

International Early Learning Study (IELS) Field Test Data Collection

OMB# 1850-0936 v.4

**National Center for Education Statistics (NCES)
U.S. Department of Education
Institute of Education Sciences
Washington, DC**

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Instructions for School Coordinators to E-file Student Lists - Field Test

1. Prepare Electronic Student File (E-File)

Steps for preparing an Electronic Student File (E-File)

Step 1: Identify ALL students at your school who meet the eligibility criteria

Criteria for the IELS student eligibility are:

- Born between **Date and Date**.

NCES needs accurate information about all students at your school who meet the above criteria for IELS student eligibility. Include all students, even those students who typically may be excluded from other testing programs, such as students with IEPs or 504 plans (SD), English language learners (ELL), or students with limited English proficiency (LEP). A small number of these students may be unable to complete the IELS assessment. Do not include on your list students who are known to be withdrawn. All other eligible students **must** be added to your list of students.

Step 2: List each of the eligible students along with their grade and demographic information (see Figure 1 below for an example)

Using the electronic listing form template provided on the MyIELSUSA.com website (www.MyIELSUSA.com), list students in your school who are eligible for the IELS along with their demographic information.

- Student first name
- Student middle name (not required)
- Student last name
- Month of birth (M or MM; must be submitted in numeric format, not text)
- Year of birth (YYYY: 2012)
- Grade
- Sex (1 = Female; 2 = Male)
- Primary Teacher's first name
- Primary Teacher's last name
- Primary Teacher's email address

Figure 1: Example of Electronic Student File

Student First Name	Student Middle Name	Student Last Name	Month of Birth	Year of Birth	Grade	Sex	Primary Teacher First Name	Primary Teacher Last Name	Primary Teacher Email Address
Te	Bria	Brook	5	2012	K	2	Ann	Le	Le@bates.ed.co
Jeffrey		Jenkin	3	2012	K	2	Ann	Le	Le@bates.e
Ros	Ann	Matthews	9	2012	K	1	Gert	Otter	Otter@bates.ed
Jennifer	Lyn	Trade	4	2012	K	1	Ann	Le	Le@bates.e
Jos		Rodriguez	5	2012	K	2	Gert	Otter	Otter@bates
Ro	John	Zastro	8	2012	K	2	Gert	Otter	Otter@bates
Sa		Walke	3	2012	K	2	Gert	Otter	Otter@bates
Juli		Walter	6	2012	K	1	Ann	Le	Le@bates.e

Submitting Your Electronic Student File

After you have created and saved your E-File, proceed to <https://www.MyIELS.us/>. Once you have logged in, click the “Submit Student List” link on the left side of the page. Then click the START E-FILE button at the bottom of the page.

IMPORTANT! If at any point you have any difficulties with this process, please do not hesitate to contact the IELS Help Desk for assistance at 1-855-299-1398 or send an email to IELSHelp@westat.com.

The National Center for Education Statistics is authorized to conduct this study under the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). All of the information you provide may only be used 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). Individuals are never identified in any reports. All reported statistics refer to the U.S. as a whole or to national subgroups.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0936. The time required to complete this survey is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, 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: International Early Learning Study (IELS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Washington, DC 20202.

Instructions for School Coordinators to E-file student lists - Main Study

1. Prepare Electronic Student File (E-File)

Steps for preparing an Electronic Student File (E-File)

Step 1: Identify ALL students at your school who meet the eligibility criteria

Criteria for the IELS student eligibility are:

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NCES needs accurate information about all students at your school who meet the above criteria for IELS student eligibility. Include all students, even those students who typically may be excluded from other testing programs, such as students with IEPs or 504 plans (SD), English language learners (ELL), or students with limited English proficiency (LEP). A small number of these students may be unable to complete the IELS assessment. Do not include on your list students who are known to be withdrawn. All other eligible students **must** be added to your list of students.

Step 2: List each of the eligible students along with their grade and demographic information (see Figure 1 below for an example)

Using the electronic listing form template provided on the MyIELSUSA.com website (www.MyIELSUSA.com), list students in your school who are eligible for the IELS along with their demographic information.

- Student first name
- Student middle name (not required)
- Student last name
- Month of birth (M or MM; must be submitted in numeric format, not text)
- Year of birth (YYYY: 2012)
- Grade
- Sex (1 = Female; 2 = Male)
- Primary Teacher's first name
- Primary Teacher's last name
- Primary Teacher's email address

Figure 1: Example of Electronic Student File

Student First Name	Student Middle Name	Student Last Name	Month of Birth	Year of Birth	Grade	Sex	Primary Teacher First Name	Primary Teacher Last Name	Primary Teacher Email Address
Te	Bri	Broo	5	20	K	2	An	L	Le@bates.e
Jeffrey		Jenki	3	20	K	2	An	L	Le@bates
Ro	Ann	Matthews	9	20	K	1	Ge	Ott	Otter@bates
Jennifer	Ly	Trad	4	20	K	1	An	L	Le@bates
Jos		Rodriguez	5	20	K	2	Ge	Ott	Otter@ba
Ro	Joh	Zastr	8	20	K	2	Ge	Ott	Otter@ba
Sa		Walk	3	20	K	2	Ge	Ott	Otter@ba
Juli		Walt	6	20	K	1	An	L	Le@bates

Submitting Your Electronic Student File

After you have created and saved your E-File, proceed to <https://www.MyIELS.us/>. Once you have logged in, click the "Submit Student List" link on the left side of the page. Then click the START E-FILE button at the bottom of the page.

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Identification Label
Childs name
<**First name**> <**Last name**>
<Site-Student ID number>

IEL

International Early Learning Study

PARENT QUESTIONNAIRE

FIELD TEST: PAPER VERSION



The International Early Learning Study

PARENT QUESTIONNAIRE

Your child's school has agreed to participate in the International Early Learning Study (IELS), an educational research project sponsored by the Organization for Economic Cooperation and Development (OECD) and conducted by the National Center for Education Statistics (NCES) of the U.S. Department of Education in the United States. IELS measures a range of early learning skills and competencies in children 5 to 6 years old. IELS is working with schools, preschools, and child care settings across several countries in order to help improve the educational outcomes of children at this critical developmental stage of life.

A number of randomly selected children in your school have been asked to participate in this study, along with randomly selected children in other schools or centers in the United States and other OECD countries. The children will directly participate by completing some fun activities on a tablet, and we are also asking their parents or legal guardians to complete a questionnaire. This is the person who lives with the child and knows about his/her behavior, personality, and daily care arrangements. If two people equally consider themselves the main caregiver, please jointly complete this questionnaire.

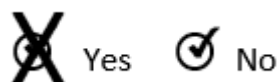
The National Center for Education Statistics is authorized to conduct this study under the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). All of the information you provide may only be used for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Individuals are never identified in any reports. All reported statistics refer to the U.S. as a whole or to national subgroups.

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This questionnaire should be completed by the child's parent or current legal guardian, or jointly by both parents, or legal guardians.

PLEASE READ THESE INSTRUCTIONS

Use **black** pen when completing this form.
If a mistake is made, correct it this way:



Leave answer circles blank if you cannot or do not wish to respond.

There are no 'right' or 'wrong' answers. Please answer each question as best as you can.

When you have completed this questionnaire, please put the questionnaire in the pre-paid, pre-addressed business reply envelope and mail to Westat

4 How often does your child use a desktop or laptop computer, tablet device, or a smartphone?

P04 Check only **one** circle.

- Never or hardly ever..... 1
- At least once a month, but not every week..... 2
- At least once a week, but not every day 3
- Every day..... 4

5 How is your child developing in these areas?

P05 Please check **one** circle for each line.

	Much less than average	Somewhat less than average	Average	Somewhat more than average	Much more than average
a) Social skills (e.g. adapts, cooperates, is responsible).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Emotional skills (e.g. controls emotions).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Trust (e.g. trusts others, asks for help)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) Empathy (e.g. considerate, helpful, caring)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
e) Self-regulation (e.g. attentive, organized, in control of his/her actions).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
f) Gross motor skills (e.g. runs, catches and throws balls, has good strength and balance).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
g) Fine motor skills (e.g. manual dexterity, uses writing and drawing tools)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
h) Expressive language skills (e.g. uses language effectively, can communicate ideas).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
i) Receptive language skills (e.g. understands, interprets, listens).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
j) Mathematics skills (e.g. sort shapes, recognize numbers, count, add objects).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

6 Has your child ever experienced any of the following issues or difficulties?

P06 Please check **one** circle for each line.

	Yes	No
a) Low birth weight (less than 5 pounds, 8 ounces) or premature birth	<input type="radio"/> 1	<input type="radio"/> 2
b) Hearing difficulties (that can't be corrected by a hearing aid).....	<input type="radio"/> 1	<input type="radio"/> 2
c) Vision difficulties (that can't be corrected by glasses)	<input type="radio"/> 1	<input type="radio"/> 2
d) Mobility difficulties.....	<input type="radio"/> 1	<input type="radio"/> 2
e) Intellectual difficulties.....	<input type="radio"/> 1	<input type="radio"/> 2
f) Social, emotional and/or behavioral difficulties	<input type="radio"/> 1	<input type="radio"/> 2

7 For each of the following behaviors, select the response that best describes your child.

PO
7 Please check **one** circle for each line.

	Never	Rarely	Sometimes	Often	Always
1) Understands others' feelings, like when they are happy, sad or angry.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2) Is helpful to other children (e.g. if someone is hurt or upset).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3) Obeys instructions or requests.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4) Dislikes it when asked to play in a different way (e.g. frowns, stamps foot).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5) Follows rules in games.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6) Gets upset when you don't give him/her enough attention.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7) Tries to comfort others when they are upset	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8) Waits his/her turn in games or other activities.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9) Is confident around adults.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10) Is curious, likes to explore or try new things.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11) Considers other people's feelings.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
12) Says nice or friendly things to other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
13) Joins in with other children playing.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14) Prefers watching others instead of joining activities.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15) Is friendly towards others.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16) Is calm and relaxed.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
17) Plays games and talks with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
18) Shares toys or possessions with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
19) Teases other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20) Is confident with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
21) Prevents other children from doing what they wanted to do.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
22) Is proud of things she/he does.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
23) Has trouble to change (e.g. becomes upset).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
24) Fights with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
25) Is interested in many different things.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

- 26) Needs to have his/her own way.....1 2 3 4 5
- 27) Enjoys being with you.....1 2 3 4 5
- 28) Likes to learn new things.....1 2 3 4 5

Section B:

Activities outside of the home

8 Which of the following are available in your local community (e.g., in your neighborhood)?

P08 Please check **one** circle for each line.

	Yes	No, not available
a) Public library.....	<input type="radio"/> ₁	<input type="radio"/> ₂
b) Theater, movie theater, or music venue.....	<input type="radio"/> ₁	<input type="radio"/> ₂
c) Museum or cultural center.....	<input type="radio"/> ₁	<input type="radio"/> ₂
d) Local playground or sports center.....	<input type="radio"/> ₁	<input type="radio"/> ₂

9 In the last six months, how often has your child participated in the following family activities?

P09 Please check **one** circle for each line. Please do not include any activities that took place at or with your school.

	Never	1 to 2 times	3 to 4 times	5 times or more
a) Visited a public library.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b) Participated in an organized sports or dance lesson.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c) Attended the theater or a musical performance.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d) Visited a museum or cultural center.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e) Went to the local playground.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f) Attended a community cultural event	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g) Visited a zoo, aquarium, or petting farm.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

10 Outside of his/her regular school, is your child attending another school or center to learn another language

P10 Please check **one** circle only.

Yes, to learn English	<input type="radio"/> ₁
Yes, to learn a second language other than English	<input type="radio"/> ₂
No	<input type="radio"/> ₃

The following questions ask about your child's attendance in early education. If they did attend an early education and care setting during the age range suggested, please select the approximate amount of time they attended the majority of the time.

11 Did your child regularly attend any of the following when they were less than one year of age?

P11

Please check **one** circle for each line.

	No, did not attend	Yes, less than 10 hours per week	Yes, between 10 and 20 hours per week	Yes, between 20 and 30 hours per week	Yes, more than 30 hours per week
a) Child care or day care in someone's home.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Child care or day care in a center.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Pre-primary education in a public, private, or religious institution (e.g. preschool, pre-K, or TK (transitional K) in a public school, private preschool or place of worship, etc.).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

12 Did your child regularly attend any of the following as a one year old?

P12

Please check **one** circle for each line.

	No, did not attend	Yes, less than 10 hours per week	Yes, between 10 and 20 hours per week	Yes, between 20 and 30 hours per week	Yes, more than 30 hours per week
a) Child care or day care in someone's home.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Child care or day care in a center.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Pre-primary education in a public, private, or religious institution (e.g. preschool, pre-K, or TK (transitional K) in a public school, private preschool or place of worship, etc.).	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

13 Did your child regularly attend any of the following as a two year old?

P13

Please check **one** circle for each line.

	No, did not attend	Yes, less than 10 hours per week	Yes, between 10 and 20 hours per week	Yes, between 20 and 30 hours per week	Yes, more than 30 hours per week
a) Child care or day care in someone's home.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Child care or day care in a center.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Pre-primary education in a public, private, or religious institution (e.g. preschool, pre-K, or TK (transitional K) in a public school, private preschool or place of worship, etc.).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Kindergarten.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) First through 5th grade.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

14 Did your child regularly attend any of the following as a three year old?

P14

Please check **one** circle for each line.

	No, did not attend	Yes, less than 10 hours per week	Yes, between 10 and 20 hours per week	Yes, between 20 and 30 hours per week	Yes, more than 30 hours per week
a) Child care or day care in someone's home.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Child care or day care in a center.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Pre-primary education in a public, private, or religious institution (e.g. preschool, pre-K, or TK (transitional K) in a public school, private preschool or place of worship, etc.).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Kindergarten.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) First through 5th grade.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

15 Did your child regularly attend any of the following as a four year old?

P15

Please check **one** circle for each line.

	No, did not attend	Yes, less than 10 hours per week	Yes, between 10 and 20 hours per week	Yes, between 20 and 30 hours per week	Yes, more than 30 hours per week
a) Child care or day care in someone's home.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Child care or day care in a center.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Pre-primary education in a public, private, or religious institution (e.g. preschool, pre-K, or TK (transitional K) in a public school, private preschool or place of worship, etc.).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Kindergarten.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) First through 5th grade.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

16 Did your child regularly attend any of the following as a five year old?

P16

Please check **one** circle for each line.

	No, did not attend	Yes, less than 10 hours per week	Yes, between 10 and 20 hours per week	Yes, between 20 and 30 hours per week	Yes, more than 30 hours per week
a) Child care or day care in someone's home.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Child care or day care in a center.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Pre-primary education in a public, private, or religious institution (e.g. preschool, pre-K, or TK (transitional K) in a public school, private preschool or place of worship, etc.).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Kindergarten.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) First through 5th grade.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

The following question asks about your child's normal routine in most weeks (e.g. not school vacation or summer). We call this a 'typical week'. Please do not count things that happen sometimes or that are not part of your child's regular routine. If your child attends services, programs or activities on a fortnightly roster where each week is different, please use a weekly average.

17 In a typical week during the last six months, how often is your child cared for by the following people, inside or outside of the home?

P17 Please check **one** circle for each line.

	Not at all	1 day	2 days	3 days	4 days	5 days or more
a) Nanny, babysitter, or au pair.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b) Grandparents.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c) Other relatives	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d) A family friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
e) Before- or After- care providers in a paid program.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
f) Yourself with other parents (e.g. Playgroup).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Section C:

Activities in the home

18 In a typical week, how often do you or another person in your home do the following activities with your child?

P18

Please check **one** circle for each line.

	Never	Less than once a week	1-2 days a week	3-4 days a week	5-7 days a week
a) Read to this child from a book.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Tell this child a story, not from a book.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c) Draw pictures or do coloring in.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d) Play music or dance with this child.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e) Sing songs or nursery rhymes with this child.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
f) Play with toys or games inside like board or card games with this child.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
g) Involve this child in everyday household activities like cooking or caring for a pet.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
h) Do things outside together like walking, ball games, swimming or bike riding.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
i) Do activities with this child that help them to learn letters of the alphabet.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
j) Do activities with this child that help them to learn numbers, measurement, and shapes.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
k) Do educational activities on a computer, tablet or smartphone (e.g. use an educational app).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
l) Play games on a computer, tablet, or smartphone.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
m) Do craft activities, like painting, sculpting, building models.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
n) Take this child to a special or extra-cost activity outside of the home (e.g. sports activity, dance, scouts, swimming lessons, language lessons, etc.).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

19 About how many children's books are there in your home, including from a public library or a school library?

P19 Please check **one** circle only.

- None..... 1
- 1 to 10 books..... 2
- 11 to 25 books..... 3
- 26 to 50 books..... 4
- 51 to 100 books..... 5
- More than 100 books..... 6

20 Which of the following are in your home?

P20 Please check **one** circle for each line.

- | | Yes | No |
|--|-------------------------|-------------------------|
| a) Computer, laptop, tablet, or smartphone..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| b) Internet access..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| c) Educational software or apps | <input type="radio"/> 1 | <input type="radio"/> 2 |
| d) Reading material for older children or adults..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| e) Reference books about parenting or child development..... | <input type="radio"/> 1 | <input type="radio"/> 2 |

Section D:

About you and your family

For the purposes of this questionnaire, **Parent/Legal guardian 1** and **Parent/Legal guardian 2** are the main people who are most knowledgeable about the behavior, personality, and daily care arrangements of the study child. **Parent/Legal guardian 1** and **Parent/Legal guardian 2** may not necessarily live with the child.

Please only choose one person for **Parent/Legal guardian 1** and one person for **Parent/Legal guardian 2** and apply these consistently throughout this section.

21

Please indicate who Parent/Legal guardian 1 and Parent/Legal guardian 2 are in relation to your child?

P21	<i>Please check one circle in each column.</i>	Parent/Legal guardian 1	Parent/Legal guardian 2
	Mother.....	<input type="radio"/> 1.....	<input type="radio"/> 1
	Father.....	<input type="radio"/> 2.....	<input type="radio"/> 2
	Stepmother.....	<input type="radio"/> 3.....	<input type="radio"/> 3
	Stepfather.....	<input type="radio"/> 4.....	<input type="radio"/> 4
	Grandmother.....	<input type="radio"/> 5.....	<input type="radio"/> 5
	Grandfather.....	<input type="radio"/> 6.....	<input type="radio"/> 6
	Aunt.....	<input type="radio"/> 7.....	<input type="radio"/> 7
	Uncle.....	<input type="radio"/> 8.....	<input type="radio"/> 8
	Female legal guardian or Foster mother.....	<input type="radio"/> 9.....	<input type="radio"/> 9
	Male legal guardian or Foster father.....	<input type="radio"/> 10.....	<input type="radio"/> 10
	Other.....	<input type="radio"/> 11.....	<input type="radio"/> 11
	If you selected 'Other', please specify _____		

22 Who is completing this survey?

P22 Please check **one** circle for each line.

Yes

No

- a) Parent/Legal guardian 1..... ₁ ₂
- b) Parent/Legal guardian 2..... ₁ ₂
- c) Someone else..... ₁ ₂

23 How many of the following people usually live at home with this child?

P23 This is the home where the child mainly lives but could include living in more than one home if it is an equal share arrangement. Please check **one** circle for each line.

None One Two Three or more

- a) Mother(s) (including stepmother or foster mother)..... ₁..... ₂..... ₃..... ₄
- b) Father(s) (including stepfather or foster father)..... ₁..... ₂..... ₃..... ₄
- c) Grandparents..... ₁..... ₂..... ₃..... ₄
- d) Aunts or uncles..... ₁..... ₂..... ₃..... ₄
- e) Others (e.g. cousin, friend)..... ₁..... ₂..... ₃..... ₄

24 How many younger or older siblings does this child have?

P24 This could include other children permanently living in the home (e.g. children of relatives). Please check **one** circle for each line.

None One Two Three Four Five More than five

- a) Younger ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇
- b) Older..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇
- c) Same age..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

25 Were the following people born in the United States?

P25 Please check **one** circle for each line.

Yes	No
<input type="radio"/> ₁	<input type="radio"/> ₂
<input type="radio"/> ₁	<input type="radio"/> ₂
<input type="radio"/> ₁	<input type="radio"/> ₂

- a) Your child.....
- b) Parent/Legal guardian 1.....
- c) Parent/Legal guardian 2.....

26 If this child was not born here, how old was this child when he/she first moved here?

P26 Please check **one** circle.

This child was born here	Under 1	Age 1	Age 2	Age 3	Age 4	Age 5
<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆	<input type="radio"/> ₇

27 What is the language spoken most often at home by the following family members?

P27 Please check **one** circle for each line.

	English	Another language
a) Your child.....	<input type="radio"/> ₁	<input type="radio"/> ₆
b) Parent/Legal guardian 1.....	<input type="radio"/> ₁	<input type="radio"/> ₆
c) Parent/Legal guardian 2.....	<input type="radio"/> ₁	<input type="radio"/> ₆

28 How old Parent/Legal guardian 1 and Parent/Legal guardian 2?

P28 Please check **one** circle for each line.

	24 years or younger	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50 or older
a) Parent/Legal guardian 1.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆	<input type="radio"/> ₇
b) Parent/Legal guardian 2.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆	<input type="radio"/> ₇

29 What is the highest level of formal education completed by Parent/Legal guardian 1 and Parent/Legal guardian 2?

P29 Please check **one** circle for each line.

	S/he did not complete grade 9.	S/he completed grade 9.	S/he received a high school diploma or a general education (GED) certificate	Associate's degree (2-year college program)	Bachelor's degree (4-year college program)	Master's degree, professional degree (MD, DDS, DVM), or doctorate (Ph.D., or Ed.D.)
--	--------------------------------	-------------------------	--	---	--	---

- a) Parent/Legal guardian 1 ₁ ₂ ₃ ₅ ₆ ₇
- b) Parent/Legal guardian 2..... ₁..... ₂..... ₃..... ₅..... ₆..... ₇

30 What is your annual household income?

P30 *Please add together the total income, before tax, from all members of your household.
Please remember we ask you to answer questions only if you feel comfortable doing so.
Please check **one** circle only.*

- Less than \$20,000 1
- \$20,000 or more but less than \$35,000 2
- \$35,000 or more but less than \$55,000 3
- \$55,000 or more but less than \$85,000 4
- \$85,000 or more but less than \$150,000 5
- \$150,000 or more..... 6

31 Which of the following definitions best describes the current employment situation of Parent/Legal guardian 1 and Parent/Legal guardian 2?

P31 *Please check **one** circle in each column.*

	Parent/Legal guardian 1	Parent/Legal guardian 2
Not working	<input type="radio"/> 1	<input type="radio"/> 1
In volunteer work or other non-paid work (e.g. studying)	<input type="radio"/> 2	<input type="radio"/> 2
In casual or non-regular work	<input type="radio"/> 3	<input type="radio"/> 3
In regular part-time work (less than 50% of fulltime hours)	<input type="radio"/> 4	<input type="radio"/> 4
In regular part-time work (between 50% and 90% of full-time hours)	<input type="radio"/> 5	<input type="radio"/> 5
In regular full-time work	<input type="radio"/> 6	<input type="radio"/> 6

32 What are the main jobs of Parent/Legal guardian 1 and Parent/Legal guardian 2?

P32 Please write in the job title (e.g., school teacher, cook, sales manager). If he/she is not currently working, please tell us the last main job.

a) Parent/Legal guardian 1.....	
b) Parent/Legal guardian 2.....	

33 What do Parent/Legal guardian 1 and Parent/Legal guardian 2 do in their main jobs?

P33 Please write a sentence to describe the kind of work he/she does or did in that job (e.g., teaches high school students, helps prepare meals in a restaurant, manages a sales team).

a) Parent/Legal guardian 1	
b) Parent/Legal guardian 2.....	

34. Which of the following best describes you?

(Please select only one response.)

I am Hispanic or Latino. ₁

I am not Hispanic or Latino. ₂

35. Which of these categories best describes your race?

(Please one or more responses.)

White ₁

Black or African American ₁

Asian ₁

American Indian or Alaska Native ₁

Native Hawaiian or Other Pacific Islander ₁

36. Which of the following best describes this child?

(Please select only one response.)

I am Hispanic or Latino. ₁

I am not Hispanic or Latino. ₂

37. Which of these categories best describes this child's race?

(Please one or more responses.)

White ₁

Black or African American ₁

Asian ₁

American Indian or Alaska Native ₁

Native Hawaiian or Other Pacific Islander ₁

Thank you for taking the time to fill in this form.

When you have completed this questionnaire, please put the questionnaire in the pre-paid, pre-addressed business reply envelope and mail to Westat.



Identification Label

<Site-Staff ID number>

IEL

International Early Learning Study

TEACHER QUESTIONNAIRE

FIELD TEST: PAPER VERSION

ACER International Early Learning Study cApStAn
IEA Researching education, improving learning
linguistic quality control

TEACHER QUESTIONNAIRE

Your school has agreed to participate in the International Early Learning Study (IELS), an educational research project sponsored by the Organization for Economic Cooperation and Development (OECD) and conducted by the National Center for Education Statistics (NCES) of the U.S. Department of Education in the United States. IELS measures a range of early learning skills and competencies in children aged 5 years. IELS is working within schools, preschool, and child care settings across several countries in order to help improve the educational outcomes of children at this critical developmental stage of life.

This study focuses on a number of randomly selected children in your school. The children will directly participate by completing some fun activities on a tablet, and we are asking their parents or legal guardians to complete a questionnaire. We are also asking the staff member who best knows each child, similar questions. These perspectives provide valuable information for the study.

Ideally, you should have known each participating child for **at least one month** and be able to provide responses about their behavior and learning, while in your care.

The National Center for Education Statistics is authorized to conduct this study under the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). All of the information you provide may only be used 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). Individuals are never identified in any reports. All reported statistics refer to the U.S. as a whole or to national subgroups.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0936. The time required to complete this survey is estimated to average 23 minutes per response, including the time to review instructions, search existing data resources, 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: International Early Learning Study (IELS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Washington, DC 20202. If you have any questions or want more information about IELS you can contact the IELS help desk:

Phone: 1-855-299-1398

Email: IELSHelp@westat.com

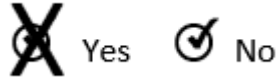
This questionnaire should be completed by the teacher who best knows the child.

PLEASE READ THESE INSTRUCTIONS

Please complete SECTION A (about you) only once, and then as many of the SECTION B forms (about a child) assigned to you.

Use **black** pen when completing this form.

If a mistake is made, correct it this way:



Leave answer circles blank if you cannot or do not wish to respond.

There are no 'right' or 'wrong' answers. Please answer each question as best as you can.

When you have finished, please staple your Section A form and your Section B forms together.

When you have completed the questionnaires assigned to you, please put the questionnaires in the pre-paid, pre-addressed business reply envelope and mail to Westat.

Section A: About you

1 Are you female or male? Check only one circle.

SA01

Female

1

Male

2

2 How old are you?

SA02 Check only one circle.

19 or younger.....

1

20-24.....

2

25-29.....

3

30-39.....

4

40-49.....

5

50-59.....

6

60 or older.....

7

3 What is the highest level of formal education in any field you have completed?

SA03 Check only one circle.

Master's degree, professional degree (MD, DDS, DVM), or doctorate (Ph.D., or Ed.D.)..

1

Bachelor's degree (4-year college program).....

2

Associate's degree (2-year college program).....

3

High school diploma or a general education (GED) certificate

5

I did not complete high school.....

6

4 Which of the following types of degrees and/or certificates have you attained?

SA04 Please check **one** circle for each line.

- | | Yes | No |
|--|------------------------------------|------------------------------------|
| a) Child care or day care in a center..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| b) Early Childhood Education (preK - 3rd grade)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| c) Primary education (any grades 1-6)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| d) Special education | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| e) English as a Second Language..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| f) Other education specialization..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |

If you selected Other education specialization, please specify the type of qualification:

5 How many years of experience do you have working as a teacher?

SA05 Please check **one** circle for each line.

- | | Fewer
than 2
years | 2 to 5
years | 6 to 10
years | 11 to 20
years | More
than 20
years |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| a) At your current school..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| b) Total number of years, including this school and
other schools..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |

6 What is your current employment status as a teacher?

SA06 Please consider all your current teaching employments together. Check only one circle

- | | |
|--|------------------------------------|
| Substitute..... | <input type="radio"/> ₁ |
| Part-time (less than 50% of full-time hours)..... | <input type="radio"/> ₂ |
| Part-time (50-70% of full-time hours) | <input type="radio"/> ₃ |
| Part-time (71-90% of full-time hours) | <input type="radio"/> ₄ |
| Full-time (more than 90% of full-time hours) | <input type="radio"/> ₅ |
| Other | <input type="radio"/> ₆ |

7	Which best describes you?	
USA01	<i>Check only one circle</i>	
	I am Hispanic or Latino.....	<input type="radio"/> ₁
	I am not Hispanic or Latino.....	<input type="radio"/> ₂

8	Which of these categories best describes your race?
----------	--

- USA02 *Please check all that apply.*
- White..... ₁
 - Black..... ₂
 - Asian..... ₃
 - American Indian or Alaska Native..... ₄
 - Native Hawaiian or Other Pacific Islander..... ₅

Childs name
<First name> <Last name>
<Site-Student ID number>

Section B: About this child

Please fill out this form with regard to the named child. It is important that you are the staff person who best knows this child. If this is not you, then please inform the IELS school coordinator at your school.

1 How long have you known this child?

SB01 Check only one circle.

- Less than 1 month 1
- 1 to 6 months 2
- More than 6 months but less than 1 year..... 3
- More than 1 year 4

2 In your opinion, how involved are this child's parents/legal guardians in activities taking place at this school?

SB02 Check only one circle.

- Strongly involved 1
- Moderately involved 2
- Slightly involved..... 3
- Not involved at all 4
- I do not know the parents/legal guardians of this child well enough to make a judgement..... 5

3

To your knowledge, which of the following types of additional support or services has this child received?

SB03 Please check **one** circle for each line.

- | | Yes | No |
|---|------------------------------------|------------------------------------|
| a) Speech therapy | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| b) Physical therapy..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| c) Occupational therapy (e.g. fine-motor or gross-motor skills support) | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| d) Psychological support..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| e) Learning support (e.g., reading specialist)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| f) English as a second language or bilingual program..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| g) Behavioral management program..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| h) An individualized education program (IEP)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| j) 504 plan | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| k) Educational assessment..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| l) Outside counseling..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| m) Extra support within school..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |
| n) Enrichment for gifted students..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ |

4 Does this child ...

SB04 Please check **one** circle for each line, in response to the child's capacity in English.

- | | Yes | No | Not sure |
|---|------------------------------------|------------------------------------|------------------------------------|
| a) show interest in books or e-books?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| b) respond to questions about the story they have listened to?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| c) speak using simple, complete sentences?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| d) recognize the sounds of rhyming words ?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| e) classify objects (e.g., blocks) by shape or color or both?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| f) group objects by size or length or both?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| g) count to 10 out loud correctly?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| h) count to 20 out loud correctly?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| i) recognize simple written numbers (e.g., 3, 10)?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |
| j) do simple addition using objects?..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ |

5

How is this child developing in these areas?

SB05 Please check **one** circle for each line.

- | Much less than average | Somewhat less than average | Average | Somewhat more than | Much more than average |
|------------------------|----------------------------|---------|--------------------|------------------------|
|------------------------|----------------------------|---------|--------------------|------------------------|

average

- | | | | | | |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| a) Social skills (e.g. adapts, cooperates, is responsible)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| b) Emotional skills (e.g. controls emotions)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| c) Trust (e.g. trusts others, asks for help) | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| d) Empathy (e.g. considerate, helpful, caring) | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| e) Self-regulation (e.g. attentive, organized, in control of his/her actions)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| f) Gross motor skills (e.g. runs, catches and throws balls, has good strength and balance)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| g) Fine motor skills (e.g. manual dexterity, uses writing and drawing tools) | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| h) Expressive language skills (e.g. uses language effectively, can communicate ideas)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| i) Receptive language skills (e.g. understands, interprets, listens)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |
| j) Mathematics skills (e.g. sort shapes, recognize numbers, count, add objects)..... | <input type="radio"/> ₁ | <input type="radio"/> ₂ | <input type="radio"/> ₃ | <input type="radio"/> ₄ | <input type="radio"/> ₅ |

For each of the following behaviors, select the response that best describes this child.

SB06

Please check **one** circle for each line.

	Never	Rarely	Sometimes	Often	Always
1) Understands others' feelings, like when they are happy, sad or angry.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2) Is helpful to other children (e.g. if someone is hurt or upset).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3) Obeys instructions or requests.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4) Dislikes it when asked to play in a different way (e.g. frowns, stamps foot).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5) Follows rules in games.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6) Gets upset when you don't give him/her enough attention.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7) Tries to comfort others when they are upset	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8) Waits his/her turn in games or other activities.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9) Is confident around adults.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10) Is curious, likes to explore or try new things.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11) Considers other people's feelings.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
12) Says nice or friendly things to other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
13) Joins in with other children playing.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14) Prefers watching others instead of joining activities.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15) Is friendly towards others.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16) Is calm and relaxed.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
17) Plays games and talks with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
18) Shares toys or possessions with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
19) Teases other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20) Is confident with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
21) Prevents other children from what they wanted to.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
22) Is proud of things she/he does.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
23) Has trouble adapting to change (e.g. becomes upset).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
24) Fights with other children.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
25) Is interested in many different things.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
26) Needs to have his/her own way.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
27) Enjoys being with you.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
28) Likes to learn new things.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Thank you for taking the time to fill in this form

When you have completed this questionnaire, please put the questionnaire in the pre-paid, pre-addressed business reply envelope and mail to Westat.



IEL

Identification Label
Childs name
<First name> <Last
name>
<Site-Student ID number>

Estudio Internacional del Aprendizaje Temprano

ENCUESTA PARA PADRES

ENCUESTA DE ENSAYO: VERSIÓN EN PAPEL



Estudio Internacional del Aprendizaje Temprano y el Bienestar del Niño ENCUESTA PARA PADRES

La escuela de su niño o niña ha aceptado participar en el Estudio Internacional del Aprendizaje Temprano (IELS por sus siglas en inglés), un proyecto de investigación sobre educación patrocinado por la OECD (Organización para la Cooperación Económica y el Desarrollo). El Centro Nacional de Estadísticas de la Educación del Departamento de Educación de los Estados Unidos está llevando a cabo el estudio. IELS mide una variedad de destrezas y capacidades del aprendizaje temprano en niños de 5 a 6 años de edad. IELS está trabajando con escuelas, centros preescolares y lugares de cuidado de niños en varios países para ayudar a mejorar el desempeño educativo de los niños en esta etapa de la vida crucial para su desarrollo.



Un grupo de niños seleccionados al azar en la escuela de su niño han sido invitados a participar en este estudio junto a niños escogidos al azar en otras escuelas o centros infantiles en los Estados Unidos y otros países que pertenecen a la OECD. Los niños participarán directamente completando algunas actividades divertidas en una tableta. También les estamos pidiendo a los padres o tutores legales que completen una encuesta. La debe completar la persona que vive con el niño y está informada sobre su comportamiento, personalidad y los arreglos diarios para su cuidado. Si hay dos personas que se consideran a cargo del niño por igual, por favor completen juntos esta encuesta.

El Centro Nacional para Estadísticas de la Educación está autorizado a realizar este estudio bajo el Acta de la Reforma de las Ciencias de la Educación de 2002 (ESRA 2002, 20 U.S.C. §9543). Toda la información que usted proporcione puede usarse únicamente para propósitos estadísticos y no puede divulgarse ni usarse de manera que permita identificar a los participantes para ningún otro propósito, a menos que así lo exija la ley (20 U.S.C. §9573 and 6 U.S.C. §151). Nunca se identifica a ningún individuo en los informes. Todas las estadísticas que se reporten se referirán a los Estados Unidos en su totalidad o a subgrupos del país.

Según el Acta de Reducción del Papeleo de 1995, ninguna persona está obligada a responder a un pedido de información si ese pedido no tiene a la vista un número válido de control de OMB. El número válido de control de OMB para esta encuesta voluntaria es 1850-0936. Se calcula que el tiempo que lleva completar esta encuesta son en promedio unos 30 minutos por respuesta, incluyendo el tiempo necesario para revisar las instrucciones, buscar en fuentes de datos existentes, juntar los datos necesarios, y completar y revisar la encuesta. Si usted tiene comentarios acerca de la precisión del cálculo de tiempo, tiene sugerencias para mejorar esta encuesta, o tiene cualquier comentario o inquietud acerca del estatus de sus respuestas a esta encuesta, por favor envíelos a: International Early Learning Study (IELS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Washington, DC 20202.

Esta encuesta debe ser completada por el padre, madre o el actual tutor legal del niño(a), o por ambos padres o tutores legales en conjunto.

POR FAVOR LEA ESTAS INSTRUCCIONES

- Use un bolígrafo/pluma negra al llenar esta encuesta.
- Si comete un error, corríjalo de esta forma:  Yes  No
- Deje el círculo de la respuesta en blanco si no puede o no desea responder.
- No hay respuestas correctas ni incorrectas. Por favor conteste cada pregunta lo mejor que pueda.

Cuando haya terminado esta encuesta, por favor póngala en el sobre pre-pagado que ya tiene la dirección de Westat y envíelo por correo.

Por favor, al responder las preguntas piense en usted y el niño o niña cuyo nombre aparece en la primera página de esta encuesta.

Sección A:

Sobre su niño o niña

1 ¿Es un niño o una niña? Marque sólo un círculo. **Niña** ₁ **Niño** ₂

P01

2 ¿En qué fecha nació el niño o niña? (Mes/Día/Año).....

--	--	--	--	--	--

P02

3 ¿Su niño o niña...

P03 *Marque un solo círculo en cada línea, y responda pensando en la capacidad de su niño en idioma inglés.*

	Sí	No
a) muestra interés en libros impresos o electrónicos?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
b) responde a preguntas sobre el cuento o la historia que acaba de escuchar?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
c) habla usando oraciones simples y completas?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
d) reconoce los sonidos de palabras que riman?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
e) clasifica objetos (por ejemplo, cubos) por su forma o color, o de ambas maneras?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
f) agrupa objetos por tamaño o longitud, o de ambas maneras?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
g) cuenta hasta 10 en voz alta de manera correcta?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
h) cuenta hasta 20 en voz alta de manera correcta?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
i) reconoce números simples por escrito (por ejemplo, 3, 10)?.....	<input type="radio"/> ₁	<input type="radio"/> ₂
j) hace sumas simples usando objetos?.....	<input type="radio"/> ₁	<input type="radio"/> ₂

4 ¿Con qué frecuencia usa su niño o niña una computadora de escritorio o portátil, una tableta o un teléfono inteligente?

P04 Marque **un solo** círculo.

- Nunca o casi nunca..... 1
- Al menos una vez al mes pero no cada semana..... 2
- Al menos una vez a la semana pero no todos los días 3
- Todos los días..... 4

5 ¿Cómo está desarrollándose su niño o niña en las siguientes áreas?

Much
o Poco
meno meno
s de s de
lo lo
norm norm Norm
al al al más o más
de de
lo lo
norm norm
al al

P05 Marque **un solo** círculo en cada línea.

- a) Destrezas sociales (por ejemplo, se adapta, coopera, es responsable)..... 1 2 3 4 5
- b) Destrezas emocionales (por ejemplo, controla las emociones)..... 1 2 3 4 5
- c) Confianza (por ejemplo, confía en otros, pide ayuda) 1 2 3 4 5
- d) Empatía (por ejemplo, es considerado, servicial, atento) 1 2 3 4 5
- e) Autorregulación (por ejemplo, presta atención, es organizado(a), controla sus acciones)..... 1 2 3 4 5
- f) Destrezas motoras gruesas (por ejemplo, corre, atrapa y tira pelotas, tiene suficiente fuerza y buen equilibrio)..... 1 2 3 4 5
- g) Destrezas motoras finas (por ejemplo, habilidad manual, utiliza implementos para escribir y dibujar) 1 2 3 4 5
- h) Destrezas del lenguaje expresivo (por ejemplo, usa el lenguaje de manera efectiva, puede comunicar ideas)..... 1 2 3 4 5
- i) Destrezas del lenguaje receptivo (por ejemplo, comprende, interpreta, escucha)..... 1 2 3 4 5
- j) Destrezas matemáticas (por ejemplo, clasifica formas geométricas, reconoce números, cuenta, suma objetos)..... 1 2 3 4 5

6 ¿Alguna vez ha tenido su niño(a) alguno de los siguientes problemas o dificultades?

P06 Marque **un solo** círculo en cada línea.

- | | Sí | No |
|--|-------------------------|-------------------------|
| a) Bajo peso al nacer (menos de 5 libras y 8 onzas) o nacimiento prematuro | <input type="radio"/> 1 | <input type="radio"/> 2 |
| b) Dificultades para oír (que no pueden corregirse con un aparato auditivo)..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| c) Dificultades para ver (que no pueden corregirse con anteojos o lentes) | <input type="radio"/> 1 | <input type="radio"/> 2 |
| d) Dificultades para moverse..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| e) Dificultades intelectuales..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| f) Dificultades sociales, emocionales y/o del comportamiento | <input type="radio"/> 1 | <input type="radio"/> 2 |

Para cada uno de los siguientes comportamientos, seleccione la respuesta que mejor describa a su niño o niña.

P0
7

Por favor marque **un solo** círculo en cada línea.

	Nunca	Rara vez	Algunas veces	A menudo	Siempre
1) Entiende los sentimientos de los demás, como cuando están contentos, tristes o enojados.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
2) Ayuda a otros niños (por ejemplo si alguien se lastima o está descontento).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
3) Obedece instrucciones o pedidos.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
4) No le gusta cuando le piden que juegue de otra forma (por ejemplo pone mala cara, pateo el piso).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
5) Cumple con las reglas de los juegos.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
6) Se molesta cuando usted no le da suficiente atención.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
7) Trata de consolar a otros cuando están descontentos.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
8) Espera su turno en los juegos u otras actividades.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
9) Se siente cómodo(a) entre adultos.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
10) Es curioso(a), le gusta explorar o intentar cosas nuevas.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
11) Tiene en cuenta los sentimientos de los demás.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
12) Dice cosas bonitas o amables a otros niños.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
13) Se suma a otros niños que están jugando.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
14) Prefiere mirar a otros en vez de participar en las actividades.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
15) Es amigable con los demás.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
16) Es calmado(a) y relajado(a).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
17) Juega y habla con otros niños.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
18) Comparte sus juguetes o demás cosas con otros niños.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
19) Se burla de otros niños.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
20) Se siente cómodo(a) entre otros niños.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
21) Impide a otros niños hacer lo que quieren.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
22) Se siente orgulloso(a) de las cosas que hace.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
23) Le cuesta adaptarse a cambios (por ejemplo se molesta).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
24) Pelea con otros niños.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
25) Le interesan muchas cosas diferentes.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
26) Necesita salirse con la suya.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
27) Disfruta estar con usted.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
28) Le gusta aprender cosas nuevas.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Sección B:

Actividades afuera del hogar

8 ¿Cuáles de las siguientes cosas hay en su comunidad local (por ejemplo, en su vecindario)?

P08 Marque **un solo** círculo en cada línea.

	Sí	No, no hay
a) Una biblioteca pública.....	<input type="radio"/> ₁	<input type="radio"/> ₂
b) Un teatro, un cine, o un lugar para eventos de música.....	<input type="radio"/> ₁	<input type="radio"/> ₂
c) Un museo o centro cultural	<input type="radio"/> ₁	<input type="radio"/> ₂
d) Un parque de juegos o centro deportivo local	<input type="radio"/> ₁	<input type="radio"/> ₂

9 En los últimos seis meses, ¿con qué frecuencia su niño o niña ha participado en las siguientes actividades familiares?

P09 Marque **un solo** círculo en cada línea. Por favor no incluya ninguna actividad en la escuela o en una actividad escolar.

	Nunca	1 a 2 veces	3 a 4 veces	5 veces o más
a) Visitó una biblioteca pública.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b) Participó en deportes organizados o clases de baile.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c) Fue al teatro o a un espectáculo musical.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d) Visitó un museo o un centro cultural.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e) Fue al parque de juegos local.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f) Asistió a un evento cultural de la comunidad	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g) Visitó un zoológico, acuario o un lugar donde hay animales que los niños pueden tocar.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

10 ¿Está su niño o niña asistiendo a otra escuela o centro, afuera de su escuela regular, para aprender otro idioma?

P10 Marque **un solo** círculo.

Sí, para aprender inglés.....	<input type="radio"/> ₁
Sí, para aprender un segundo idioma aparte de inglés.	<input type="radio"/> ₂
No	<input type="radio"/> ₃

Las siguientes preguntas tratan sobre la participación de su niño o niña en educación temprana. Si asistió a un lugar de cuidado y educación temprana a la edad indicada en cada pregunta, por favor seleccione la cantidad aproximada de horas que asistió la mayor parte del tiempo.

11 ¿Su niño o niña asistió regularmente a cualquiera de los siguientes lugares cuando tenía menos de un año de edad?

P11 Marque **un solo** círculo en cada línea.

	No, no asistió	Sí, menos de 10 horas por semana	Sí, entre 10 y 20 horas por semana	Sí, entre 20 y 30 horas por semana	Sí, más de 30 horas por semana
a) Cuidado de niños en casa de alguien.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Cuidado de niños en un centro infantil,	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Educación pre-primaria en una institución pública, privada o religiosa (por ejemplo, preescolar, pre-K, o TK (K transicional) en una escuela pública, preescolar privada o en un lugar religioso, etc.).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) Kinder.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
e) Primero a 5° grado.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

12 ¿Su niño o niña asistió regularmente a cualquiera de los siguientes lugares cuando tenía un año de edad?

P12 Marque **un solo** círculo en cada línea.

	No, no asistió	Sí, menos de 10 horas por semana	Sí, entre 10 y 20 horas por semana	Sí, entre 20 y 30 horas por semana	Sí, más de 30 horas por semana
a) Cuidado de niños en casa de alguien.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Cuidado de niños en un centro infantil,	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Educación pre-primaria en una institución pública, privada o religiosa (por ejemplo, preescolar, pre-K, o TK (K transicional) en una escuela pública, preescolar privada o en un lugar religioso, etc.).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) Kinder.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
e) Primero a 5° grado.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

13 ¿Su niño o niña asistió regularmente a cualquiera de los siguientes lugares cuando tenía dos años de edad?

P13 Marque **un solo** círculo en cada línea

	No, no asistió	Sí, menos de 10 horas por semana	Sí, entre 10 y 20 horas por semana	Sí, entre 20 y 30 horas por semana	Sí, más de 30 horas por semana
a) Cuidado de niños en casa de alguien.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Cuidado de niños en un centro infantil, ...	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c) Educación pre-primaria en una institución pública, privada o religiosa (por ejemplo, preescolar, pre-K, o TK (K transicional) en una escuela pública, preescolar privada o en un lugar religioso, etc.).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d) Kinder.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e) Primero a 5º grado.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

14 ¿Su niño o niña asistió regularmente a cualquiera de los siguientes lugares cuando tenía tres años de edad?

P14 Marque **un solo** círculo en cada línea

	No, no asistió	Sí, menos de 10 horas por semana	Sí, entre 10 y 20 horas por semana	Sí, entre 20 y 30 horas por semana	Sí, más de 30 horas por semana
a) Cuidado de niños en casa de alguien.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Cuidado de niños en un centro infantil,	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c) Educación pre-primaria en una institución pública, privada o religiosa (por ejemplo, preescolar, pre-K, o TK (K transicional) en una escuela pública, preescolar privada o en un lugar religioso, etc.).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d) Kinder.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e) Primero a 5° grado.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

15 ¿Su niño o niña asistió regularmente a cualquiera de los siguientes lugares cuando tenía cuatro años de edad?

P15 Marque **un solo** círculo en cada línea.

	No, no asistió	Sí, menos de 10 horas por semana	Sí, entre 10 y 20 horas por semana	Sí, entre 20 y 30 horas por semana	Sí, más de 30 horas por semana
a) Cuidado de niños en casa de alguien.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Cuidado de niños en un centro infantil, ...	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c) Educación pre-primaria en una institución pública, privada o religiosa (por ejemplo, preescolar, pre-K, o TK (K transicional) en una escuela pública, preescolar privada o en un lugar religioso, etc.).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d) Kinder.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e) Primero a 5° grado.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

16 ¿Su niño o niña asistió regularmente a cualquiera de los siguientes lugares cuando tenía cinco años de edad?

P16 Marque **un solo** círculo en cada línea.

	No, no asistió	Sí, menos de 10 horas por semana	Sí, entre 10 y 20 horas por semana	Sí, entre 20 y 30 horas por semana	Sí, más de 30 horas por semana
a) Cuidado de niños en casa de alguien.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b) Cuidado de niños en un centro infantil, ...	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c) Educación pre-primaria en una institución pública, privada o religiosa (por ejemplo, preescolar, pre-K, o TK (K transicional) en una escuela pública, preescolar privada o en un lugar religioso, etc.).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d) Kinder.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e) Primero a 5° grado.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Las siguientes preguntas tratan sobre la rutina normal de su niño o niña casi todas las semanas (por ejemplo, no durante las vacaciones escolares ni en el verano). A esto le llamamos una ‘semana típica.’ Por favor no cuente las cosas que pasan a veces o que no son parte de la rutina regular de su niño o niña. Si su niño o niña asiste a servicios, programas o actividades que siguen un horario para cada quincena donde cada semana es diferente, por favor use un promedio semanal.

17 En una semana típica, durante los últimos seis meses, ¿con qué frecuencia cuidaban a su niño o niña en su hogar o fuera de él las siguientes personas?

P17 Marque **un solo** círculo en cada línea.

	Nunca	1 día	2 días	3 días	4 días	5 días o más
a) Nana, niñera, o <i>au pair</i>	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
b) Abuelos.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
c) Otros parientes	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
d) Un amigo de la familia	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
e) Proveedores de cuidado de antes o después de la escuela, en un programa pagado.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
f) Usted mismo(a) junto con otros padres (por ejemplo, grupo de juegos).....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆

Sección C:

Actividades en el Hogar

18

En una semana típica, ¿con qué frecuencia usted u otra persona en su hogar hace las siguientes actividades con su niño o niña?

P18

Marque **un solo círculo** en cada línea.

	Nunca	Menos de una vez a la semana	1-2 días a la semana	3-4 días a la semana	5-7 días a la semana
a) Leerle algo de un libro a este niño(a).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b) Contarle un cuento a este niño(a), pero no de un libro.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c) Hacer dibujos o colorear.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d) Tocar música o bailar con este niño(a).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
e) Cantar canciones o rimas infantiles con este niño(a).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
f) Jugar con juguetes o juegos adentro de la casa como juegos de mesa o de cartas con este niño(a).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
g) Hacer participar a este niño(a) en las actividades diarias de la casa como cocinar o cuidar de una mascota.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
h) Hacer cosas juntos al aire libre como caminar, jugar con una pelota, nadar, o montar en bicicleta.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
i) Hacer actividades con este niño(a) que le ayudan a aprender las letras del alfabeto.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
j) Hacer actividades con este niño(a) que le ayudan a aprender los números, medidas y formas geométricas.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
k) Hacer actividades educativas en una computadora, tableta o teléfono inteligente (por ejemplo, usar una app educativa).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
l) Jugar juegos en una computadora, tableta, o teléfono inteligente.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
m) Hacer actividades manuales, como pintar, tallar o hacer esculturas, o construir modelos (por ejemplo, Lego).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
n) Llevar a este niño(a) a actividades especiales o de costo extra fuera de la casa (por ejemplo, actividades deportivas, bailes, niños <i>scouts</i> , lecciones de natación, lecciones de idioma, etc.).....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

19 ¿Aproximadamente cuántos libros para niños hay en su hogar, incluyendo los de una biblioteca pública o una biblioteca escolar?

P19 Marque un solo círculo.

- Ninguno..... 1
- De 1 a 10 libros..... 2
- De 11 a 25 libros..... 3
- De 26 a 50 libros..... 4
- De 51 a 100 libros..... 5
- Más de 100 libros..... 6

20 ¿Cuál de las siguientes cosas hay en su hogar?

P20 Marque **un solo** círculo en cada línea.

Sí No

- a) Computadora, *laptop*, tableta, o un teléfono inteligente..... 1 2
- b) Acceso a Internet..... 1 2
- c) Programas o *software* educativos o apps 1 2
- d) Materiales de lectura para niños más grandes o para adultos..... 1 2
- e) Libros de referencia sobre criar a los hijos o sobre el desarrollo de los niños..... 1 2

Sección D:

Sobre usted y su familia

Para fines de esta encuesta, vamos a llamar a las personas principales que más saben sobre el comportamiento, la personalidad y los arreglos necesarios para el cuidado diario del niño(a) en que estamos enfocando en este estudio: **Padre/Madre/Tutor 1** y **Padre/Madre/Tutor 2**. No es necesario que **Padre/Madre/Tutor 1** y **Padre/Madre/Tutor 2** vivan con el niño(a).

Por favor elija solo a una persona como **Padre/Madre/Tutor 1** y a otra persona como **Padre/Madre/Tutor 2** y piense siempre en ellos mismos a lo largo de esta sección.

21

Por favor indique qué parentesco o relación tienen Padre/Madre/Tutor 1 y < Padre/Madre/Tutor 2 con respecto a su niño o niña?

P21 Marque **un solo** círculo en cada línea.

Padre/Madre/Tutor 1

Padre/Madre/Tutor 2

- | | | |
|--|-------------------------------|--------------------------|
| Madre..... | <input type="radio"/> 1..... | <input type="radio"/> 1 |
| Padre..... | <input type="radio"/> 2..... | <input type="radio"/> 2 |
| Madrastra..... | <input type="radio"/> 3..... | <input type="radio"/> 3 |
| Padrastra..... | <input type="radio"/> 4..... | <input type="radio"/> 4 |
| Abuela..... | <input type="radio"/> 5..... | <input type="radio"/> 5 |
| Abuelo..... | <input type="radio"/> 6..... | <input type="radio"/> 6 |
| Tía..... | <input type="radio"/> 7..... | <input type="radio"/> 7 |
| Tío..... | <input type="radio"/> 8..... | <input type="radio"/> 8 |
| Tutora legal o guardiana o madre <i>foster</i> | <input type="radio"/> 9..... | <input type="radio"/> 9 |
| Tutor legal o guardián o padre <i>foster</i> | <input type="radio"/> 10..... | <input type="radio"/> 10 |
| Otra relación o parentesco..... | <input type="radio"/> 11..... | <input type="radio"/> 11 |

Si seleccionó "Otra relación o parentesco", especifique por favor

22 ¿Quién está llenando esta encuesta?

- P22 Marque **un solo** círculo en cada línea.
- | | Sí | No |
|-----------------------------|-------------------------|-------------------------|
| a) Padre/Madre/Tutor 1..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| b) Padre/Madre/Tutor 2..... | <input type="radio"/> 1 | <input type="radio"/> 2 |
| c) Otra persona..... | <input type="radio"/> 1 | <input type="radio"/> 2 |

23 ¿Cuántas de las siguientes personas viven usualmente en el hogar con este niño o esta niña?

- P23 *Este es el hogar donde el niño o niña vive mayormente, pero hogar si hay un acuerdo para dividir el tiempo del niño o niña por partes iguales, podría incluir vivir en más de un hogar. Marque **un solo** círculo en cada línea.*
- | | Ninguno | Uno | Dos | Más de tres |
|--|------------------------------|------------------------------|------------------------------|-------------------------|
| a) Madre(s) (incluyendo madrastra o madre foster)..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4 |
| b) Padre(s) (incluyendo padrastro o padre foster)..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4 |
| c) Abuelos..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4 |
| d) Tías o tíos..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4 |
| e) Otros (por ejemplo, primo o amigo)..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4 |

24 ¿Cuántos hermanos o hermanas mayores o menores tiene este niño o esta niña?

- P24 *Esto puede incluir a otros niños que viven en la casa de manera permanente (por ejemplo, hijos de familiares). Marque **un solo** círculo en cada línea.*
- | | Ninguno | Uno | Dos | Tres | Cuatro | Cinco | Más de cinco |
|-----------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------|
| a) Menores..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4..... | <input type="radio"/> 5..... | <input type="radio"/> 6..... | <input type="radio"/> 7 |
| b) Mayores..... | <input type="radio"/> 1..... | <input type="radio"/> 2..... | <input type="radio"/> 3..... | <input type="radio"/> 4..... | <input type="radio"/> 5..... | <input type="radio"/> 6..... | <input type="radio"/> 7 |
| c) La misma edad..... | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |

25 ¿Nacieron las siguientes personas en los Estados Unidos?

P25 Marque **un solo** círculo en cada línea..

	Sí	No
a) Su niño o niña.....	<input type="radio"/> 1	<input type="radio"/> 2
b) Padre/madre/tutor 1.....	<input type="radio"/> 1	<input type="radio"/> 2
c) Padre/madre/tutor 2.....	<input type="radio"/> 1	<input type="radio"/> 2

26 Si este niño o niña no nació aquí, ¿qué edad tenía la primera vez que se mudó a vivir aquí?

P26 Marque **un solo** círculo. Este niño nació aquí Menos de 1 Edad: 1 Edad: 2 Edad: 3 Edad: 4 Edad: 5

	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
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27 ¿Cuál es el idioma que hablan más a menudo en el hogar los siguientes miembros de su familia?

P27 Marque **un solo** círculo en cada línea.

	Inglés	Otro idioma
a) Su niño o niña.....	<input type="radio"/> 1.....	<input type="radio"/> 6.....
b) Padre/madre/tutor 1.....	<input type="radio"/> 1.....	<input type="radio"/> 6.....
c) Padre/madre/tutor 2.....	<input type="radio"/> 1.....	<input type="radio"/> 6.....

28 ¿Qué edad tiene el padre/madre/tutor 1 y el padre/madre/tutor 2?

P28 Marque un círculo en cada línea.

	24 años o menos	25-29 años	30-34 años	35-39 años	40-44 años	45-49 años	50 o más
a) Padre/Madre/Tutor 1.....	<input type="radio"/> 1.....	<input type="radio"/> 2.....	<input type="radio"/> 3.....	<input type="radio"/> 4.....	<input type="radio"/> 5.....	<input type="radio"/> 6	<input type="radio"/> 7
b) Padre/Madre/Tutor 2.....	<input type="radio"/> 1.....	<input type="radio"/> 2.....	<input type="radio"/> 3.....	<input type="radio"/> 4.....	<input type="radio"/> 5.....	<input type="radio"/> 6	<input type="radio"/> 7

29 ¿Cuál es el nivel más alto de estudios formales que ha completado el padre/madre/tutor 1 y el padre/madre/tutor 2?

P29 Marque **un solo** círculo en cada línea.

	No completó el sexto (6) grado.	Completó el noveno (9) grado	Recibió diploma de high school o certificado de educación general (GED)	Algo de college o universidad sin título	Título de Asociado (programa de 2 años de college o universidad)	Título de bachelor (programa de 4 años de college/universidad)	Maestría, título profesional (MD, DDS, DVM), o doctorado (Ph.D., o Ed.D.)
a) Padre/madre/tutor legal 1.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
b) Padre/madre/tutor legal 2.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

30 ¿Cuál es el ingreso anual de su hogar?

P30 Por favor sume los ingresos totales, antes de impuestos, de todos los miembros de su hogar. Recuerde que le pedimos que responda únicamente si se siente cómodo(a). Marque **un solo** círculo.

- Menos de \$20,000 1
- \$20,000 o más pero menos de \$35,000 2
- \$35,000 o más pero menos de \$55,000 3
- \$55,000 o más pero menos de \$85,000 4
- \$85,000 o más pero menos de \$150,000 5
- \$150,000 o más..... 6

31 ¿Cuál de las siguientes definiciones describe mejor la situación actual de trabajo de Padre/Madre/Tutor 1 y de Padre/Madre/Tutor 2?

P31 Marque **un solo** círculo en cada columna.

	Padre/Madre/ Tutor 1	Padre/Madre/ Tutor 2
No trabaja	<input type="radio"/> 1	<input type="radio"/> 1
Trabaja como voluntario o en otro trabajo sin pago (por ejemplo, estudiando)	<input type="radio"/> 2	<input type="radio"/> 2
Hace trabajos informales o irregulares	<input type="radio"/> 3	<input type="radio"/> 3
Trabaja tiempo parcial (menos de 50% de las horas de tiempo completo)	<input type="radio"/> 4	<input type="radio"/> 4
Trabaja tiempo parcial (entre 50% y 90% de las horas de tiempo completo)	<input type="radio"/> 5	<input type="radio"/> 5
Trabaja tiempo completo de manera regular	<input type="radio"/> 6	<input type="radio"/> 6

32 ¿Cuáles son los trabajos principales del Padre/Madre/Tutor 1 y del Padre/Madre/ Tutor 2?

P32 Por favor escriba el título del puesto de trabajo (por ejemplo, maestro de escuela, cocinero, gerente de ventas). Si él o ella no está trabajando actualmente, por favor díganos el trabajo principal que tuvo más recientemente.

a) Padre/Madre/ Tutor 1.....	
b) Padre/Madre/ Tutor 2.....	

33 ¿Qué hacen el Padre/Madre/Tutor 1 y el Padre /Madre/Tutor 2 en sus trabajos principales?

P33 Por favor escriba una oración describiendo el tipo de trabajo que él o ella hace o hacía en ese empleo (por ejemplo, enseña a estudiantes en una escuela secundaria, ayuda a preparar comidas en un restorán, dirige un equipo de ventas).

a) Padre/madre/ tutor 1	
b) Padre/madre/ tutor 2.....	

34. ¿Cuál de las siguientes opciones lo/la describe mejor a usted?

(Marque una sola respuesta.)

Soy hispano(a) o latino(a). ₁

No soy hispano(a) o latino(a). ₂

35. ¿Cuál de estas opciones describe mejor su raza?

(Puede marcar más de una respuesta.)

Blanca ₁

Negra o afro americana ₁

Asiática ₁

Indígena de las Américas o nativa de Alaska ₁

Nativa de Hawái o de otras islas del Pacífico ₁

36. ¿Cuál de las siguientes opciones describe mejor a este niño o niña?

(Marque una sola respuesta.)

Soy hispano(a) o latino(a). ₁

No soy hispano(a) o latino(a). ₂

37. ¿Cuál de estas opciones describe mejor la raza de este niño o niña?

(Puede marcar más de una respuesta.)

Blanca ₁

Negra o afro americana ₁

Asiática ₁

Indígena de las Américas o nativa de Alaska ₁

Nativa de Hawái o de otras islas del Pacífico ₁

Gracias por el tiempo que dedicó a llenar esta encuesta.

Cuando haya terminado este cuestionario, por favor póngalo en el sobre pre-pagado y pre-dirigido y envíelo por correo a