____ City State

Zip

Telephone Number (_____) - _____ -

_____ (Area Code)

Alternate Phone: (_____) - _____ -

_____ (Area Code)

A-9. Are you planning to move between now and March 2013?

YES.....1

NO.....2 (GO TO A-12a)

A-10. 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-12a)

A-11. 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 _____

_____ 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?

A-12a. What is the name of the first person? _____
 First Name Last Name

A-12b. How is this person related to [CHILD]? (CIRCLE THE RELATIONSHIP CODE.)

RELATIONSHIP CODES:	
01=Birth Mother	11=Sister/Stepsister
02=Birth Father	12=Brother/Stepbrother
03=Adoptive Mother	13=Other relative or in-law (female)
04=Adoptive Father	14=Other relative or in-law (male)
05=Stepmother	15=Foster parent (female)
06=Stepfather	16=Foster parent (male)
07=Grandmother	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)

A-12c. What is his/her home telephone number? (_____) - _____ - _____
 (Area Code)

NO TELEPHONE..... 1
 REFUSED..... 7

A-12d. What is this person's address?

Address: _____
 Street Apartment

 City State Zip

A-12e. Does he/she have a cell phone number?

YES.....1
 NO.....2 (GO TO A12g)

A-12f. What is his/her cell phone number? (_____) - _____ - _____
 (Area Code)

A-12g. Does he/she have a work telephone number?

YES.....1
 NO.....2 (GO TO A-13a)

A-12h. What is his/her work telephone number and the name of the place where he/she works?

Telephone Number (_____) - _____ - _____
 (Area Code)

Name:

A-13a. What is the name of the second person? _____
 First Name Last Name

A-13b. How is this person related to [CHILD]? (CIRCLE THE RELATIONSHIP CODE.)

RELATIONSHIP CODES:	
01=Birth Mother	11=Sister/Stepsister
02=Birth Father	12=Brother/Stepbrother
03=Adoptive Mother	13=Other relative or in-law (female)
04=Adoptive Father	14=Other relative or in-law (male)
05=Stepmother	15=Foster parent (female)
06=Stepfather	16=Foster parent (male)
07=Grandmother	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)

A-13c. What is his/her home telephone number? (_____) - _____ - _____
 (Area Code)

NO TELEPHONE..... 1
 REFUSED..... 7

A-13d. What is his/her address?

Address: _____
 Street Apartment

 City State Zip

A-13e. Does he/she have a cell phone number?

YES.....1
 NO.....2 (GO TO A-13g)

A-13f. What is his/her cell phone number? (_____) - _____ - _____
 (Area Code)

A-13g. Does he/she have a work telephone number?

YES.....1
 NO.....2 (GO to A-14a)

A-13h. What is his/her work telephone number and the name of the place where he/she works?

Telephone Number (_____) - _____ - _____
 (Area Code)

Name: _____

A-14a. What is the name of the third person? _____
First Name Last Name

A-14b. How is this person related to [CHILD]? (CIRCLE THE RELATIONSHIP CODE.)

RELATIONSHIP CODES:	
01=Birth Mother	11=Sister/Stepsister
02=Birth Father	12=Brother/Stepbrother
03=Adoptive Mother	13=Other relative or in-law (female)
04=Adoptive Father	14=Other relative or in-law (male)
05=Stepmother	15=Foster parent (female)
06=Stepfather	16=Foster parent (male)
07=Grandmother	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)

A-14c. What is his/her home telephone number? (_____) - _____ - _____
(Area Code)

NO TELEPHONE..... 1
REFUSED..... 7

A-14d. What is his/her address?

Address: _____
Street Apartment

City State Zip

A-14e. Does he/she have a cell phone number?

YES.....1
NO.....2 (GO TO A14g)

A-14f. What is his/her cell phone number? (_____) - _____ - _____
(Area Code)

A-14g Does he/she have a work telephone number?

YES.....1
NO.....2 (GO TO B)

A-14h. What is his/her work telephone number and the name of the place where he/she works?

Telephone Number (_____) - _____ - _____
(Area Code)

Name: _____

B. SCHOOL INFORMATION

Now I have a few questions about where your child is currently in school.

B-1. Is your child currently enrolled in Ninth Grade, Eighth Grade, Seventh Grade, or Sixth Grade?

- YES, NINTH GRADE.....01
- YES, EIGHTH GRADE.....02
- YES, SEVENTH GRADE.....03
- YES, SIXTH GRADE.....04
- NO, UNGRADED.....05
- Other (*Specify*) _____.....06

B-2. Which of the following best describes the school setting that [CHILD] is in?

- Public School.....01
- Private School.....02
- Home School.....03
- Other (*Specify*) _____.....04

B-3. What is the name, address, and telephone number of this school?

Name: _____

Address: _____

Street

City _____ State _____ Zip _____

Telephone: (_____) - _____ - _____
(Area Code)

C. SCHOOL ENROLLMENT CHANGES

C-1. Between now and March 2013, are you planning to change [CHILD'S] school?

YES 1

IF YES, approximately when? _____
Month

NO.....2 (GO TO D)

C-2. Do you know the name, address or telephone number of that school or where it will be located?

YES 1
NO.....2 (GO TO D)

C-3. 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.)

Name: _____

Address: _____
Street

City _____ State _____ Zip _____

Telephone: (_____) - _____ - _____
(Area Code)

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 – 8996.01.05
Rockville, MD 20850**

