

OMB #:  
Expiration Date:

# Education Study

## Parent Questionnaire

### Spring 2013

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All information from this study will be kept confidential as required by the Education Sciences Reform Act of 2002 (Title I, Part E, Section 183). To ensure privacy, no personally identifiable information will be disclosed as part of the evaluation. All of the information that is collected will be stored separately from school records in a secure location. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific school or individual. We will not provide information that identifies you or your school to anyone outside the study team, except as required by law.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number XXXX-XXXX. Note: Please do not return the completed XXXX (cite form or other applicable reporting mechanism) application to this address.

Your child's name is listed on the cover. Please write his or her name here: \_\_\_\_\_ . When you read "your child," please think about this child only.

Where the terms "child" and "children" have been used in this questionnaire, this means children of all ages – from 5-18.

Please answer every question.

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**Part 1: About Your Child**

**This section asks questions about the child listed on the cover.**

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Q1. What is this child's date of birth: |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_|  
D D M M Y Y Y Y

Q2. Is your child currently/At the end of the spring 2013 term, was your child attending school, not attending school, or being homeschooled? If [he/she] [is/was] out for school break, illness, injury, or vacation, please consider [him/her] as attending school.

- Attending School..... <sup>1</sup> Skip to Q3  
Being homeschooled..... <sup>2</sup> Skip to Q5  
Not Attending School..... <sup>3</sup> Skip to Q2a

Q2a. Why is your child not attending school?

- Completed and/or graduated High School <sup>1</sup> Skip to Q5  
Sick/Illness..... <sup>2</sup> Skip to Q5  
Taking care of family..... <sup>3</sup> Skip to Q5  
Pregnant..... <sup>4</sup> Skip to Q5  
Dropped out..... <sup>5</sup> Skip to Q5

Q3. What school is this child currently attending?

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

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

\_\_\_\_\_

Q3a. Is the school this child is currently attending your neighborhood school?  
(✓ Check one)

- Yes..... <sup>1</sup>  
No..... <sup>2</sup>  
Don't know..... <sup>3</sup>

Q4. On average, how many minutes does it take this child to get from home to school each morning?

\_\_\_\_\_ minutes

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## Part 2: Questions about This Child's School

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Q5. During this school year (2012-13), how often did you do the following in this child's school:  
 (✓ Check one box on each row)

	Never	Once	2 or 3 times	4 or more times
a. Receive report cards about this child's performance.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Receive information about this child's school, such as newsletters and school notices.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Communicate with a teacher informally (in person, by phone, or via email) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. Attend parent-teacher conferences.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Attend school activities for families (dinners, student presentations, open houses, family math or science nights).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. Volunteer in the school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
g. Attend a PTA (Parent Teacher Association) meeting (or other similar organization meeting).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
h. Accompany students on class trips.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

Q6. In the past MONTH, how often did you do the following?  
 (□ Check one box on each row)

	Never	Once	2 or 3 times	4 or 5 times	6 or more times
a. Help this child with his or her homework.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
b. Help this child with reading or math that was not part of his or her homework.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
c. Talk to this child about his or her experiences in school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
d. Work with child on a school project.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>

Q7. How satisfied are you with the following aspects of this child's current school?  
 (✓ Check one box per row)

	Very dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Location of school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. School safety.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Class sizes.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. School facilities.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Respect between teachers and students.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. How much teachers inform parents of students' progress.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
g. How much students can observe religious traditions.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
h. Parental support for the school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
i. Discipline.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
j. Academic quality.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
k. Racial mix of students.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
l. Access to information about the school through printed materials or the school web site.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
m. Services for students who struggle academically.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
n. Availability of textbooks/supplies.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
o. Availability of computers.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
p. Teacher absenteeism	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

Q8. Overall, how safe do you feel this child's current school is?

- Very safe..... <sup>1</sup>  
 Somewhat safe..... <sup>2</sup>  
 Not safe..... <sup>3</sup>

Q9. Does your child receive any of the following services in his/her current school?  
 (✓ Check all that apply)

	Yes	No
a. Before-school care.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. After-school care.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. Tutoring in school for math.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. Tutoring in school for reading.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
e. Federally funded free or reduced price lunch.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

Q10. If your child has a physical disability, does the school address your child's needs (e.g., ramps, special aide)?  
**(✓ Check one)**

- Yes..... <sup>1</sup>  
 No..... <sup>2</sup>  
 My child does not have a physical disability..... <sup>3</sup>

Q11. If your child has a learning disability, does the school provide your child with accommodations (e.g., more time on tests)?  
**(✓ Check one)**

- Yes..... <sup>1</sup>  
 No..... <sup>2</sup>  
 My child does not have a learning disability ..... <sup>3</sup>

Q12. If your child's primary language is not English, does the school provide support to learn English?  
**(✓ Check one)**

- Yes..... <sup>1</sup>  
 No..... <sup>2</sup>  
 My child's primary language is English. .... <sup>3</sup>

Q13. If your child is struggling academically, does the school provide your child with support (e.g., extra instruction, individualized instruction, tutoring)?  
**(✓ Check one)**

- Yes..... <sup>1</sup>  
 No..... <sup>2</sup>  
 My child does not struggle academically..... <sup>3</sup>

Q14. What overall grade would you give this child's current school?  
**(✓ Check one)**

- Excellent (A)..... <sup>1</sup>  
 Good (B)..... <sup>2</sup>  
 Fair (C) ..... <sup>3</sup>  
 Unsatisfactory (D)..... <sup>4</sup>  
 Failing (F)..... <sup>5</sup>

Q15. In the last month, approximately how many days did this child:  
**(□ Check one)**

	None	1-2 Days	3-4 Days	5 or more days	Don't Know
a. Miss school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
b. Come to school ½ hour or more late.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>

Q16. During this school year (2012-13), was this child ever suspended from school for disciplinary reasons?  
 (✓ Check one)

- No..... <sup>1</sup>
- Yes..... <sup>2</sup>
- Don't know..... <sup>3</sup>

Q17. How far in school do you expect your child to go?  
 (✓ Check one)

- Less than high school completion..... <sup>1</sup>
- Complete a high school diploma, GED or alternative high school credential..... <sup>2</sup>
- Complete a certificate or diploma from a school that provides occupational training..... <sup>3</sup>
- Complete an Associate's degree..... <sup>4</sup>
- Complete a Bachelor's degree..... <sup>5</sup>
- Complete a Master's degree..... <sup>6</sup>
- Complete a Ph.D., M.D., law degree, or other high level professional degree..... <sup>7</sup>

Q18. How much ...

	A Lot	Some	A Little	None
a. Do you trust the school staff to do what is best for your child.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Do you feel respected by staff at this school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Do you feel that the school staff works to build trusting relationships with parents .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. Does the school staff share your expectations for your child.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Of a problem are cultural barriers between parents and staff at this school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. Do other parents at this school share your expectations for your child.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
g. Do you feel this child's school cares about what you think.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

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**Part 3: Questions about choosing schools  
and the DC Opportunity Scholarship Program**

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Q19. How did you first become aware of the DC Opportunity Scholarship Program?

**Check All That Apply**

- |  |  |
|--|--|
| a. Letters, brochures, or guides from/about schools..... | <input type="checkbox"/> <sup>1</sup>  |
| b. Mass media.....                                       | <input type="checkbox"/> <sup>2</sup>  |
| c. School visit.....                                     | <input type="checkbox"/> <sup>3</sup>  |
| d. Talked with teachers/school officials.....            | <input type="checkbox"/> <sup>4</sup>  |
| e. Talked with family/friends/other parents.....         | <input type="checkbox"/> <sup>5</sup>  |
| f. Common knowledge.....                                 | <input type="checkbox"/> <sup>6</sup>  |
| g. Worked in the school system.....                      | <input type="checkbox"/> <sup>7</sup>  |
| h. Through experiences with older children.....          | <input type="checkbox"/> <sup>8</sup>  |
| i. Through personal experience.....                      | <input type="checkbox"/> <sup>9</sup>  |
| j. By doing research.....                                | <input type="checkbox"/> <sup>10</sup> |

Q20. What was **the most important reason** in your choice of schools for this child for this school year?

**Check Only One**

- |  |  |
|--|--|
| a. Location of school.....   | <input type="checkbox"/> <sup>1</sup>  |
| b. School safety.....  | <input type="checkbox"/> <sup>2</sup>  |
| c. Class sizes.....  | <input type="checkbox"/> <sup>3</sup>  |
| d. School facilities.....  | <input type="checkbox"/> <sup>4</sup>  |
| e. Respect between students and teachers.....  | <input type="checkbox"/> <sup>5</sup>  |
| f. How much teachers inform parents of students' progress.....                                     | <input type="checkbox"/> <sup>6</sup>  |
| g. How much students can observe religious traditions.....   | <input type="checkbox"/> <sup>7</sup>  |
| h. Parental involvement in the schools.....  | <input type="checkbox"/> <sup>8</sup>  |
| i. Discipline.....   | <input type="checkbox"/> <sup>9</sup>  |
| j. Academic quality.....   | <input type="checkbox"/> <sup>10</sup> |
| k. Racial mix of students.....   | <input type="checkbox"/> <sup>11</sup> |
| l. Services for students who struggle academically.....  | <input type="checkbox"/> <sup>12</sup> |
| m. Affordability.....  | <input type="checkbox"/> <sup>13</sup> |
| n. This school was not my first choice, but my child did not get in to my first choice school..... | <input type="checkbox"/> <sup>14</sup> |

Q21. What was **the next most important reason** in your choice of schools for this child for this school year?

	<b>Check Only One</b>
a. Location of school.....	<input type="checkbox"/> <sup>1</sup>
b. School safety.....	<input type="checkbox"/> <sup>2</sup>
c. Class sizes.....	<input type="checkbox"/> <sup>3</sup>
d. School facilities.....	<input type="checkbox"/> <sup>4</sup>
e. Respect between students and teachers.....	<input type="checkbox"/> <sup>5</sup>
f. How much teachers inform parents of students' progress.....	<input type="checkbox"/> <sup>6</sup>
g. How much students can observe religious traditions.....	<input type="checkbox"/> <sup>7</sup>
h. Parental involvement in the schools.....	<input type="checkbox"/> <sup>8</sup>
i. Discipline.....	<input type="checkbox"/> <sup>9</sup>
j. Academic quality.....	<input type="checkbox"/> <sup>10</sup>
k. Racial mix of students.....	<input type="checkbox"/> <sup>11</sup>
l. Services for students with special needs.....	<input type="checkbox"/> <sup>12</sup>
m. Affordability.....	<input type="checkbox"/> <sup>13</sup>
n. This school was not my first choice, but my child did not get in to my first choice school.....	<input type="checkbox"/> <sup>14</sup>

Q22. What was the MOST important source of information in making the choice?

	<b>Check Only One</b>
a. Recommendation from family.....	<input type="checkbox"/> <sup>1</sup>
b. Recommendations from friends or other parents from my child's current school, from church, or from other school organizations.....	<input type="checkbox"/> <sup>2</sup>
c. Conversations with teachers/administrators in my child's current school.....	<input type="checkbox"/> <sup>3</sup>
d. Newspapers, the radio, television ads.....	<input type="checkbox"/> <sup>4</sup>
e. Mailings/Brochures/Guides.....	<input type="checkbox"/> <sup>5</sup>
f. School director (e.g., from the Trust).....	<input type="checkbox"/> <sup>6</sup>



Q23. Why was this source the most important?

**Check Only One**

- a. The source was reliable and trustworthy..... <sup>1</sup>
- b. The source possessed more information..... <sup>2</sup>
- c. The source had firsthand information..... <sup>3</sup>
- d. The source was the only one considered..... <sup>4</sup>
- e. The source was the most readily available/convenient..... <sup>5</sup>

Q24. What type of additional information do you think would have been helpful in choosing a school for this child?

**Check All That Apply**

- a. Test scores or other measures of academic quality ..... <sup>1</sup>
- b. Staff characteristics..... <sup>2</sup>
- c. Curriculum or instructional programs used..... <sup>3</sup>
- d. Financial information (e.g., costs for tuition, uniforms, transportation)..... <sup>4</sup>
- e. Social services information (e.g., mental health services, counseling)..... <sup>5</sup>
- f. Demographics..... <sup>6</sup>
- g. Comparative information..... <sup>7</sup>
- h. Information about violence/safety (e.g., rates of suspension, reported drug use)..... <sup>8</sup>

Q25. Did this child get an offer of a scholarship to attend a private school through the DC Opportunity Scholarship program? (**✓ Check one**)

- a. **No**, This child did not get an offer of a scholarship..... <sup>1</sup> (Go to question 29)
- b. **Yes**, This child did get an offer of a scholarship and this child used the scholarship..... <sup>2</sup> (Go to question 26)
- c. **Yes**, this child did get an offer of a scholarship but this child did not use the scholarship..... <sup>3</sup> (Go to question 28)

Q26. If your child began the 2012-2013 school year at a private school with scholarship funding, did he or she switch to another school partway through the year?

**(✓ Check one)**

- No..... <sup>1</sup> (Go to question 29)
- Yes..... <sup>2</sup> (Go to question 27)

Q27. Why did this child leave the private school he/she attended?  
(✓ Check all that apply)

- a. This child did not like that private school.....  01
- b. The work at that private school was too hard.....  02
- c. The work at that private school was too easy.....  03
- d. It was too hard to get my child to that private school each day. .  04
- e. The discipline/rules were too strict at that private school.....  05
- f. This child was unable to make friends in that private school.....  06
- g. The religious activities at that private school made my child uncomfortable.....  07
- h. This child wanted to return to his/her friends in public school....  08
- i. This child liked his/her public school better than that private school.....  09
- j. There was another private school this child liked better.....  10
- k. This child did not get the academic support he/she needed at that private school.....  11

**(Go to Question 29)**

Q28. Why did this child not use the offer of the scholarship?  
(✓ Check all that apply)

- a. This child did not want to leave his/her friends in public school.....  01
- b. This child's public school has sports that the private school(s) did not.....  02
- c. This child thought the work might be too hard in the private school(s).....  03
- d. There was no space at the participating private school this child wanted to attend.....  04
- e. The private school(s) this child was interested in were too far from home or too hard to get to.....  05
- f. This child's public school teachers are better.....  06
- g. This child got into a charter school or specialized school.....  07
- h. This child did not want to be held back a grade.....  08
- i. This child did not want to have religious instruction.....  09
- j. This child did not have to wear a uniform in public school.....  10
- k. This child did not pass the private school's admission test.....  11
- l. The private school(s) did not have the services for this child's learning or physical disability or other special needs.....  12
- m. The private school this child wanted to attend was not participating.....  13
- n. This child moved out of DC.....  14

Q29. Do you plan to send this child to the same school next year?  
(✓ Check one)

No..... <sup>1</sup>

Yes..... <sup>2</sup> (Go to Question 31)

Do not know yet..... <sup>3</sup> (Go to Question 31)

Q30. What is the main reason why this child will not be attending the same school next year?  
(✓ Check one)

a. The school is in an inconvenient location..... <sup>01</sup>

b. The school is too expensive..... <sup>02</sup>

c. The child was offered admission to a preferred private school..... <sup>03</sup>

d. The child was offered admission to a preferred public school..... <sup>04</sup>

e. My child was not comfortable at the school..... <sup>05</sup>

f. I want all of my children to be in the same school..... <sup>06</sup>

g. The quality of the teachers was unacceptable..... <sup>07</sup>

h. I am concerned about school safety..... <sup>08</sup>

i. The coursework was too difficult..... <sup>09</sup>

j. The coursework was too easy..... <sup>10</sup>

k. The discipline/rules were too strict..... <sup>11</sup>

l. The discipline/rules were too easy..... <sup>12</sup>

m. I did not feel the teachers were providing enough academic support for my child..... <sup>13</sup>

n. The child was asked not to return..... <sup>14</sup>

o. The child is graduating to another school..... <sup>15</sup>

p. The school did not meet the child's special needs..... <sup>16</sup>

q. The child moved out of DC..... <sup>17</sup>

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**Part 4: Questions about the Child's Parents or Legal Guardian**

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Q31. Who is completing this questionnaire? Please mark your relationship to the child:  
**(✓ Check one)**

- Child's primary female guardian..... <sup>1</sup>  
 Child's primary male guardian..... <sup>2</sup>  
 Other (please specify \_\_\_\_\_)..... <sup>3</sup>

Q32. For kindergarten through 12<sup>th</sup> grade, did you attend a public or private school?

- |                 | <b>Check Only One</b>                 |
|-----------------|---------------------------------------|
| a. Public.....  | <input type="checkbox"/> <sup>1</sup> |
| b. Private..... | <input type="checkbox"/> <sup>2</sup> |
| c. Both.....    | <input type="checkbox"/> <sup>3</sup> |

Q33. Were any schools you attended charter schools?  
**(✓ Check one)**

- Yes..... <sup>1</sup>  
 No..... <sup>2</sup>

Q34. How many years have you lived in your current residence?  
**(✓ Check one box)**

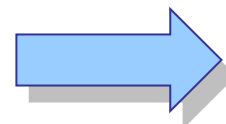
- Less than 3 months..... <sup>1</sup>  
 3-11 months..... <sup>2</sup>  
 1-2 years..... <sup>3</sup>  
 More than 2 years..... <sup>4</sup>

Q35. Do you currently have a job outside the home, either full-time or part-time?  
**(✓ Check one box)**

- Yes, a full time job (35+ hours)..... <sup>1</sup>  
 Yes, a part time job (less than 35 hours)..... <sup>2</sup>  
 Yes, one or more part time jobs (totaling 35+ hours)..... <sup>3</sup>  
 Not working now, but looking for work..... <sup>4</sup>  
 Not working now and not looking for work..... <sup>5</sup>  
 Don't know..... <sup>6</sup>

Q36. How many years and months have you worked, either part-time or full-time, since leaving school?

\_\_\_ Years    \_\_\_ Months



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**Part 5: Contact Information**

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**Please Provide Your Current Contact Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

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

**Additional Contact Information**

Please provide the names and addresses for three people who are likely to know the whereabouts of the child in the future. The contact people listed do not have to be family members and can be friends and/or neighbors of the family.

**Contact Information #1:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**Contact Information #2:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**Contact Information #3:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**Thank you for completing the survey.**