**Attachment H – Demographics for Parents and Program Operators**

**ID#**

**LOCATION**

**OMB BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0584-0524.  The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**What is your gender?**

Male

Female

Other

**How old are you?** \_\_\_\_\_\_\_\_\_\_ (in years)

**What is the highest level of education you completed?**

Less than high school degree or equivalent

High school graduate (GED or diploma)

Some college courses completed

Associate degree (2-year)

Bachelor’s degree (4-year)

Post-graduate degree (master’s or doctorate)

**Are you of Hispanic or Latin American origin?**

Yes

No, not of Hispanic, Latino/a, or Spanish origin

Don’t know/Not sure

**What is your race?** (One or more categories may be selected)

White

Black/African American

American Indian or Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

Some other race