

Adult Training and Education Survey

Part of the 2019 National Household Education Survey



Administered by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The U.S. Census Bureau is administering this survey on behalf of NCES.

NHES-ATES
(XX/XX/XXXX)

Instructions

In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is not in high school, and lives in this household. If this information is not correct, please call us toll-free at 1-888-xxx-xxxx to let us know.

These questions should be filled out by:

No one else in the household should fill out the survey.

To answer a question, simply mark the box [X] that best represents your answer.

Use a black or blue pen, if available, to complete this survey.

Please return the completed survey using the postage-paid envelope provided.

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The U.S. Census Bureau is administering this survey on behalf of NCES. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Your responses will be combined with those from other participants to produce summary statistics and reports.

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 voluntary survey is xxxx-xxxx. The time required to complete this survey is estimated to average 10 minutes per response, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: National Household Education Survey, National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, 4th floor, Washington, DC 20202. Do not return the completed form to this address.

Education

What is the highest degree or level of school you have COMPLETED?

Mark [X] ONE only.

Elementary or high school, but no high school diploma or GED®

High school diploma

GED® or alternative high school credential

Some college credit but less than one year of college credit

1 or more years of college credit, no degree

Associate's degree (for example, AA, AS)

Bachelor's degree (for example, BA, BS)

Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)

Doctorate degree (for example, PhD, EdD)

Which ONE of the following best describes the field of study for the highest level of school you have completed?

Mark [X] ONE only.

If there was more than one, please choose the one you consider most important.

General studies, no major, or undeclared major

Accounting, finance, insurance, or real estate

Administrative support

Broadcasting, multimedia, or graphic technologies

Business management, administration, or

marketing

Communications or journalism

Computer science or information technology

Construction, manufacturing, or production

Cosmetology

Education

Engineering or architecture

English language or literature

Fine arts or music

Healthcare

Law or legal studies

Law enforcement, security, or firefighting

Liberal arts

Psychology

Religious vocations or theology

Science or mathematics

Social or human services or public administration

Social sciences, political science, economics, or

history

Transportation

Other — Specify:



Certifications and Licenses

Do you have a CURRENTLY ACTIVE professional certification



GO TO question 25

In how many states is your most important certified or licensed education

No

Yes



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Do you have a second CURRENTLY ACTIVE certification or license?

Y
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N
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GO TO question 25

What is the name of your SECOND-MOST-IMPORTANT certification or license?

What kind of work is your second-most-important certification or license for?

Is your second-most-important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

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Do you have a third CURRENTLY ACTIVE certification or license?

Yes
No
GO TO question 25

What is the name of your THIRD-MOST-IMPORTANT certification or license?

What kind of work is your third-most-important certification or license for?

Is your third-most-important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

Yes
No
Don't know

How many states

Preparation for New Certifications and Licenses

Are

No

Are you currently working on getting an ADDITIONAL professional certification or license?

Yes

No
GO TO question 31

What is the name of the MOST IMPORTANT new certification or license that you are working on?

Are you currently working on RENEWING a professional certification or license?

What kind of work is this certification or license for?

Yes

Is this certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

Yes
Are you currently working on getting an ADDITIONAL professional certification or license?

No
Yes

Don't know
No

What is the name of the MOST IMPORTANT new certification or license that you are working on?

What kind of work is this certification or license for?

Is this certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

Yes

#

No

In preparing for your MOST IMPORTANT new certification or license, are you currently participating in or have you participated in any of the following activities?

Mark [X] ALL that apply.

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Are you currently employed for pay at a job or business?

Employment

(temporarily ill, on maternity leave, etc.), answer "Yes."

Yes

No

How many jobs do you have?

number of jobs

Do you work at a full-time job (a job where you usually work 35 hours or more per week)?



Yes

No



GO TO question 35

Do you work at a part-time job (a job where you usually work fewer than 35 hours per week)?

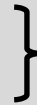
Yes

No

During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

Yes

No



GO TO question 36



GO TO question 37

The next series of questions is about the type of employment you have.

If you have more than one job, describe the ONE job at which you work the most hours

Which one of the following best describes your current employment?

Mark [X] only ONE box

Employee of a for-profit or non-profit private company or organization

Self-employed owner of business, professional practice, or farm

Local (city, county, etc.), state, or federal government civilian employee

Active duty service member (U.S. Armed Forces or Commissioned Corps)

Working without pay for family business or farm

What is the name of your employer, business, agency, or branch of the Armed Forces?

Prefer not to answer

What kind of business or industry is this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

What is your main occupation? (For example: 4th grade teacher, entry level plumber)

Describe your most important activities or duties (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

The U.S. Department of Education is also interested in learning about the child care provider workforce. These next two questions ask about adults who watch children in a home.

Do you spend 5 or more hours each week IN YOUR HOME looking after any children under age 13 who are not your own?

Y
e
s

N
o



GO TO the end of the survey

Are you paid for watching those children?

Y
e
s

N
o

Thank You.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

National Household Education Survey

[RETURN ADDRESS HERE]

