International Early Learning Study (IELS) 2018

Main Study

OMB# 1850-0936 v.5

Appendix D

Instruments

National Center for Education Statistics (NCES)

U.S. Department of Education

Institute of Education Sciences

Washington, DC

June 2018

**This appendix contains the final IELS main study national versions of the parent and teacher questionnaires, as well as the field test version of the Spanish parent questionnaire. The final main study Spanish parent questionnaire will be submitted to OMB as a change request by mid-August 2018.**

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**IELS**

International Early Learning Study

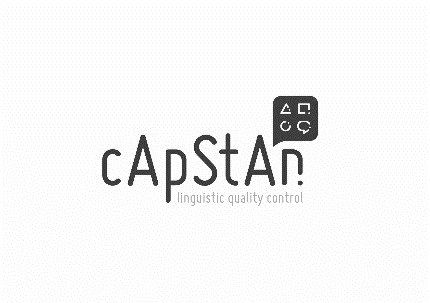
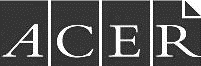
PARENT QUESTIONNAIRE

MAIN STUDY: PAPER VERSION

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

OMB No. 1850-0936, Approval Expires 08/31/2021



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 the school your child attends 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.

Your responses will be combined with responses from other parents to calculate totals and averages. 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).

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, the company conducting the study for the U.S. Department of Education.**

Please answer all the questions thinking about yourself and the child named on the front page of this questionnaire.

Section A:   
About your child

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Is your child female or male?** *Check only* ***one*** *circle.* | **Female** | ⭘1 | **Male** | ⭘2 |

P01

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2** |  | | | | | | | | |
| **On what day was your child born?** *(MM/DD/YY)* |  |  |  |  |  |  |  |  |

P02

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | **Does your child …** | | |
| P03 | *Please check* ***one*** *circle for each line, in response to your child’s capacity in English.* | **Yes** | **No** |
| a) | Draw inferences about how a character felt or what might happen next after listening to a story? | ⭘1 | ⭘2 |
| b) | Speak using multiple sentences (at least three) to explain something that has happened to him/her? | ⭘1 | ⭘2 |
| c) | Recognize the sounds of words that rhyme? | ⭘1 | ⭘2 |
| d) | Sort a group of objects by shape, size or color? | ⭘1 | ⭘2 |
| e) | Identify at least three different shapes (e.g. triangle, circle, square)? | ⭘1 | ⭘2 |
| f) | Count to 20 out loud correctly? | ⭘1 | ⭘2 |
| g) | Count in multiples (e.g. in steps of 2, 5 or 10)? | ⭘1 | ⭘2 |
| h) | Recognize numbers up to 20 in familiar contexts (e.g. at the supermarket)? | ⭘1 | ⭘2 |
| i) | Do simple addition using objects? | ⭘1 | ⭘2 |

|  |  |  |
| --- | --- | --- |
| **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?** | **Much less than average** | **Somewhat less than average** | **Average** | **Somewhat more than average** | **Much more than average** |
| P05 | *Please check* ***one*** *circle for each line.* |
| a) | Social skills (e.g. adapts, cooperates, is responsible) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Emotional skills (e.g. controls emotions) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| c) | Trust ( e.g. trusts others, asks for help) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Empathy (e.g. considerate, helpful, caring) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Self-regulation (e.g. attentive, organized, in control of his/her actions) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| f) | Gross motor skills (e.g. runs, catches and throws balls, has good strength and balance) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| g) | Fine motor skills (e.g. manual dexterity, uses writing and drawing tools) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| h) | Expressive language skills (e.g. uses language effectively, can communicate ideas) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| i) | Receptive language skills (e.g. understands, interprets, listens) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| j) | Mathematics skills (e.g. sorts shapes, recognizes numbers, count, add objects) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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 | | | | | ⭘1 | | ⭘2 | |
| b) | Hearing difficulties (that can’t be corrected by a hearing aid) | | | | | ⭘1 | | ⭘2 | |
| c) | Vision difficulties (that can’t be corrected by glasses) | | | | | ⭘1 | | ⭘2 | |
| d) | Mobility difficulties | | | | | ⭘1 | | ⭘2 | |
| e) | Learning difficulties (e.g. speech or language delay, intellectual disability) | | | | | ⭘1 | | ⭘2 | |
| f) | Social, emotional and/or behavior difficulties | | | | | ⭘1 | | ⭘2 | |
|  |  | | | | |  | |  | |
| **7** | | **For each of the following behaviors, select the response that best describes your child.** | | | | | | | | |
| P07 | | *Please check* ***one*** *circle for each line.* | 1. **Never** | 1. **Rarely** | 1. **Sometimes** | | 1. **Often** | | 1. **Always** | |
| 1) | | Understands others’ feelings, like when they are happy, sad or angry | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 2) | | Is helpful to other children (e.g. if someone is hurt or upset) | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 3) | | Is emotionally moved by the problems of people in books or stories | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 4) | | Dislikes it when asked to play in a different way (e.g. frowns, stamps foot) | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 5) | | Prevents other children from doing what they wanted to do | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 6) | | Gets upset when you don’t give him/her enough attention | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 7) | | Tries to comfort others when they are upset | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 8) | | Approaches familiar adults for comfort when upset | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 9) | | Is confident around adults | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 10) | | Is curious, likes to explore or try new things | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 11) | | Considers other people’s feelings | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 12) | | Says nice or friendly things to other children | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 13) | | Joins in with other children playing | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 14) | | Is unaware of other people's emotions | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 15) | | Is friendly towards others | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 16) | | Requires reassurance from adults | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 17) | | Is hesitant when making requests | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 18) | | Greets unfamiliar children in a friendly way | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 19) | | Teases other children | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 20) | | Is confident with other children | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 21) | | Fights with other children | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 22) | | Is interested in many different things | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 23) | | If anxious in an unfamiliar situation, child is not easily reassured | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 24) | | Responds positively to others' happiness | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 25) | | Openly approaches familiar adults when she/he needs help | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 26) | | Likes to learn new things | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 27) | | Is initially cautious with unfamiliar adults | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |
| 28) | | Is unresponsive to people feeling sad | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 | |

Section B:   
Activities outside of the home

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **Which of the following arrangements did your child regularly attend prior to school?** | | |
| P08 | *Please check* ***as many circle as apply****.* |  |  |
|  |  |  |  |
| a) | Child care or day care in your or someone else’s home | ⭘1 |  |
| b) | Child care or day care in a center | ⭘1 |  |
| c) | Preschool, pre-kindergarten (pre-K), or transitional kindergarten (TK) in a public or private preschool, center, or place of worship | ⭘1 |  |
| d) | Kindergarten | ⭘1 |  |
| e) | My child did not regularly attend any child care arrangements prior to school (please go to question 10) |  |  |

|  |  |  |
| --- | --- | --- |
| **9** |  | **At what ages did your child attend the following Early Childhood Education and Care programs?** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child care or day care in your or someone else’s home | Child care or day care in a center | Preschool, pre-kindergarten (pre-K), or transitional kindergarten (TK) in a public or private preschool, center, or place of worship | Kindergarten |
| Before age 1 | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend |
| Age 1 | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend |
| Age 2 | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend |
| Age 3 | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend |
| Age 4 | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend | 1 More than 20 hours a week  2 Less than 20 hours a week  3 Did not attend |

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 biweekly schedule where each week is different, please use a weekly average.

| **10** | **In a typical week, how often is your child cared for by the following people, inside or outside of the home?** | | | | |
| --- | --- | --- | --- | --- | --- |
| P10 | *Please check* ***one*** *circle for each line.* | **Not at all** | **1 day** | **More than one day** |
| a) | Nanny, babysitter, or au pair | ⭘1 | ⭘2 | ⭘6 |
| b) | Grandparents | ⭘1 | ⭘2 | ⭘6 |
| c) | Other relatives or family friends | ⭘1 | ⭘2 | ⭘6 |
| d) | Before- or After- care providers in a paid program | ⭘1 | ⭘2 | ⭘6 |
| e) | Yourself with other parents (e.g. Playgroup ) | ⭘1 | ⭘2 | ⭘6 |

Section C:   
Activities in the home

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **11** | **In a typical week, how often do you or another person in your home do the following activities with your child?** | | | | | |
| P11 | *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 your child from a book | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Tell your child a story, not from a book | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| c) | Draw pictures or paint | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Have a back-and-forth conversation about how they feel and why they feel that way | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Sing songs, poems or nursery rhymes with your child | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| f) | Imaginative or pretend play (e.g. playing the role of a chef or a shopkeeper) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| g) | Do activities with numbers, counters, measuring, or shapes | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| h) | Do things outside together like walking, ball games, swimming or bike riding | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| i) | Do activities with your child that help them learn letters of the alphabet | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| j) | Do activities with your child that help them learn numbers | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| k) | Do educational activities on a computer, tablet or smartphone (e.g. use an educational app) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| l) | Go to the library | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| m) | Take your child to a special or extra-cost activity outside of the home (e.g. sports activity, dance, scouts, swimming lessons, language lessons, etc.). | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |

|  |  |  |
| --- | --- | --- |
| **12** | **About how many children’s books are there in your home, including from a public library or a school library?** | |
| P12 | *Check only* ***one*** *circle.* |  |
|  | 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 |

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **13** | **Please indicate who Parent/Legal guardian 1 and Parent/Legal guardian 2 are in relation to your child?** | | |
| P13 | *Please check* ***one*** *circle in each column.* | Parent/Legal guardian 1 | Parent/Legal guardian 2 |
|  | Mother | ⭘1 | ⭘1 |
|  | Father | ⭘2 | ⭘2 |
|  | Female legal guardian or Foster mother | ⭘3 | ⭘3 |
|  | Male legal guardian or Foster father | ⭘4 | ⭘4 |
|  | Grandmother | ⭘5 | ⭘5 |
|  | Grandfather | ⭘6 | ⭘6 |
|  | Other (e.g., Aunt, Uncle) | ⭘7 | ⭘7 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **14** | **Who is completing this survey?** | | |
| P14 | *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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **15** | **How many of the following people usually live at home with you child?** | | | | |
| P15 | *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. aunt, uncle, cousin, friend) | ⭘1 | ⭘2 | ⭘3 | ⭘4 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **16** | **How many siblings does your child have?** | | | | | | | |
| P16 | *This could include other children permanently living in the home (e.g. children of relatives). Please check* ***one*** *circle.* |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| None | ⭘1 |
| One | ⭘2 |
| Two | ⭘3 |
| Three | ⭘4 |
| Four | ⭘5 |
| More than four | ⭘6 |

|  |  |  |  |
| --- | --- | --- | --- |
| **17** | **Were the following people born in the United States?** | | |
| P17 | *Please check* ***one*** *circle for each line.* | **Yes** | **No** |
| a) | Your child | ⭘1 | ⭘2 |
| b) | Parent/Legal guardian 1 | ⭘1 | ⭘2 |
| c) | Parent/Legal guardian 2 | ⭘1 | ⭘2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **18** | **What is the language spoken most often at home by the following family members?** | | | |
| P18 | *Please check* ***one*** *circle for each line.* | **English** | **Another language** |
| a) | Your child | ⭘1 | ⭘6 |
| b) | Parent/Legal guardian 1 | ⭘1 | ⭘6 |
| c) | Parent/Legal guardian 2 | ⭘1 | ⭘6 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **19** | **How old Parent/Legal guardian 1 and Parent/Legal guardian 2?** | | | | | | | |
| P19 | *Please check* ***one*** *circle for each line.* | **23 years or younger** | **24–29 years** | **30–34 years** | **35–39 years** | **40–44 years** | **45–49 years** | **50 or older** |
| a) | Parent/Legal guardian 1 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |
| b) | Parent/Legal guardian 2 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |

|  |  |
| --- | --- |
| **20** | **What is the highest level of formal education completed by Parent/Legal guardian 1 and Parent/Legal guardian 2?** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| P20 | *Please check* ***one*** *circle for each line.* | **He/She did not complete grade 9.** | **He/She completed grade 9.** | **He/She 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 | ⭘4 | ⭘5 | ⭘6 |
| b) | Parent/Legal guardian 2 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 |

|  |  |  |
| --- | --- | --- |
| **21** | **What is your annual household income?** | |
| P21 | *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. No individual responses, only aggregate statistics, will be published in reports.*  *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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **22** | **Which of the following definitions best describes the current employment situation of Parent/Legal guardian 1and Parent/Legal guardian 2?** | | |  |  |  |  |
| P22 | *Please check* ***one*** *circle in each row.* | **Not working** | **In volunteer work or other non-paid work (e.g. studying)** | **In casual or non-regular work** | **In regular part-time work (less than 50% of full-time hours)** | **In regular part-time work (between 50% and 90% of full-time hours)** | **In regular full-time work** |
|  | Parent/Legal guardian 1 | ⭘1 | ⭘1 | ⭘1 | ⭘1 | ⭘1 | ⭘1 |
|  | Parent/Legal guardian 2 | ⭘2 | ⭘2 | ⭘2 | ⭘2 | ⭘2 | ⭘2 |
|  |

|  |  |  |
| --- | --- | --- |
| **23** | **What are the main jobs of Parent/Legal guardian 1and Parent/Legal guardian 2?** | |
| P23 | *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 |  |

|  |  |  |
| --- | --- | --- |
| **24** | **What do Parent/Legal guardian 1 and Parent/Legal guardian 2 do in their main jobs?** | |
| P24 | *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 |  |

|  |  |  |
| --- | --- | --- |
| **25** | **Which of the following best describes you?** | |
| P25 | *Check only* ***one*** *circle.* |  |
|  | I am Hispanic or Latino | ⭘1 |
|  | I am not Hispanic or Latino | ⭘2 |

|  |  |  |
| --- | --- | --- |
| **26** | **Which of these categories best describes your race?** | |
| P26 | *Please check one or more responses.* |  |
|  | White | ⭘1 |
|  | Black or African American | ⭘1 |
|  | Asian | ⭘1 |
|  | American Indian or Alaska Native | ⭘1 |
|  | Native Hawaiian or Pacific Islander | ⭘1 |

|  |  |  |
| --- | --- | --- |
| **27** | **Which of the following best describes your child?** | |
| P27 | *Check only* ***one*** *circle.* |  |
|  | Your child is Hispanic or Latino | ⭘1 |
|  | Your child is not Hispanic or Latino | ⭘2 |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **28** | **Which of these categories best describes your child’s race?** | |
| P328 | *Please check one or more responses.* |  |
|  | White | ⭘1 |
|  | Black or African American | ⭘1 |
|  | Asian | ⭘1 |
|  | American Indian or Alaska Native | ⭘1 |
|  | Native Hawaiian or 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.**



**IELS**

International Early Learning Study

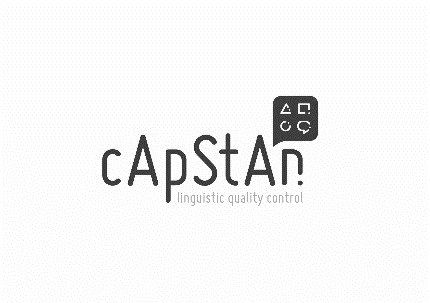
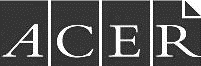
TEACHER   
QUESTIONNAIRE

MAIN STUDY: PAPER VERSION

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.

OMB No. 1850-0936, Approval Expires 08/31/2021



The International Early Learning Study 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 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 teacher to complete a questionnaire. Your perspective provides 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.

Your responses will be combined with responses from other teachers to calculate totals and averages. 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).

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](mailto:IELSHelp@westat.com)

This questionnaire should be completed by the classroom 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, the company conducting the study for the U.S. Department of Education.**

Section A:   
About you

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Are you female or male?** *Check only* ***one*** *circle.* | **Female** | ⭘1 | **Male** | ⭘2 |

SA01

|  |  |  |
| --- | --- | --- |
| **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 education you have completed (in any field)?** | |
| SA03 | *Check only* ***one*** *circle.* |  |
|  | Doctorate (Ph.D., or Ed.D .) | ⭘1 |
|  | Master’s degree or professional degree (MD, DDS, DVM) | ⭘2 |
|  | Bachelor’s degree (4-year college program) | ⭘3 |
|  | Associate’s degree (2-year college program) | ⭘4 |
|  | 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 | ⭘1 | ⭘2 |
| b) | Early Childhood Education (preK - 3rd grade) | ⭘1 | ⭘2 |
| c) | Primary education (any grades 1-6) | ⭘1 | ⭘2 |
| d) | Special education | ⭘1 | ⭘2 |
| e) | English for Speakers of Other Languages (ESOL) | ⭘1 | ⭘2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5** | **How many years of experience do you have working as a teacher?** | **Fewer than 2 years** | **2 to 5 years** | **6 to 10 years** | **11 to 20 years** | **More than 20 years** |
| SA05 | *Please check* ***one*** *circle for each line.* |
| a) | Total number of years, including this school and other schools | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | At your current school | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6** | **What is your current employment status as a teacher?** | | | |
| SA06 | *Please consider all your current teaching employments together. Check only* ***one*** *circle.* | |  | |
|  | Part-time (less than 90% of full-time hours) | | ⭘1 | |
|  | Full-time (more than 90% of full-time hours) | | ⭘2 | |
| **7** | | **Which best describes you?** | | |
| USA01 | | *Check only* ***one*** *circle.* | |  |
|  | | I am Hispanic or Latino | | ⭘1 |
|  | | I am not Hispanic or Latino | | ⭘2 |
|  | |  | |  |
| **8** | | **Which of these categories best describes your race?** | | |
| USA02 | | *Please check 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 |

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 |
|  | More than one month but less than 3 months | ⭘2 |
|  | More than 3 months, but less than 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 | ⭘1 | ⭘2 |
| b) | Physical therapy or occupational therapy | ⭘1 | ⭘2 |
|  |  |  |  |
| c) | Psychological support | ⭘1 | ⭘2 |
| d) | Learning support (e.g. reading specialist) | ⭘1 | ⭘2 |
| e) | English as a second language or bilingual program | ⭘1 | ⭘2 |
| f) | Behavioral management program | ⭘1 | ⭘2 |
| g) | An individualized education program (IEP) | ⭘1 | ⭘2 |
| h) | 504 plan | ⭘1 | ⭘2 |
| i) | Educational assessment | ⭘1 | ⭘2 |
| j) | Outside counseling | ⭘1 | ⭘2 |
| l) | Extra support within school | ⭘1 | ⭘2 |
| m) | Enrichment for gifted students | ⭘1 | ⭘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) | draw inferences about how a character felt or what might happen next after listening to a story? | | ⭘1 | ⭘2 | | | ⭘3 |
| b) | speak using multiple sentences (at least three) to explain something that has happened to him/her? | | ⭘1 | ⭘2 | | | ⭘3 |
| c) | recognize the sounds of words that rhyme ? | | ⭘1 | ⭘2 | | | ⭘3 |
| d) | sort a group of objects by shape or color or both? | | ⭘1 | ⭘2 | | | ⭘3 |
| e) | identify at least three different shapes (e.g. triangle, circle, square)? | | ⭘1 | ⭘2 | | | ⭘3 |
| f) | count to 20 out loud correctly? | | ⭘1 | ⭘2 | | | ⭘3 |
| g) | count in multiples (e.g. in steps of 2, 5 or 10)? | | ⭘1 | ⭘2 | | | ⭘3 |
| h) | recognize numbers up to 20 in familiar contexts (e.g. at the supermarket)? | | ⭘1 | ⭘2 | | | ⭘3 |
| i) | do simple addition using objects? | | ⭘1 | ⭘2 | | | ⭘3 |
| **5** | **How is this child developing in these areas?** | **Much less than average** | **Somewhat less than average** | **Average** | **Somewhat more than average** | **Much more than average** | | |
| SB05 | *Please check* ***one*** *circle for each line.* |
| a) | Social skills (e.g. adapts, cooperates, is responsible) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| b) | Emotional skills (e.g. controls emotions) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| c) | Trust ( e.g. trusts others, asks for help) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| d) | Empathy (e.g. considerate, helpful, caring) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| e) | Self-regulation (e.g. attentive, organized, in control of his/her actions) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| f) | Gross motor skills (e.g. runs, catches and throws balls, has good strength and balance) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| g) | Fine motor skills (e.g. manual dexterity, uses writing and drawing tools) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| h) | Expressive language skills (e.g. uses language effectively, can communicate ideas) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| i) | Receptive language skills (e.g. understands, interprets, listens) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |
| j) | Mathematics skills (e.g. sorts shapes, recognizes numbers, counts, adds objects) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6** | **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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 2) | Is helpful to other children (e.g. if someone is hurt or upset) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 3) | Is emotionally moved by the problems of people in books or stories | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 4) | Dislikes it when asked to play in a different way (e.g. frowns, stamps foot) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 5) | Prevents other children from doing what they wanted to do | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 6) | Gets upset when you don’t give him/her enough attention | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 7) | Tries to comfort others when they are upset | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 8) | Approaches familiar adults for comfort when upset | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 9) | Is confident around adults | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 10) | Is curious, likes to explore or try new things | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 11) | Considers other people’s feelings | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 12) | Says nice or friendly things to other children | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 13) | Joins in with other children playing | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 14) | Prefers watching others instead of joining activities | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 15) | Is unaware of other people's emotions | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 16) | Requires reassurance from adults | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 17) | Is hesitant when making requests | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 18) | Greets unfamiliar children in a friendly way | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 19) | Teases other children | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 20) | Is confident with other children | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 21) | Fights with other children | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 22) | Is interested in many different things | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 23) | If anxious in an unfamiliar situation, child is not easily reassured | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 24) | Responds positively to others' happiness | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 25) | Openly approaches familiar adults when she/he needs help | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 26) | Likes to learn new things | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 27) | Is initially cautious with unfamiliar adults | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| 28) | Is unresponsive to people feeling sad | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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.

Identification Label

**Childs name**

**<First name> <Last name>**

<Site-Student ID number>

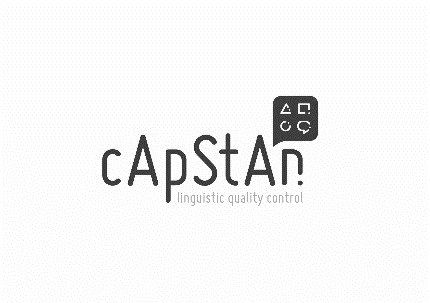
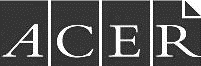


**IELS**

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:
* 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

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

P02

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| 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? | ⭘1 | ⭘2 |
| b) | responde a preguntas sobre el cuento o la historia que acaba de escuchar? | ⭘1 | ⭘2 |
| c) | habla usando oraciones simples y completas? | ⭘1 | ⭘2 |
| d) | reconoce los sonidos de palabras que riman? | ⭘1 | ⭘2 |
| e) | clasifica objetos (por ejemplo, cubos) por su forma o color, o de ambas maneras? | ⭘1 | ⭘2 |
| f) | agrupa objetos por tamaño o longitud, o de ambas maneras? | ⭘1 | ⭘2 |
| g) | cuenta hasta 10 en voz alta de manera correcta? | ⭘1 | ⭘2 |
| h) | cuenta hasta 20 en voz alta de manera correcta? | ⭘1 | ⭘2 |
| i) | reconoce números simples por escrito (por ejemplo, 3, 10)? | ⭘1 | ⭘2 |
| j) | hace sumas simples usando objetos? | ⭘1 | ⭘2 |

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| 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 |

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| 5 | ¿Cómo está desarrollándose su niño o niña en las siguientes áreas? | Mucho menos de lo normal | Poco menos de lo normal | Normal | Poco más de lo normal | Mucho más de lo normal |
| 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 |

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| 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 | | | | ⭘1 | | ⭘2 | |
| b) | | Dificultades para oír (que no pueden corregirse con un aparato auditivo) | | | | ⭘1 | | ⭘2 | |
| c) | | Dificultades para ver (que no pueden corregirse con anteojos o lentes) | | | | ⭘1 | | ⭘2 | |
| d) | | Dificultades para moverse | | | | ⭘1 | | ⭘2 | |
| e) | | Dificultades intelectuales | | | | ⭘1 | | ⭘2 | |
| f) | | Dificultades sociales, emocionales y/o del comportamiento | | | | ⭘1 | | ⭘2 | |
| 7 | Para cada uno de los siguientes comportamientos, seleccione la respuesta que mejor describa a su niño o niña. | | | | | | | | |
| P07 | 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 | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 2) | Ayuda a otros niños (por ejemplo si alguien se lastima o está descontento) | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 3) | Obedece instrucciones o pedidos | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 4) | No le gusta cuando le piden que juegue de otra forma (por ejemplo pone mala cara, patea el piso) | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 5) | Cumple con las reglas de los juegos | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 6) | Se molesta cuando usted no le da suficiente atención. | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 7) | Trata de consolar a otros cuando están descontentos. | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 8) | Espera su turno en los juegos u otras actividades | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 9) | Se siente cómodo(a) entre adultos | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 10) | Es curioso(a), le gusta explorar o intentar cosas nuevas | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 11) | Tiene en cuenta los sentimientos de los demás | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 12) | Dice cosas bonitas o amables a otros niños | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 13) | Se suma a otros niños que están jugando | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 14) | Prefiere mirar a otros en vez de participar en las actividades | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 15) | Es amigable con los demás | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 16) | Es calmado(a) y relajado(a) | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 17) | Juega y habla con otros niños | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 18) | Comparte sus juguetes o demás cosas con otros niños | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 19) | Se burla de otros niños | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 20) | Se siente cómodo(a) entre otros niños | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 21) | Impide a otros niños hacer lo que quieren | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 22) | Se siente orgulloso(a) de las cosas que hace | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 23) | Le cuesta adaptarse a cambios (por ejemplo se molesta) | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 24) | Pelea con otros niños | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 25) | Le interesan muchas cosas diferentes | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 26) | Necesita salirse con la suya | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 27) | Disfruta estar con usted | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |
| 28) | Le gusta aprender cosas nuevas | | ⭘1 | ⭘2 | ⭘3 | | ⭘4 | | ⭘5 |

Sección B:  
Actividades afuera del hogar

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| 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 | ⭘1 | ⭘2 |
| b) | Un teatro, un cine, o un lugar para eventos de música | ⭘1 | ⭘2 |
| c) | Un museo o centro cultural | ⭘1 | ⭘2 |
| d) | Un parque de juegos o centro deportivo local | ⭘1 | ⭘2 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| b) | Participó en deportes organizados o clases de baile. | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| c) | Fue al teatro o a un espectáculo musical | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| d) | Visitó un museo o un centro cultural | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| e) | Fue al parque de juegos local | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| f) | Asistió a un evento cultural de la comunidad | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| g) | Visitó un zoológico, acuario o un lugar donde hay animales que los niños pueden tocar. | ⭘1 | ⭘2 | ⭘3 | ⭘4 |

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| 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. | ⭘1 |
|  | Sí, para aprender un segundo idioma aparte de inglés. | ⭘2 |
|  | No | ⭘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.

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Cuidado de niños en un centro infantil, .......................................... | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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.) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Kinder | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Primero a 5° grado | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Cuidado de niños en un centro infantil, .......................................... | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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.) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Kinder | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Primero a 5° grado | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Cuidado de niños en un centro infantil, ... | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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.) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Kinder | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Primero a 5° grado | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Cuidado de niños en un centro infantil, ............................................... | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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.) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Kinder | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Primero a 5° grado | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Cuidado de niños en un centro infantil, ... | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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.) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Kinder | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Primero a 5° grado | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| b) | Cuidado de niños en un centro infantil, ... | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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.) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| d) | Kinder | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 |
| e) | Primero a 5° grado | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘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 *au pair* | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 |
| b) | Abuelos | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 |
| c) | Otros parientes | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 |
| d) | Un amigo de la familia | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 |
| e) | Proveedores de cuidado de antes o después de la escuela, en un programa pagado | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 |
| f) | Usted mismo(a) junto con otros padres (por ejemplo, grupo de juegos) | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 |

Sección C:  
Actividades en el Hogar

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

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| 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 |

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| 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.

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| 21 | Por favor indique qué parentesco o relación tienen Padre/Madre/Tutor1 y < Padre/Madre/Tutor2 con respecto a su niño o niña? | | |
| P21 | *Marque* ***un solo*** *círculo en cada línea.* | Padre/Madre/Tutor 1 | Padre/Madre/Tutor 2 |
|  | Madre | ⭘1 | ⭘1 |
|  | Padre | ⭘2 | ⭘2 |
|  | Madrastra | ⭘3 | ⭘3 |
|  | Padrastro | ⭘4 | ⭘4 |
|  | Abuela | ⭘5 | ⭘5 |
|  | Abuelo | ⭘6 | ⭘6 |
|  | Tía | ⭘7 | ⭘7 |
|  | Tío | ⭘8 | ⭘8 |
|  | Tutora legal o guardiana o madre *foster* | ⭘9 | ⭘9 |
|  | Tutor legal o guardián o padre *foster* | ⭘10 | ⭘10 |
|  | Otra relación o parentesco | ⭘11 | ⭘11 |
|  | Si seleccionó “Otra relación o parentesco”, especifique por favor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| 22 | ¿Quién está llenando esta encuesta? | | |
| P22 | Marque **un solo** círculo en cada línea. | Sí | No |
| a) | Padre/Madre/Tutor 1 | ⭘1 | ⭘2 |
| b) | Padre/Madre/Tutor 2 | ⭘1 | ⭘2 |
| c) | Otra persona | ⭘1 | ⭘2 |

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| 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*) | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| b) | Padre(s) (incluyendo padrastro o padre *foster*) | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| c) | Abuelos | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| d) | Tías o tíos | ⭘1 | ⭘2 | ⭘3 | ⭘4 |
| e) | Otros (por ejemplo, primo o amigo) | ⭘1 | ⭘2 | ⭘3 | ⭘4 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |
| b) | Mayores | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |
| c) | La misma edad……………………………………………….......... | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |

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| 25 | ¿Nacieron las siguientes personas en los Estados Unidos? | | |
| P25 | Marque **un solo** círculo en cada línea.. | Sí | No |
| a) | Su niño o niña | ⭘1 | ⭘2 |
| b) | Padre/madre/tutor 1 | ⭘1 | ⭘2 |
| c) | Padre/madre/tutor 2 | ⭘1 | ⭘2 |

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| 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 |
|  |  | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘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 | ⭘1 | ⭘6 |
| b) | Padre/madre/tutor 1 | ⭘1 | ⭘6 |
| c) | Padre/madre/tutor 2 | ⭘1 | ⭘6 |

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| 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 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |
| b) | Padre/Madre/Tutor 2 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |

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| 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 univer-sidad) | Título de *bachelor* (programa de 4 años de college/  univer-sidad) | Maestría, título profesional(MD, DDS, DVM), o doctorado (Ph.D., o Ed.D.) |
| a) | Padre/madre/tutor legal 1........................ | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |
| b) | Padre/madre/tutor legal 2 | ⭘1 | ⭘2 | ⭘3 | ⭘4 | ⭘5 | ⭘6 | ⭘7 |

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| 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 |

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| 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 | ⭘1 | ⭘1 |
|  | Trabaja como voluntario o en otro trabajo sin pago (por ejemplo, estudiando) | ⭘2 | ⭘2 |
|  | Hace trabajos informales o irregulares | ⭘3 | ⭘3 |
|  | Trabaja tiempo parcial (menos de 50% de las horas de tiempo completo) | ⭘4 | ⭘4 |
|  | Trabaja tiempo parcial (entre 50% y 90% de las horas de tiempo completo) | ⭘5 | ⭘5 |
|  | Trabaja tiempo completo de manera regular | ⭘6 | ⭘6 |

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| 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 |  |

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| 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).

222

**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).

222

**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

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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**