**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017) Main Study First Follow-up (MS2) Data Collection**

OMB# 1850-0911 v.25

**Appendices T-V**

**Appendices MS2-T and MS1 U-V: Student Roster Template and Data Collection Instruments**

National Center for Education Statistics

U.S. Department of Education

Institute of Education Sciences

Washington, DC

August 2019

revised January 2020

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## Appendix MS2-T1. Student Rostering Form (student)

Appendix T includes the student rostering form referenced in Appendix MS2B-J.

**Instructions:** For each student currently enrolled in grade 8 at your school, please provide the below information.

Please be certain to include **all** students currently enrolled in eighth grade at your school, including students with a disability or students who may spend time at another school. These students may take academic or non-academic classes; or they may be in a “school within a school,” or a school co-located with your school.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Student information** | | | | | | | **Race  (Y/N all that apply)** | | | | | **Ethnicity (Y/N)** | **ELL** |
| **StudentID** | **FirstName** | **LastName** | **Suffix** | **Grade 6 or U=ungraded** | **Date of birth MM/DD/YY** | **Sex(M/F)** | **White** | **Black or African American** | **Asian** | **Native Hawaiian or Pacific Islander** | **American Indian or Alaska Native** | **Hispanic** | **Student ELL Status?** |

*NCES is authorized to conduct the MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543), and to collect students’ education records from educational agencies or institutions for the purpose of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form, for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical records.*

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to average 5 minutes per row, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.*

## Appendix MS2-T2. Student Rostering Form (additional information)

**Instructions:** For each student sampled for MGLS:2017, please provide the information requested below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Student was in 6th grade in 2017-18 at this school?** | **Parent Contact information** | | | | | | | | | **Student's Math Teacher (Highest Math Class)** | | | | | **Student's Special Education Teacher, if applicable** | | |
| **Student name** | **Y/N** | **Parent's First Name** | **Parent's Last Name** | **Parent's Address** | **Parent City** | **Parent State** | **Parent Zip** | **Parent's Email** | **Parent's Home Phone** | **Parent's Cell Phone** | **MathTeacherFirstName** | **MathTeacherLastName** | **MathTeacherEmail** | **Math Course Name** | **Math Course Period/Section** | **SpecialEDTeacherFirstName** | **SpecialEDTeacherLastName** | **SpecialEDTeacherEmail** |

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*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to average 5 minutes per row, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.*

## Appendix MS2-U1. Student Survey Specifications

**Note: OFT1 item numbers are shown in parentheses,**

**and are used in programmer logic boxes.**

|  |
| --- |
| *NCES is authorized to conduct the MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543), and to collect students’ education records from educational agencies or institutions for the purpose of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form, for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical records.*  *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to take up to 90 minutes, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.* |

**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017)**

**MS2 Student Questionnaire**

*Note: Underlined text will be displayed as bolded on screen.*

|  |
| --- |
| TIME WARNING – IDLE FOR 15 MINUTES |

IF IDLE MORE THAN 15 MINUTES: **Your session has timed out. We’re very sorry! Your session has been idle for more than 15 minutes. Please close this window and then log back into the survey.**

|  |
| --- |
| TIME WARNING – IN-SCHOOL 20-MINUTE TIMER FOR PART II |

IF STUDENT TAKES MORE THAN 20 MINUTES TO COMPLETE PART II OF THE SURVEY: Thank you for your answers. Now it's time for the next part of the survey. Press “Next” to continue.

TIME WARNING FOR OUT-OF-SCHOOL RESPONDENTS – IDLE FOR 10 MINUTES



AFTER 8 MINUTES OF NO ACTIVITY, DISPLAY:

Due to inactivity, your session will close in 2 minutes. Press Continue if you need more time.

[AFTER 10 MINUTES OF NO ACTIVITY, DISPLAY:]

Your session has timed out. We’re very sorry! Your session has been idle for more than 10 minutes. Please click below to log back into the survey.

**Click below to return to the login page.**

**If you need to take a break, CLOSE ALL browser windows to keep your responses secure.** For example, if you used Chrome or Safari to open the survey, make sure no Chrome or Safari windows are open after you end the survey. Not closing all browsers may allow someone else to see your responses.

|  |
| --- |
| WELCOME BACK |

IF STUDENT IS RETURNING TO SURVEY: Welcome back! Thank you for your responses so far. The survey will begin where you left off. All your prior answers have already been saved. Press “Next” to continue.

|  |
| --- |
| PROGRAMMER BOX: SURVEY REENTRY FLAGS  SET FLAG TO CAPTURE WHICH ASSESSMENT COMPONENT STUDENT FINISHED JUST PRIOR TO SURVEY REENTRY. IN OTHER WORDS, WE WANT TO TRACK WHICH SURVEY ITEMS THE STUDENT IS RESPONDING TO AFTER COMPLETING ASSESSMENTS TO ALLOW USERS TO DECIDE IF ASSESSMENT EXPERIENCE MAY HAVE IMPACTED CERTAIN RESPONSES, E.G., MATH SELF-EFFICACY ITEMS. SET FLAG UPON REENTRY FOR PART 2 AND A SECOND REENTRY FLAG FOR PART 3, AS NEEDED. |

|  |
| --- |
| PROGRAMMER BOX: QUESTION/SUBQUESTION NUMBERING  THE QUESTION (E.G., A.005 (Q1.00A)) AND SUB-QUESTION NUMBERING (E.G., a., b., etc.) SHOULD NOT BE DISPLAYED TO THE RESPONDENT FOR ALL ITEMS IN THE QUESTIONNAIRE. |

|  |
| --- |
| PROGRAMMER BOX: SOFT CHECK CONDITIONS  **CONDITION 1:** For item grid questions, the soft check, “**Your responses are very important. Please answer as many questions as possible. Press “Edit to return to this screen or press “Next” to continue.**” should appear when all items are missing on a screen OR WHEN ANY OTHER/SPECIFY TEXT BOX IS LEFT BLANK.  **CONDITION 2:** The soft check, “**Your responses are very important. Please answer as many questions as possible.”** WITH A “**Close**” BUTTON AT THE BOTTOM OF THE SCREEN THAT RETURNS THE STUDENT TO THE CURRENT QUESTIONshould appear when three consecutive questions that are select all/select one questions are left blank. |

|  |
| --- |
| ALL |

**Intro to Part 1.**

The first questions are about you.

Press START to begin.

|  |
| --- |
| ALL |

**A.001.   Are you [CFNAME] [CLNAME]?**

4110700

   Yes……………………………………………………………………………………………..1  A.003

   No……………………………………………………………………………………...............2

|  |
| --- |
| PROGRAMMER BOX  IF NO, DISPLAY: “**Please raise your hand and let your session facilitator know. You will now be logged off.**” |

|  |
| --- |
| OUT-OF-SCHOOL ADMINISTRATION ONLY |

**A.002.   What is the name of the school you attend?**

4110750

First type in your school name: [ ] (STRING 255)

Then choose a state: [DROPDOWN]

Next type in the city: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 255)

   Don’t know DK A.003

|  |
| --- |
| ALL |

**A.003.   What grade are you in?**

4110800

   Sixth 1 A.005 (Q1.00A)

   Seventh 2 A.005 (Q1.00A)

   Eighth 3 A.005 (Q1.00A)

   Ninth 4 A.005 (Q1.00A)

   Ungraded 5 A.005 (Q1.00A)

NO RESPONSE M  A.005 (Q1.00A)

|  |
| --- |
| ASK IF FIRST TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL |

**A.005 (Q1.00A) Is English your first language?**

🔾 Yes 1 A.015 (Q1.01)

4110810

🔾 No 2 A.010 (Q1.00B)

NO RESPONSE M A.010 (Q1.00B)

|  |
| --- |
| IF A.005 (Q1.00A)=2 |

**A.010 (Q1.00B) How well do you read English?**

🔾 Very well 1 A.015 (Q1.01)

4110820

🔾 Well 2. A.015 (Q1.01)

🔾 Not well 3. A.015 (Q1.01)

🔾 Not at all 4. A.015 (Q1.01)

NO RESPONSE M A.015 (Q1.01)

|  |
| --- |
| ASK IF FIRST TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL |

**A.015 (Q1.01) How old are you?**

4110104

A.020 (Q1.02)

▼

(10 or younger, 11, 12, 13, 14, 15, 16 or older)

NO RESPONSE M A.020 (Q1.02)

|  |
| --- |
| ASK IF FIRST TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL |

A.020 (Q1.02) What is your birth date?

PROGRAMMER: INSERT DROP DOWN FIELDS

Month Day Year

BIRTH DATE A.025 (Q1.03)

▼

▼

▼

4110103

4110102

4110101

(January-December) (1-31) (2001-2009)

NO RESPONSE M A.025(Q1.03)

|  |
| --- |
| SOFT CHECK: IF MONTH = 1, 3, 5, 7, 8, 10, OR 12, DAY CAN BE 1-31. IF MONTH = 2, DAY CAN BE 1-29. IF MONTH = 4, 6, 9, 11, DAY CAN BE 1-30.  IF MONTH = 2 & DAY = 29 & YEAR ≠ 2004 & YEAR ≠ 2008, OR IF MONTH = 2 & DAY = 30 OR 31, A.020 (Q1.02) = OUT OF RANGE.  IF MONTH = 4, 6, 9, 11 & DAY =31, A.020 (Q1.02) = OUT OF RANGE.  IF A.020 (Q1.02) = OUT OF RANGE: **You answered <MONTH entered> <DAY entered> <YEAR entered> as your birthdate. Is that right?** |

|  |
| --- |
| PROGRAMMER BOX: SOFT CHECK: OUT OF RANGE  BELOW THE SOFT CHECK MESSAGE “**You answered <MONTH entered> <DAY entered> <YEAR entered> as your birthdate. Is that right?”** PLEASE INCLUDE A “Yes” BUTTON AND A “No” BUTTON. SELECTING THE “Yes” BUTTON WILL ALLOW THE RESPONDENT TO CONTINUE TO A.025 (Q1.03) SELECTING THE “No” BUTTON SHOULD KEEP THE RESPONDENT ON THE A.020 (Q1.02) SCREEN AND MAKE THE SOFT CHECK MESSAGE DISAPPEAR SO THAT THE RESPONDENT CAN ADJUST THE PREVIOUS RESPONSE. |

|  |
| --- |
| ASK IF FIRST TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL |

**A.025 (Q1.03) What is your sex?**

*Select the one that best describes you.*

4110200

🔾 Male 1 A.030 (Q1.06)

🔾 Female 2 A.030 (Q1.06

NO RESPONSE M A.030 (Q1.06)

|  |
| --- |
| ALL |

**A.040 (Q1.06) How true are the following statements for you?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all true | A little bit true | Somewhat true | True | Very true |
| --- | --- | --- | --- | --- | --- | --- |
| 4050301 | a. I am certain I can learn everything taught in math. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050302 | b. I am sure I can do even the most difficult homework problems in math. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050303 | c. I am confident I can do all the work in math class if I don’t give up. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050304 | d. I am confident I can do even the hardest work in my math class. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| ALL |

**A.045 (Q1.07) How true are the following statements for you?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all true | A little bit true | Somewhat true | True | Very true |
| --- | --- | --- | --- | --- | --- | --- |
| 4050401 | a. Math will be useful for me later in life. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050402 | b. Math helps me in my daily life outside of school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050403 | c. Being someone who is good at math is important to me. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050404 | d. I enjoy doing math. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| ALL |

**A.047 (Q1.05A-B) The next few questions ask for your opinion about different things, so there are no right or wrong answers. How much do you agree or disagree with the following statements?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly agree | Agree | Slightly agree | Slightly disagree | Disagree | Strongly disagree |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4050601 | a. You have a certain amount of intelligence and you can’t really do much to change it. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050602 | b. Your intelligence is something about you that you can’t change very much. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050603 | c. No matter who you are, you can change your intelligence. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050604 | d. You can learn new things, but you can’t really change your basic intelligence. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050605 | e. You can always change your intelligence. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050606 | f. No matter how much intelligence you have, you can always change it quite a bit. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

**A.050 (Q2.15) The next questions are about your classmates this school year. Please think only about the students who are in your classes.**

**How often are the following statements true?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4030101 | a. My classmates think it is important to be my friend. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4030102 | b. My classmates like me the way I am. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4030103 | c. My classmates care about my feelings. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4030104 | d. My classmates like me as much as they like other classmates. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4030105 | e. My classmates really care about me. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| STUDENTS WHO HAVE NOT YET COMPLETED MATH MODULE |

**End1 Thank you. Next are some math questions.**

**Press “Next” to continue.**

|  |
| --- |
| PROGRAMMER BOX  THE “**Next**” BUTTON WILL FINALIZE ANSWERS, AND GO TO THE MATH MODULE OF THE IN-SCHOOL SESSION. |

|  |
| --- |
| STUDENTS REENTERING THE SURVEY AFTER ANY ASSESSMENT MODULE |

**Reentry Intro.**

**Next are** **some more questions about you.**

**Press "START” to begin.**

|  |
| --- |
| all |

**B.005A (Q2.31A) How often are the following statements true for you?**

**I see myself as someone who...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4050101 | a. Does things carefully and completely. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050102 | b. Can be somewhat careless. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050103 | c. Is a reliable worker. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050104 | d. Tends to be disorganized. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050105 | e. Tends to be lazy. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| all |

**B.005B (Q2.31B) How often are the following statements true for you?**

**I see myself as someone who...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4050106 | f. Keeps working until things are done. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050107 | g. Does things efficiently (quickly and correctly). | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050108 | h. Makes plans and sticks to them. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050109 | i. Is easily distracted. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050110 | j. Has trouble paying attention. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| all |

**B.010 (Q2.32) How true are the following statements for you?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all true | A little bit true | Somewhat true | True | Very true |
| --- | --- | --- | --- | --- | --- | --- |
| 4050901 | a. I like to explore strange places. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050902 | b. I like to do frightening things. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050903 | c. I like new and exciting experiences. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050904 | d. I prefer friends who are exciting and unpredictable. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| all |

**B.015 (Q2.33) How true are the following statements for you?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all true | A little bit true | Somewhat true | True | Very true |
| --- | --- | --- | --- | --- | --- | --- |
| 4050701 | a. When I become confused about something I’m learning at school, I try to figure it out. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050702 | b. I work my hardest to learn at school, even if I do not like the subject. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050703 | c. When something I’m studying at school is difficult, I spend extra time and effort until I understand it. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4050704 | d. Even if it is boring, I try to learn as much as I can about what I am studying. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| ALL |

B.020 (Q2.04)    How often do you use the internet outside of school to do homework or school assignments?

4020902🔾 Never 1 B.025 (Q2.05)

🔾 Rarely 2 B.025 (Q2.05)

🔾 Sometimes 3 B.025 (Q2.05)

🔾 Often 4 B.025 (Q2.05)

🔾 Very often 5 B.025 (Q2.05)

🔾 Always 6 B.025 (Q2.05)

NO RESPONSE M B.025 (Q2.05)

|  |
| --- |
| ALL |

B.025 (Q2.05)     How often do you go somewhere other than home or school to access the internet when trying to do your homework or school assignments?

4020904🔾 Never 1 B.030 (Q2.06)

🔾 Rarely 2 B.030 (Q2.06)

🔾 Sometimes 3 B.030 (Q2.06)

🔾 Often 4 B.030 (Q2.06)

🔾 Very often 5 B.030 (Q2.06)

🔾 Always 6 B.030 (Q2.06)

NO RESPONSE M B.030 (Q2.06)

|  |
| --- |
| ALL |

B.030 (Q2.06)    How often do you have a problem with your internet at home when trying to do your homework or school assignments?

4020903 Do not have internet in the home……………………… 0 B.035A (Q2.07A)

🔾 Never……………………………………………………… 1 B.035A (Q2.07A)

🔾 Rarely……………………………………………………... 2 B.035A (Q2.07A)

🔾 Sometimes……………………………………………….. 3 B.035A (Q2.07A)

🔾 Often……………………………………………………… 4 B.035A (Q2.07A)

🔾 Very often………………………………………………… 5 B.035A (Q2.07A)

🔾 Always…………………………………………………… .6 B.035A (Q2.07A)

NO RESPONSE…………………………………………….. M B.035A (Q2.07A)

|  |
| --- |
| ALL |

**B.035A (Q2.07A) How often do you...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Less than once a week | A few times a week | About once a day | Many times a day |
| --- | --- | --- | --- | --- | --- | --- |
| 4021101 | a. Watch video clips for fun on YouTube, Instagram, Snapchat, or other sites? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021102 | b. Look up information online for your own interests (for example, using Google, Reddit, Tumblr, or other sites)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021103 | c. Play video games, computer games, or mobile games? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021104 | d. Video chat through programs like Facetime, Skype, Google Duo, or WhatsApp? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021105 | e. Message with friends using texting, KIK, iMessage, Snapchat, WhatsApp, or some other app? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| PROGRAMMER BOX B.035A (Q2.07A)  PROGRAMMERS: PLEASE Display help text when THE help text icon next to the PHRASE “**video clips**” is pressed.  Help text for b.035a (Q2.07a) question text:  **Watching video clips means short videos. Do not include watching full-length television shows or movies, such as streaming via Netflix, Hulu, or YouTube.**  PROGRAMMERS: PLEASE Display help text when THE help text icon next to the PHRASE “**for your own interests”** is pressed.  Help text for B.035a (Q2.07a) QUESTION TEXT:  **Looking up information online for your own interests includes researching things that you want to find out more about. Do not include research for homework or a school assignment.** |

|  |
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| ALL |

B.035B (Q2.07B) How often do you...

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Less than once a week | A few times a week | About once a day | Many times a day |
| --- | --- | --- | --- | --- | --- | --- |
| 4021106 | f. Post photos, videos, or updates on social media sites (such as Instagram, Snapchat, Twitter, Facebook, or Ask.fm)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021107 | g. Send emails to friends, family members, teachers, or others? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021108 | h. Make your own digital art or music (such as painting, graphics, videos, music)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021109 | i. Write computer programs (code) or develop apps? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4021110 | j. Do some other activity using a computer, tablet, phone, or similar device? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| If B.035(Q2.07)J>1 |

**B.035OTHER (Q2.07OTHER)**

**What other activity do you do using a computer, tablet, phone, or similar device? Please type your answer.**

**Do not include watching full-length television shows or movies, such as streaming via Netflix, Hulu, or YouTube.**

4021111

|  |
| --- |
| ALL |

**C.005 (Q2.12) Next are some questions about things that may happen at your school.**

**How often does the following happen at your school?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often |
| --- | --- | --- | --- | --- | --- | --- |
| 4010201 | a. I feel like a real part of my school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010202 | b. People notice when I’m good at something. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010203 | c. Other students take my opinions seriously. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010204 | d. People are friendly to me. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010205 | e. I’m included in lots of activities. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010303 | f. I feel safe at this school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| all |

**C.010 (Q2.13) The next questions are about the students at your school.**

**How often did the following happen at your school in the last month?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often |
| --- | --- | --- | --- | --- | --- | --- |
| 4010601 | a. Physical conflicts (fights) among students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010602 | b. Students bullied other students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010603 | c. Students yelled and screamed at the teachers. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| --- |
| all |

**C.015 (Q2.13A) The next questions are about the students at your school.**

**During this school year, how often have other students…**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often |
| --- | --- | --- | --- | --- | --- | --- |
| 4010604 | a. Teased you, made fun of you, or called you names? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010605 | b. Told lies or untrue stories about you? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4010606 | c. Pushed, shoved, slapped, hit, or kicked you? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| all |

C.020 (Q2.14) Now we want you to think only about teachers that you have class with this year.

**How often does the following happen with your teachers?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4010501 | a. I get along well with my teachers. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010502 | b. My teachers listen to what I have to say. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010503 | c. If I need extra help, I receive it from my teachers. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010504 | d. My teachers treat me fairly. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010505 | e. My teachers care about my feelings. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

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| all |

C.022 Still thinking about the teachers you have class with this year, how often do the teachers at your school do the following?

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4010401 | a. Teachers praise students' efforts when they work hard. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010402 | b. Teachers want students to get good grades. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010403 | c. Teachers put down students in class. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010404 | d. Teachers expect students to do their best. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4010405 | e. Teachers expect everyone to work hard. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

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| all |

**C.030 (Q2.16) Next are a few questions about people who you hang out with, including people you know from school or from somewhere else.**

**How important is it to the people who you hang out with that they...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all important | A little bit important | Somewhat important | Important | Very important |
| --- | --- | --- | --- | --- | --- | --- |
| 4030201 | a. Attend classes regularly? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4030202 | b. Get good grades? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4030203 | c. Work hard in school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| ALL |

The next questions are about sleeping and how you feel physically.

D.005 (Q2.19) In the last month, how often…

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often |
| --- | --- | --- | --- | --- | --- | --- |
| 4080101 | a. Did you wake up feeling tired? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4080102 | b. Did you have trouble falling asleep? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4080103 | c. Did you have trouble staying asleep? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4080104 | d. Did you move a lot when you slept / had restless sleep? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4080105 | e. Did you have trouble staying awake while sitting in class or watching TV? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| ALL |

**D.010 (Q2.20) In the last month, how often…**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often |
| --- | --- | --- | --- | --- | --- | --- |
| 4040101 | a. Did you have a headache? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4040102 | b. Did you have aches, pains, or soreness in your muscles or joints? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4040103 | c. Did you have a stomachache? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| ALL |

**D.012 When was the last time that you ate (a meal or a snack)?**

4040104

🔾 In the last hour 1 D.015

🔾 One to two hours ago 2 D.015

🔾 Today but more than two hours ago 3 D.015

🔾 Yesterday, at 4 p.m or later 4 D.015

🔾 Yesterday, before 4 p.m 5 D.015

NO RESPONSE M D.015

|  |
| --- |
| all |

**The next questions are about your vision.** **Please answer thinking about your vision when you are not wearing glasses or contact lenses.**

**D.015 Do you…**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Yes | No |
| --- | --- | --- | --- |
| 4040200 | a. Have a hard time seeing things in the distance? | 1 🔾 | 2 🔾 |
| 4040201 | b. Have a hard time seeing the board in your classroom? | 1 🔾 | 2 🔾 |
| 4040202 | c. Have a hard time seeing things close-up (like letters on paper)? | 1 🔾 | 2 🔾 |

|  |
| --- |
| ALL |

**D.020 (Q2.20A) How often do you wear eyeglasses or contact lenses to help you see better?**

🔾 Always/Most of the time………………………………... 1 D.030 (Q2.21)

4040204

🔾 Often…………………………………………………….. .2 D.030 (Q2.21)

🔾 Sometimes………………………………………………. 3 D.030 (Q2.21)

🔾 Rarely………………………………………………….… 4 D.030 (Q2.21)

🔾 Never…………………………………………………….. 5 D.030 (Q2.21)

🔾 I do not have glasses/contact lenses………………… 6 D.025 (Q2.21)

NO RESPONSE……………………………………….. M D.025 (Q2.21)

|  |
| --- |
| IF D.020 (Q2.20A) = 6 |

**D.025 (Q2.20B) Have you been told by a professional like an eye doctor that you need glasses or**

**contact lenses to help you see better?**

🔾 Yes……………………………………………………………… 1 D.030 (Q2.21)

4040203

🔾 No……………………………………………………………….. 2 D.030 (Q2.21)

NO RESPONSE………………………………………………. M D.030 (Q2.21)

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| ASK IF FIRST TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL |

**D.030 (Q2.21) The next questions are about you and your family.**

**Are you Hispanic or Latino/Latina?**

🔾 Yes……………………………………………………………… 1 D.035 (Q2.22)

4110300

🔾 No…………………………………………………………….…. 2 D.040 (Q2.23)

NO RESPONSE……………………………………………… M D.040 (Q2.23)

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| PROGRAMMER BOX D.030 (Q2.21)  display help text when HELP TEXT ICON NEXT TO THE WORDS “**Hispanic or Latino/Latina**” for D.030 (Q2.21) IS PRESSED.  help text:  **Hispanic or Latino/Latina**: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race. |

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| D.030 (Q2.21)=1 |

**D.035 (Q2.22) Which of the following best describes you?**

*Select all that apply.*

🞏 Mexican, Mexican-American, or Chicano/Chicana………… 1 D.040 (Q2.23)

4110410

🞏 Cuban…………………………………………………………… 2 D.040 (Q2.23)

4110420

🞏 Dominican……………………………………………………… 3 D.040 (Q2.23)

4110440

4110430

🞏 Puerto Rican…………………………………………………... 4 D.040 (Q2.23)

🞏 Central American such as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran…………………..……… 5 D.040 (Q2.23)

4110450

🞏 South American such as Colombian, Argentine, or Peruvian………………………………………………………. 6 D.040 (Q2.23)

4110460

🞏 Other Hispanic or Latino/Latina…………………………. 99 D.040 (Q2.23)

4110470

NO RESPONSE……………………………………………….... M D.040 (Q2.23)

|  |
| --- |
| SOFT CHECK: IF D.035 (Q2.22)=99 AND D.035\_SPEC(Q2.22\_SPEC) UNANSWERED: **Please type in which other Hispanic or Latino/Latina category best describes you. Press “Edit” to return to this screen or press “Next” to continue.** |

|  |
| --- |
| ASK IF FIRST TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL |

**D.040 (Q2.23) Which of the following best describes your race?**

*Select all that apply.*

🞏 White………………………………………………………… 1 D.050 (Q2.25)

4110510

🞏 Black or African American………………………………… 2 D.050 (Q2.25)

4110540

4110520

4110530

🞏 Asian………………………………………………………… 3 D.045 (Q2.24)

🞏 Native Hawaiian or other Pacific Islander……………….. 4 D.050 (Q2.25)

🞏 American Indian or Alaska Native………………………... 5 D.050 (Q2.25)

4110550

NO RESPONSE……………………………………………. M D.050 (Q2.25)

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| PROGRAMMER BOX D.040 (Q2.23)  Display help text for each response option of D.040 (Q2.23) when the help text icon is pressed with each help text displaying only its corresponding definition:  **White**: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   **Black or African American**: a person having origins in any of the black racial groups of Africa.   **Asian**: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.   **Native Hawaiian or other Pacific Islander**: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   **American Indian or Alaska Native**: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |

|  |
| --- |
| D.040 (q2.23)=3 |

**D.045 (Q2.24) Which of the following best describes you?**

*Select all that apply.*

4110610

🞏 Asian Indian…………………………………………………… 1 D.050 (Q2.25)

4110620

🞏 Chinese………………………………………………………... 2 D.050 (Q2.25)

🞏 Filipino…………………………………………………………. 3 D.050 (Q2.25)

4110630

4110640

🞏 Japanese……………………………………………………… 4 D.050 (Q2.25)

4110650

🞏 Korean………………………………………………………… 5 D.050 (Q2.25)

4110660

🞏 Vietnamese…………………………………………………… 6 D.050 (Q2.25)

4110670

🞏 Other Asian………………………………………………… 99 D.050 (Q2.25)

NO RESPONSE…………………………………………… M D.050 (Q2.25)

|  |
| --- |
| SOFT CHECK: IF D.045 (Q2.24)=99 AND D.045\_SPEC (Q2.24\_SPEC) UNANSWERED: **Please type in which other Asian category best describes you. Press “Edit” to return to this screen or press “Next” to continue.** |

|  |
| --- |
| all |

**D.050 (Q2.25) How much do you agree or disagree with the following statements?**

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Select one answer for each row.* | Strongly agree | Agree | Slightly agree | Slightly disagree | Disagree | Strongly disagree |
| 4051101 | a. I feel close to others who share my race/ethnicity. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4051102 | b. Other people judge me based on my race/ethnicity. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4051103 | c. I get in fights with other people because of my race/ethnicity. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4051104 | d. People do not want to hang out with me because of my race/ethnicity. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| all |

**D.060 (Q2.27) How often do your parents/guardians...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4060302 | a. Respect your privacy? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4060303 | b. Give you a lot of freedom? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4060304 | c. Make most of the decisions about what you can do? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4060305 | d. Believe you have a right to your own point of view? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| all |

**D.065 (Q2.28) How often do your parents/guardians...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4060401 | a. Know what you do during your free time? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4060402 | b. Know how much homework you have? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4060403 | c. Know what you spend your money on? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4060404 | d. Know when you have an exam or paper due at school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4060405 | e. Know what your school grades are? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

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| PROGRAMMER BOX D.065 (Q2.28)  display help text when HELP TEXT ICON NEXT TO THE WORDS “**your money**” for D.065 (Q2.28) IS PRESSED.  Help text for D.065 (Q2.28) QUESTION TEXT:  **Some people your age do not have their own money to spend. If you do not have your own money, please select “Always” for this question.** |

|  |
| --- |
| all |

**E.005 (Q2.30) Next are statements about you and where you live.**

**How true are the following statements for you?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all true | A little bit true | Somewhat true | True | Very true |
| --- | --- | --- | --- | --- | --- | --- |
| 4060601 | a. There are a lot of adults in my neighborhood who I want to be like when I grow up. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4060602 | b. I want to get away from my neighborhood as soon as I can. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4060603 | c. I can count on people in my neighborhood to help me if I need it. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4060604 | d. I feel very safe walking and playing in my neighborhood. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4060605 | e. I feel very safe participating in after school activities in my community. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| all |

**E.025A (Q2.34A) How often are the following statements true for you?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | None of the time | A little of the time | Some of the time | A lot of the time | Most of the time | All of the time |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4050201 | a. I think I am doing pretty well. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050202 | b. I can think of many ways to get the things in life that are most important to me. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050203 | c. I am doing at least as well as other people my age. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| all |

**E.025B (Q2.34B) How often are the following statements true for you?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | None of the time | A little of the time | Some of the time | A lot of the time | Most of the time | All of the time |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4050204 | d. When I have a problem, I can come up with lots of ways to solve it. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050205 | e. I think the things I have done in the past will help me in the future. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 4050206 | f. Even when others want me to quit, I know that I can find ways to solve the problem. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| all |

**E.030 (Q2.35) As things stand now, how far in school do you think you will go?**

🔾 I won’t finish high school. ………………………………… 1.E.035 (Q2.08)

4070200

🔾 I will graduate from high school, but won’t go any further. ……………………………………………………………….. 2 E.035 (Q2.08)

🔾 I will go to a technical or trade school after high school. ………………………………………………………………. 3 E.035 (Q2.08)

🔾 I will attend college. ……………………………………… 4 E.035 (Q2.08)

🔾 I will graduate from college. …………………………….. 5 E.035 (Q2.08)

🔾 I will attend a higher level of school after graduating from college 6 E.035 (Q2.08)

🔾 Don’t know. ………………………………………………. 7 E.035 (Q2.08)

NO RESPONSE………………………………………… .M E.035 (Q2.08)

|  |
| --- |
| PROGRAMMER BOX E.030 (Q2.35)  PLEASE DISPLAY HELP TEXT WHEN THE help text icon next to the PHRASE “**technical or trade school**” is pressed. TEXT UNDERLINED HERE SHOULD BE BOLDED ON SCREEN.  help text for response option 3:  **Examples of things a person might study in a technical or trade school include automotive work, culinary/food industry, electrical work, carpentry, graphic design, fashion, and information technology.**  PLEASE DISPLAY HELP TEXT WHEN THE help text icon next to the PHRASE “higher level of school” is pressed.  help text for response option 6:  **A person attending a higher level of school after graduating from college may be studying for a master’s degree, a PhD degree, or a professional degree, for example to become a lawyer or a doctor.**  PLEASE DISPLAY HELP TEXT WHEN THE help text icon next to the PHRASE “don’t know” is pressed.  help text for response option 7:  **If you are deciding between two response options, please select the one that you think you have a better chance of doing rather than selecting “Don’t know.”** |

|  |
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| ALL |

**E.050 (Q1.04) These questions are about activities you do at school.**

**Have you participated in the following school-sponsored activities at any time during this school year?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Participated as an officer, leader, or captain | Participated | Did not participate |
| --- | --- | --- | --- | --- |
| 4020101 | a. School sports | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020102 | b. Math or science clubs | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020104 | c. Performing arts, such as music, dance, and/or theater | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020105 | d. Student government | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020106 | e. School yearbook, newspaper, or literary magazine | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020110 | f. Media arts, such as animation or computer graphics | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020111 | g. Visual arts, such as painting, sculpture, or pottery | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020114 | h. Video game clubs (e.g., Fortnite, Minecraft, etc.) | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020103 | i. Other school clubs | 3 🔾 | 2 🔾 | 1 🔾 |
| 4020107 | j. Other school-sponsored activities | 3 🔾 | 2 🔾 | 1 🔾 |

|  |
| --- |
| all |

**E.055 (Q2.01) These questions ask about activities you might do outside of school.**

**How often do you spend time…**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | One to three times a month | Once or twice a week | Every day or almost every day |
| --- | --- | --- | --- | --- | --- | --- |
| 4020210 | a. Working on arts and/or crafts? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4020230 | b. Playing organized non-school sports? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4020250 | c. Participating in a non-school organized group activity, like 4-H, Scouts, or youth group? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4020280 | d. Singing, playing a musical instrument, creating or performing music, dancing, or acting? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4020290 | e. Journaling or on your own creative writing? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4020260 | f. Doing other activities or hobbies? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| PROGRAMMER BOX E.055 (Q2.01)  PROGRAMMERS: PLEASE Display help text when THE help text icon next to “**organized non-school sports**” is pressed.  Help text for E.055B (Q2.01b) QUESTION TEXT:  **You play an organized non-school sport if you play or practice a sport for a team that is not run by your school. Do not include school sports, even if the practices and games are held off school grounds.** |

|  |
| --- |
| ALL |

**E.060 (Q2.03) Do you receive an allowance?**

4024120

🔾 Yes 1 E.065 (Q2.02)

🔾 No 2 E.065 (Q2.02)

|  |
| --- |
| All |

**E.065 (Q2.02) Some people your age get paid for work they do.** **Have you ever been paid to do work outside of the home?**

**(Do not include chores, helping around the house, or an allowance you might receive.)**

🔾 Yes 1 E.070 (Q2.26)

4024110

🔾 No 2 E.070 (Q2.26)

|  |
| --- |
| PROGRAMMER BOX E.065 (Q2.02)  PROGRAMMERS: IN QUESTION E.065 (Q2.02), PLEASE Display help text when THE help text icon next to the PHRASE “**work outside of the home**” is pressed.  Help text for E.065 (Q2.02) QUESTION TEXT:  **Examples of getting paid to do work outside of the home include things like babysitting, pet sitting, having a newspaper route, doing lawn work or farm work, or helping neighbors.** |

|  |
| --- |
| ALL |

E.071 (Q2.08) On a typical weekday, how much time each day do you spend using electronic devices (including phone, tablet, computer, video game systems, television, iPod, etc.):

For school-related activities:

4021201

Minutes

▼

Hours

▼

(Hours: 0-24)

(Minutes: 00, 15, 30, 45)

**For all other activities that are not school-related**:

4021202

Minutes

▼

Hours

▼

(Hours: 0-24)

(Minutes: 00, 15, 30, 45)

|  |
| --- |
| ALL |

E.072 (Q2.09) On a typical weekend day, how much time each day do you spend using electronic devices (including phone, tablet, computer, video game systems, television, iPod, etc.):

4021203

**For school-related activities**:

Minutes

▼

Hours

▼

(Hours: 0-24)

(Minutes: 00, 15, 30, 45)

4021204

**For all other activities that are not school-related**:

Minutes

▼

Hours

▼

(Hours: 0-24)

(Minutes: 00, 15, 30, 45)

|  |
| --- |
| ALL |

E.073 (Q2.10) How much time do you spend reading, not counting school work or any school-assigned reading:

4021205

Hours

**On the average weekday**:

▼

Minutes

▼

(Hours: 0-24)

(Minutes: 00, 15, 30, 45)

4021206

Hours

▼

Minutes

**On the average weekend day**:

▼

(Hours: 0-24)

(Minutes: 00, 15, 30, 45)

|  |
| --- |
| PROGRAMMER BOX E.073 (Q2.10)  display help text when HELP TEXT ICON NEXT TO THE WORDS “**spend reading**” for B.050 (Q2.10) (first time that Reading is mentioned) IS PRESSED.  help text:  **Reading includes anything you read from a paper or electronic source, such as a book, magazine, or tablet.** |

|  |
| --- |
| all |

**E.074 (Q2.26)**

**Now imagine a ladder that represents the students at your school.**

**- At the top of the ladder are the students who have the most respect, receive the highest grades, and are the most popular.**

**- At the bottom of the ladder are the students who have the least respect, receive the worst grades, and are the least popular.**

**Select the place on the ladder where you see yourself.**

[DISPLAY LADDER HERE, AFTER THE QUESTION TEXT WITH THE RADIO BUTTONS ADJACENT TO THE LADDER ON THE RIGHT SIDE]

**School**

4051020

🔾 1 (top of the ladder)…………………………………………..... 1 E.071 (Q2.08)

🔾 2…………………………………………………………….……. 2 E.071 (Q2.08)

🔾 3………………………………………………………………….. 3 E.071(Q2.08)

🔾 4………………………………………………………………….. 4 E.071 (Q2.08)

🔾 5………………………………………………………………….. 5 E.071 (Q2.08)

🔾 6………………………………………………………………….. 6 E.071 (Q2.08)

🔾 7…………………………………………………………………. 7 E.071 (Q2.08)

🔾 8……………………………………………………………….… 8 E.071 (Q2.08)

🔾 9…………………………………………………………………. 9 E.071 (Q2.08)

🔾 10 (bottom of the ladder)……………………………………. 10 E.071 (Q2.08)

NO RESPONSE……………………………………………… M E.071 (Q2.08)

|  |
| --- |
| PROGRAMMER BOX E.070 (Q2.26)  REPRESENT A LADDER WITH 10 RUNGS, EACH OF WHICH WILL HAVE A CORRESPONDING RADIO BUTTON. THE STUDENT WILL SELECT THE RADIO BUTTON THAT MATCHES WHERE HE/SHE THINKS he/she WOULD BE ON THE LADDER. |

|  |
| --- |
| all |

**E.075 (Q1.08) What time do you usually wake up on school days?**

PROGRAMMER: INSERT THREE DROP DOWN FIELDS

HOUR MINUTE AM/PM

4080111

▼

▼

▼

(1-12) (00-55) (AM/PM)

E.080 (Q1.09)

NO RESPONSE M E.080 (Q1.09)

|  |
| --- |
| PROGRAMMER BOX E.075 (Q1.08)  PROGRAMMERS: IN QUESTION E.075 (Q1.08), PLEASE Display help text when THE help text icon next to “**usually**” is Pressed.  Help text for E.075 (Q1.08) QUESTION TEXT:  **If you don’t have a usual time that you wake up on school days, please select the time when you most often wake up on school days.** |

|  |
| --- |
| PROGRAMMER BOX E.075 (Q1.08)  DISPLAY HOURS IN DROPDOWN MENU IN 1 HOUR INTERVALS RANGING 1-12 FOR HOUR  DISPLAY MINUTES IN DROPDOWN MENU IN 5 MINUTE INTERVALS RANGING 00-55 FOR MINUTE  DISPLAY “AM” AND “PM” RESPONSE OPTIONS IN DROPDOWN MENU FOR AM/PM  INSERT “:” BETWEEN HOUR AND MINUTE DROPDOWN BOXES |

|  |
| --- |
| SOFT CHECK: IF 11:00AM-3:00AM; **You answered <HOUR entered>:<MINUTE entered> <AM/PM entered> as the time you usually wake up on school days. If this is wrong, press “Edit” to return to this screen. If this is right, press “Next” to continue.**  IF PARTIAL ANSWER**: Please enter the hours, minutes, and AM or PM that you usually wake up on school days. Press “Edit” to return to this screen or press “Next” to continue.**  PLEASE INCLUDE AN “**Edit**” BUTTON AND A “**Next**” BUTTON. SELECTING THE “**Next**” BUTTON WILL ALLOW THE RESPONDENT TO CONTINUE TO E.080 (Q1.09). SELECTING THE “**Edit**” BUTTON SHOULD KEEP THE RESPONDENT ON THE E.075 (Q1.08) SCREEN AND MAKE THE SOFT CHECK MESSAGE DISAPPEAR SO THAT THE RESPONDENT CAN ADJUST THE PREVIOUS RESPONSE. |

|  |
| --- |
| all |

**E.080 (Q1.09) What time do you usually go to sleep on school nights?**

PROGRAMMER: INSERT THREE DROP DOWN FIELDS

HOUR MINUTE AM/PM

…… END

4080112

▼

▼

▼

(1-12) (00-55) (AM/PM)

NO RESPONSE M END

PROGRAMMER BOX E.080 (Q1.09)

display hours in dropdown menu in 1 hour intervals ranging 1-12 for hour

DISPLAY MINUTES IN DROPDOWN MENU IN 5 MINUTE INTERVALS ranging 00-55 for minute

display “am” and “pm” response options in dropdown menu for am/pm

insert “:” between hour and minute dropdown boxes

|  |
| --- |
| PROGRAMMER BOX E080 (Q1.09)  PROGRAMMERS: IN QUESTION E.080 (Q1.09), PLEASE Display help text when THE help text icon next to “**usually**” is pressed.  Help text for E.080 (Q1.09) QUESTION TEXT:  **If you don’t have a usual time that you go to sleep on school nights, please select the time when you most often go to sleep on school nights.** |

|  |
| --- |
| SOFT CHECK: IF 2:00AM-7:00PM; **You answered <HOUR entered>:<MINUTE entered> <AM/PM entered> as the time you usually go to sleep on school nights. If this is wrong, press “Edit” to return to this screen. If this is right, press “Next” to continue.**  IF PARTIAL ANSWER: **Please enter the hours, minutes, and AM or PM that you usually go to sleep on school days. Press "Edit" to return to this screen or press "Next" to continue.**  PLEASE INCLUDE AN “**Edit**” BUTTON AND A “**Next**” BUTTON. SELECTING THE “**Next**” BUTTON WILL ALLOW THE RESPONDENT TO CONTINUE TO END1. SELECTING THE “**Edit**” BUTTON SHOULD KEEP THE RESPONDENT ON THE E.080 (Q1.09) SCREEN AND MAKE THE SOFT CHECK MESSAGE DISAPPEAR SO THAT THE RESPONDENT CAN ADJUST THE PREVIOUS RESPONSE. |

|  |
| --- |
| STUDENTS WHO HAVE NOT YET COMPLETED THE READING MODULE |

**End of Part 2. Next you will be completing some reading activities.**

**Press “Next” to continue.**

|  |
| --- |
| PROGRAMMER BOX  THE “**Next**” BUTTON WILL FINALIZE ANSWERS, AND THEN ROUTE TO THE READING MODULE OF THE IN-SCHOOL SESSION. |

|  |
| --- |
| PROGRAMMER BOX  IF STUDENT COMPLETES EXECUTIVE FUNCTION AND SESSION TIME REMAINS, DISPLAY REENTRY INTRO AND RESUME SURVEY AT LAST ITEM ANSWERED, UNTIMED UNTIL SESSION ENDS.  HEIGHT AND WEIGHT PROMPT SHOULD BE SET TO OCCUR DURING PARTS 1 OR 2 ONLY, AS NOT ALL STUDENTS WILL HAVE A PART 3 IF THEY COMPLETE ALL ITEMS DURING PART 2.  GO TO THANK SCREEN IF ALL ASSESSMENT MODULES AND SURVEY ITEMS HAVE BEEN COMPLETED. |

**THANK. Thank you very much for participating in MGLS:2017! We appreciate you taking the time to complete the survey. Press “Finish” to exit.**

## Appendix MS2-U2a. Parent Interview Survey Specifications

**Note: OFT1 item numbers are shown in parentheses,**

**and are used in programmer logic boxes.**

**Items included in the Abbreviated Survey are marked with**

**gray shading of item numbers.**

|  |
| --- |
| *NCES is authorized to conduct the MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543), and to collect students’ education records from educational agencies or institutions for the purpose of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form, for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical records.*  *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to average <<35/20>> minutes, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.* |

***Note****: When the abbreviated parent questionnaire becomes available to respondents near the end of data collection as described in Part B, the average burden estimate will be updated from 35 to 20 minutes.*

**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017)**

**MS2 Parent Survey**

*Note: Underlined text will be displayed as bolded on screen.*

*Note: Items included in the Abbreviated Survey are marked with gray shading of item numbers.*

|  |
| --- |
| ALL |

**Select survey language**

Please select the survey language.

(Seleccione el idioma de la encuesta.)

🔾 English

5000101

🔾 Español

Click the arrow button below to proceed.

|  |
| --- |
| ALL |
| DISPLAY WHEN USER LOGS BACK INTO AN INCOMPLETE SURVEY |

**Welcome/Welcome Back**

Welcome [back]! Thanks for participating in the Middle Grades Longitudinal Study. Here are a few things to remember before you begin:

If you would like to go back, use the navigation buttons at the bottom of the screen in the survey. Please do not click your browser’s back button during the survey.

When you have finished or if you need to take a break before finishing, please click the LOG OUT button and CLOSE ALL browser windows to keep your responses secure. For example, if you used Chrome or Safari to open the survey, make sure no Chrome or Safari windows are open after you end the survey. Not closing all browsers may allow someone else to see your responses.

When you log in again, you can resume where you left off.

Need more help?

If you have any questions about logging in or about the survey questions, please use the "Help" button at the top of your screen or call our help desk at 1-855-500-1432.

Click the arrow button below to get started.

5000105

|  |
| --- |
| PROGRAMMER CFNAME BOX  fill CFNAME=CHILD’S FIRST NAME, throughout |

AFTER 8 MINUTES OF NO ACTIVITY, DISPLAY:

Due to inactivity, your session will close in 2 minutes. Press Continue if you need more time.

[AFTER 10 MINUTES OF NO ACTIVITY, DISPLAY:]

Your session has timed out. We’re very sorry! Your session has been idle for more than 10 minutes. Please click below to log back into the survey.

**Click below to return to the login page.**

|  |
| --- |
| ALL |

**VERIFICATION SCREENS**

**VERIFICATION1**

To ensure that we have the right person and to protect the confidentiality of all student participants, we ask that you verify that we have matched you with your child. Please select your child’s name from the list of names below.

5000110

🔾 Student 1

🔾 Student 2

🔾 Student 3

🔾 Student 4

Click the arrow button below to proceed.

|  |
| --- |
| PROGRAMMER BOX VERIFICATION 1  Student names will include three names randomly generated from a pick-list in addition to the sampled student. Order is randomized. |

|  |
| --- |
| DISPLAY IF INFORMATION PROVIDED IN VERIFICATION1 IS CORRECT. ELSE GO TO VERIFICATION ERROR. |

**VERIFICATION2**

[In the 2019-2020 school year, [CFNAME] attends which school/In the 2017-2018 school year, [CFNAME] attended which school]?

🔾 School 1

5000115

🔾 School 2

🔾 School 3

🔾 School 4

Click the arrow button below to proceed.

|  |
| --- |
| **PROGRAMMER BOX VERIFICATION 2**  School names will include three school names randomly generated from a pick-list in addition to the school of the sampled student. Order is randomized.  IF STUDENT WAS SAMPLED IN MS1, DISPLAY “**In the 2017-2018 school year…**” IF STUDENT WAS SAMPLED NEWLY FOR MS2, DISPLAY “**In the 2019-2020 school year…”** |

|  |
| --- |
| DISPLAY VERIFICATION ERROR IF INFORMATION PROVIDED IN VERIFICATION1 OR VERIFICATION2 IS INCORRECT. |

**VERIFICATION ERROR**

The information you provided does not match what we have on file. Please call 855-500-1432 for immediate assistance from one of our help desk agents, or you can email [mgls@rti.org](mailto:mgls@rti.org).

5000120

|  |
| --- |
| PROGRAMMER BOX  DISPLAY “**Close**” BUTTON. WHEN “**Close**” IS PRESSED, THE VERIFICATION POP-UP SHOULD DISAPPEAR AND RETURN RESPONDENT TO THE LOGIN PAGE. |

|  |
| --- |
| IF CHILD PARTICIPATING IN IN-SCHOOL SESSION, WEB SURVEY NOT ACCESSED THROUGH CATI, AND PARENT CONSENT NOT YET RECEIVED |

**PERM1**  Thank you for being a part of the Middle Grades Longitudinal Study of 2017–18 (MGLS:2017). This will help us learn about children’s development during an important time in their lives.

Before we begin the parent survey, we see that you have not yet provided permission for your child to participate in the student session of MGLS:2017.

5000125

|  |
| --- |
| PROGRAMMER BOX PERM1  go to perm2 when respondent presses “**Next**” if ALL THREE of the following conditions are met:  1) Child is at school that requires explicit permission AND the school allows electronic permission  2) Parent has not returned a permission form  3) Current date is before the final testing date of the child's school.  If ALL THREE conditions are not met, go to INTRO1. |

|  |
| --- |
| IF CHILD PARTICIPATING IN IN-SCHOOL SESSION, WEB SURVEY NOT ACCESSED THROUGH CATI, AND PARENT CONSENT NOT YET RECEIVED |

**PERM2** Your child’s school has accepted an invitation from the National Center for Education Statistics (NCES), part of the U.S. Department of Education, to participate in MGLS:2017. A sample of students from your child’s school will take part. Your child is one of approximately 20,000 students selected from across the United States to participate.

To have an accurate picture of what U.S. students in middle grades can do in reading, math, and other (noncognitive) skills important to learning, it is important that each student selected take part in the study. In addition to answering reading and math questions, students will be asked to complete a brief questionnaire about themselves and provide height and weight measurements, which is important to understanding the growth and development of adolescents. I urge you to support this effort by encouraging your child to take part.

5000130

|  |
| --- |
| IF CHILD IS PARTICIPATING IN AN IN-SCHOOL SESSION AND PARENT WEB SURVEY NOT CATI-ADMINISTERED |

**PERM3** Completing the survey is voluntary for you and your child and there are no penalties for not participating. Your child may also skip any question he or she does not want to answer. All of the information collected is protected, as required by law. NCES is authorized to conduct MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543) and to collect students’ education records from education agencies or institutions for the purposes of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. All of the information your child provides may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical reports.  
  
Click here to view the permission cover letter in its entirety.

5000135

|  |
| --- |
| PROGRAMMER BOX PERM3  PLEASE HYPERLINK "**Click here**" TO THE PDF VERSION OF THE EXPLICIT PERMISSION FORM. |

|  |
| --- |
| IF CHILD PARTICIPATING IN IN-SCHOOL SESSION, WEB SURVEY NOT ACCESSED THROUGH CATI, AND PARENT CONSENT NOT YET RECEIVED |

**PERM4** Your child has been asked to participate in a study of student learning called the Middle Grades Longitudinal Study of 2017-18 (MGLS:2017). Student data will be collected in a 90-minute session during the school day. The student assessment will be administered by a team of researchers from RTI International, on behalf of the National Center for Education Statistics (NCES).  
Please select one:

5000140

🔾 Yes, I give permission for my child to participate in MGLS:2017 1 INTRO1 (A01a)

🔾 No, I do not give permission for my child to participate, but I will complete the parent survey 2 INTRO1 (A01a)

🔾 No, I do not give permission for my child to participate in MGLS:2017 3 END-THANK

5000145

Please provide your contact information below.

a. First Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5000146

5000147

b. Middle Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5000148

c. Last Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5000149

d. Suffix: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5000150

e. Phone Number: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5000151

f. Email: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

|  |
| --- |
| PROGRAMMER BOX PERM4  IF PERM4=NULL, DISPLAY THE SOFTCHECK:  **Please consider providing permission for your child to participate in this important study.**  IF PERM4=1 AND (PERM4A OR PERM4C=NULL), DISPLAY THE SOFTCHECK:  **Please provide your first and last name so you may continue.** |

|  |
| --- |
| IF PERM4=3 |

**END-THANK.** Thank you for your time. Since your child will not be participating in MGLS:2017, those are all the questions we have for you.  
  
Press "Finish" to close the survey.

|  |
| --- |
| IF INFORMATION PROVIDED IN VERIFICATION1 AND VERIFICATION2 ARE CORRECT |

**A. WEB INTRO**

**INTRO1 (A01a.)** **SURVEY INFORMATION**

5000155

Thank you for being a part of the Middle Grades Longitudinal Study of 2017-18 (MGLS:2017). This will help us learn about children’s development during an important time in their lives.

We also want to learn about family and school experiences that shape children’s development. This is where we need your help. [SURVEY\_DESCRIPT\_FILL]. Your answers are very important to the study’s success and we hope you will complete the survey. This survey is voluntary and you can skip questions you do not want to answer. You will receive a [$20/$30] check for completing this survey.

Please click the “Next” button below.

|  |
| --- |
| PROGRAMMER BOX INTRO1  SURVEY\_DESCRIPT\_FILL:  IF FULL INTERVIEW, DISPLAY:  **This survey should be filled out by the parent, guardian, or person living with [CFNAME] who knows the most about [CFNAME]’s development, schooling, and home life.]**  IF ABBREVIATED INTERVIEW, DISPLAY:  **This survey should be filled out by a parent, guardian, or person living with [CFNAME].**  FILL “$20” FOR ALL INITIAL CASES. FILL “$30” AFTER INCENTIVE BOOST IS APPLIED IN LATER DATA COLLECTION WEEKS. |

|  |
| --- |
| ALL |

**INTRO2 (A01c).** Before you get started, here are a few helpful hints.

5000160

• To answer the questions, select the answer on the screen that matches your response.

* Answer each question as accurately as possible; if you need to estimate an answer that is okay.

• Press the “Next” button to save your responses and move forward.

• Some questions offer text to help you understand the question or the response options. Click on the HELP icon at the top of the screen or the help icon cid:image001.png@01D164D7.97B47F70 in the survey to see the help text.

• If you need to take a break and leave the survey at any time, click the “LOG OUT” button in the top left-hand corner of your screen. When you log back in, the survey will start from the screen you were on when you logged out.

• To protect your data, you will be logged off if you are idle for more than 10 minutes and will need to log back in.

Please click on the “Next” button below to continue with the survey.

|  |
| --- |
| PROGRAMMER BOX  QUESTION NUMBERS APPEAR IN THE SPECS FOR PROGRAMMING PURPOSES (E.G., ROUTING, SKIP LOGIC, ETC.) BUT WILL BE DISPLAYED IN SMALL FONT IN UPPER RIGHT CORNER OF SCREEN. |

|  |
| --- |
| PROGRAMMER BOX: SOFT CHECK CONDITIONS  **CONDITION 1:** For item grid questions, the soft check, “**Your responses are very important. Please answer as many questions as possible**.” should appear when all items are missing on a screen.  **CONDITION 2:** The soft check, “**Your responses are important. Please answer as many questions as possible**.” should appear when three consecutive questions are left blank.  **CONDITION 3:** When there is a combination of select all/select one questions and questions with an item grid are left blanked in a row, soft check, “**Your responses are very important. Please answer as many questions as possible**.” should appear when the third blank question in that series is a question with an item grid.  **CONDITION 4:** When a respondent has selected an “Other-Specify” OPTION BUT has not provided a response in the “Specify” text box, soft check, “**You selected “Other [Response]**” **but have not provided a response to the “Please specify” prompt**.” should appear. |

|  |
| --- |
| ALL |

**A001 (A02.)** Are you **[FNAME] [MNAME] [LNAME] [SUFFIX]?**

🔾 Yes 1 A005

5010200

🔾 No 2 A005

|  |
| --- |
| **PROGRAMMER BOX A001**  IF MS1=NULL  FNAME=FIRST NAME TAKEN FROM SCHOOL ROSTER  MNAME= MIDDLE NAME TAKEN FROM SCHOOL ROSTER  LNAME= LAST NAME TAKEN FROM SCHOOL ROSTER  SUFFIX= SUFFIX TAKEN FROM SCHOOL ROSTER  OTHERWISE, FILL WITH NAMES FROM MS1.  Hard check if a001=missing:  **Please respond to this question so you may continue.** |

|  |
| --- |
| ALL |

**A005 (A03a**.) Does [CFNAME] [CLNAME] live with you?

5010301

🔾 Yes 1 A006

🔾 No 2 A040

|  |
| --- |
| PROGRAMMER BOX A005  Hard check if a005=missing:  **Please respond to this question so you may continue.**  the QUESTION TEXT “**live with you**” should have a HYPERLINK and infORmation icon TO THE BELOW HELP TEXT:  **Please select “Yes” if [CFNAME] normally lives with you. For example, if [CFNAME] lives with you all the time, every-other week, or some other regularly scheduled times, or if [CFNAME] has been legally placed under your care.**  **Please select “No” if [CFNAME] does not normally live with you. For example, if [CFNAME] is only visiting or if [CFNAME] used to live with you but is now permanently living with someone else.** |

|  |
| --- |
| IF A005=1 |

**A006 (A080.)** How much of the time does [CFNAME] live with you?

5010302

🔾 All of the time 1 A010

🔾 More than half of the time 2 A007

🔾 Half of the time 3 A007

🔾 Less than half of the time 4 A007

NO RESPONSE M A010

|  |
| --- |
| IF A006>1 AND A006 NE M |

**A007** **(A085.)** Who does [CFNAME] live with most of the time when not living with you?

5010303

🔾 With another parent 1 A010

🔾 With another adult relative 2 A010

🔾 With a friend 3 A010

🔾 At a boarding school 4 A010

🔾 Other 5 A010

NO RESPONSE M A010

|  |
| --- |
| IF A005=1 |

**A010 (A03.)** Are you the parent, guardian, or person in this household who knows the most about [CFNAME]'s development, schooling, and home life?

🔾 Yes 1 A015/A020

5010300

🔾 No 2 A025

NO RESPONSE M A025

|  |
| --- |
| IF A001=1 AND A005=1 |

**A015 (A04a.)** Please check the spelling of **your** full name.

5000165

First name: [FNAME]

Middle name: [MNAME]

Last name: [LNAME]

Suffix: [SUFFIX]

If your name is not spelled right, please fix it below. If everything is spelled right, press Next to continue.

5010411

1 First name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010412

2 Middle name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010413

3 Last name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010414

4 Suffix: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

|  |
| --- |
| **PROGRAMMER BOX A015**  GO TO A045 |

|  |
| --- |
| IF A001=2 AND A010=1 |

**A020 (A04b.)** Please enter **your** full name.

5000170

5010421

a First name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010422

b Middle name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010423

c Last name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010424

d Suffix: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

|  |
| --- |
| **PROGRAMMER BOX A020**  If A020a=MISSING DISPLAY HARD CHECK:  **Please enter a first name. It will be helpful to you in answering future questions. You may use a nickname if you prefer.**  GO TO A045 |

|  |
| --- |
| IF A010 NE 1 |

**A025 (A05a.)** Is the parent, guardian, or other person living in this household who knows the most about [CFNAME]'s development, schooling, and home life available between now and the end of July 2020 to complete this questionnaire?

🔾 Yes 1 A030

5010501

🔾 No 2 A040

NO RESPONSE M A040

|  |
| --- |
| IF A025=1 |

**A030 (A05b.)** Great! Please provide the name and contact information of the person living in this household who knows the most about [CFNAME]’s development, schooling, and home life.

5010503

a. First Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010504

b. Middle Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010505

c. Last Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010506

d. Suffix: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010507

e. Phone Number: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010508

f. Email: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

|  |
| --- |
| **PROGRAMMER BOX A030**  IF ([A030 \_FNAME] = MISSING AND [A030 \_LNAME] = MISSING, DISPLAY THE HARD CHECK:  **Please provide the name of the person living in this household who knows the most about [CFNAME]’s development, schooling, and home life so you may continue.** |

|  |
| --- |
| IF A025=1 |

**A035 (FPPREINTRO**.) If [NAME FROM A030A] is available now, please select “Next” to be taken back to the introductory page of this questionnaire and ask [NAME] to begin from there. If [NAME] cannot complete the questionnaire right now, please select “LOGOUT” in the top left area of the screen so [NAME] can log back in at a later time. Thank you very much!

🔾 Next 1 INTRO1

5010502

🔾 Log out 2

|  |
| --- |
| IF A025 NE 1 OR IF A005=2 |

**A040 (A06.)** The MGLS:2017 team would like to contact a parent, guardian, or person who lives with [CFNAME] [FILL: and knows about **[CFNAME’s]** development, schooling, and home life]. Please enter the name and contact information for this person below and a team member will be in touch soon.

5010601

a. First Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010605

b. Middle Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010602

c. Last Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010606

d. Suffix: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010603

e. Phone Number: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010604

f. Email: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

🔾 Next 1 Exit Screen

|  |
| --- |
| **PROGRAMMER BOX A040**  Do not display fill “and knows about [CFNAME’s] development, schooling, and home life” for abbreviated survey.  If A025=2 AND NEW RESPONDENT INFORMATION IS ENTERED AT A040, GOTO “Exit Screen."  PROGRAMMER NOTE: When re-entering this case, GOTO to INTRO1 for the new respondent.  HARD CHECK IF A040a OR A040c=MISSING: **Please provide the name of [CFNAME]’s parent, guardian or a person who lives with [CFNAME] and knows about [his/her] development, schooling and home life so you may continue.**  HARD CHECK IF A040e AND A040f= MISSING: **Please provide a phone number or email address so you may continue.** |

|  |
| --- |
| IF A040 (A06)=1  FILL FIRST NAME= A040a  FILL LAST NAME= A040c |

**EXIT SCREEN**

Thank you for your time. We will contact [FIRST NAME] [LAST NAME] soon. We appreciate you helping make MGLS:2017 a success!

|  |
| --- |
| **PROGRAMMER BOX EXIT SCREEN**  FIRST NAME and LAST NAME would be taken from the information provided on A030 if A025=1 and A035=2; A040 if A025=2 or MISSING. |

|  |
| --- |
| **PROGRAMMER BOX “ALL”**  FROM THIS POINT FORWARD, ENTRANCE REQUIREMENTS FOR “ALL” REFERS TO ELIGIBLE RESPONDENTS (A010=1). |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**A045 (A07.)** Please check the spelling of [CFNAME]’s full name.

First name: [CFNAME]

Middle name: [CMNAME]

Last name: [CLNAME]

Suffix: [CSUFFIX]

If [CFNAME]’s name is not spelled right, please fix it below. If everything is spelled right, press Next to continue.

5010701

a. First name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010702

b. Middle name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010703

c. Last name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010704

d. Suffix: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**A050 (A08.)** What is [CFNAME]'s sex?

🔾 Male 1

5010800

🔾 Female 2

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**A055 (A09.)** What is [CFNAME]’s date of birth?

PROGRAMMER: INSERT DROPDOWN FIELDS

5010902

5010901

5010903

0 BIRTH DATE

▼

▼

▼

Month Day Year

(January-December) (1-31) (2000-2011)

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX A055  NOTE TO PROGRAMMER:   * DO NOT DISPLAY THE “NO RESPONSE” OPTION ON THE SCREEN. * PROGRAM DAYS OF MONTH TO CORRESPOND TO THE CORRECT NUMBER OF DAY (FOR EXAMPLE, IF “FEBRUARY” IS SELECTED, THE NUMBER OF DAYS AVAILABLE SHOULD ONLY BE 1-29) * IF A055\_DAY = MISSING AND [CFNAME]’S A055\_MONTH = MONTH (INTERVIEW\_DATE), THEN ROUND [CFNAME’S] B005A AND A060 (AGE) UP |

|  |
| --- |
| IF A055 MS1 RESPONSE=NULL AND IF MS2 A055 IS NOT MISSING FILL “AGE IN YEARS” WITH CHILD’S AGE BASED ON DOB. |

**A060 (A09CONFIRM.)** Just to confirm, is [CFNAME] [AGE IN YEARS] years old?

🔾 Yes 1 A070

5010905

🔾 No 2 A065

NO RESPONSE M A065

|  |
| --- |
| PROGRAMMER BOX A060  [AGE IN YEARS] TO BE CALCULATED USING THE DATE OF BIRTH PROVIDED IN A055. |

|  |
| --- |
| IF MS1 RESPONSE=NULL AND [IF A055\_MONTH = MISSING OR IF A055\_YEAR = MISSING] |

**A065 (A09a.)** How old is [CFNAME]?

PROGRAMMER: INSERT DROPDOWN FIELDS

5010904

▼

0 YEARS OLD…………………………………………………………………………………………………….. (7-18) A066

NO RESPONSE M A066

|  |
| --- |
| PROGRAMMER BOX A065  NOTE TO PROGRAMMER: SOFT CHECK: IF NO RESPONSE,  **“Please provide [CFNAME]’s age. If you don’t know the exact age, please use your best guess.”** |

|  |
| --- |
| IF MS1 ADDRESS (A070) IS NOT NULL |

**A066** Does [CFNAME] still live at this address?

Street address 1: [CADDRESS1]

Street address 2: [CADDRESS2]

City: [CCITY]

State: [CSTATE]

Zip: [CZIP]

🔾 Yes 1 A075

5080102

🔾 No, my child moved 2 A070

🔾 No, the address is incorrect 3 A070

NO RESPONSE M A070

|  |
| --- |
| PROGRAMMER BOX A066  FILL ADDRESS FROM MS1 A070. |

|  |
| --- |
| IF MS1 RESPONSE=NULL OR (IF A066=2 OR 3) |

**A070 (A10.)** Please provide the current home address for [CFNAME].

5011011

a Street address1: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5011012

b Street address2: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5011013

c City: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5011014

d State: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 2)

5011015

e Zip code: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 9)

|  |
| --- |
| PROGRAMMER BOX A070  NOTE TO PROGRAMMER: INSERT DROPDOWN MENU WITH ALL 50 STATES and DC. |

|  |
| --- |
| ALL |
| IF (A066>1 OR A066=NULL) AND A070=NULL, DISPLAY ALL A075 FIELDS.  ELSE DISPLAY A075a-d |

**A075 (A11.)** Please provide up-to-date contact information for yourself.

a. Primary phone:

5010012

5010011

b. Alternate phone (if available):

5010013

c. Primary email:

5010014

d. Alternate email (if available):

e. Street address 1:

5010016

5010015

f. Street address 2:

g. Zip code:

5010018

5010017

h. City:

5010019

i. State:

|  |
| --- |
| PROGRAMMER BOX A070  NOTE TO PROGRAMMER, PROGRAM THE FOLLOWING SOFT CHECKS IF CORRESPONDING ITEMS ARE MISSING:   * If A075A = MISSING, DISPLAY “**Please provide a phone number.**” * IF A075C = MISSING, DISPLAY “**If available, please provide an email address.**” * IF PHONE NUMBER IN A075A IS INVALID, DISPLAY “**Please provide a valid phone number.** **PHONE NUMBER ENTERED = [DISPLAY PHONE NUMBER ENTERED]**” |

|  |
| --- |
| IF MS1 RESPONDENT AND MS2 RESPONDENT ARE DIFFERENT |

**A080** Did you live with [CFNAME] in [MONTH OF MS1 INTERVIEW] 2018?

🔾 Yes 1 B000

5010001

🔾 No 2 B001

NO RESPONSE M B001

**B. FAMILY ROSTER**

|  |
| --- |
| IF MS1 RESPONDENT OR A080=1 |
| CFNAME= Child’s first name; CLNAME=Child’s last name; CHILDAGE= Child’s Age  HH2FNAME= Respondent’s first name; HH2LNAME= Respondent’s last name |

**B000** The table below lists the names of the people who lived in this household as of [MONTH OF MS1 INTERVIEW] 2018. The current age displayed below was calculated using the age reported in [MONTH OF MS1 INTERVIEW] 2018.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name | Last name | Suffix | Age | Please indicate if he or she still lives in this household. |
| [HH2FNAME] 5020202 | [HH2LNAME] 5020302 | [HH2SUFFIX] 5020402 | [HH2AGE] 5020502 | YES/NO |
| [CFNAME] 5020201 | [CLNAME] 5020301 | [CSUFFIX] 5020401 | [CHILDAGE] 5020501 |  |
| [HH3FNAME] 5020203  … | [HH3LNAME] 5020303  ... | [HH3SUFFIX] 5020403  … | [HH3AGE] 5020503  … | YES/NO  YES/NO |

|  |
| --- |
| PROGRAMMER BOX B000  IF COLUMN HEADED “PLEASE INDICATE IF HE OR SHE STILL LIVES IN THIS HOUSEHOLD” IS LEFT BLANK FOR ANY ROWS, DISPLAY THE FOLLOWING SOFT CHECK:  **Please answer if the following household members are still in the household for every household member.** |

|  |
| --- |
| IF MS1 IDP1 OR MS1 IDP2 NO LONGER LIVES IN THE HOUSEHOLD  IF BOTH MS1 IDP1 AND MS1 IDP2 NO LONGER LIVE IN THE HOUSEHOLD, ASK ONCE FOR IDP1 AND AGAIN FOR IDP2  [HH#NAME IDP1] = NAME OF PARENT 1  [HH#NAME IDP2] = NAME OF PARENT 2 |

**B000A** Why is [**HH#NAME IDP1** /**HH#NAME IDP2**] no longer living in this household?

IDP1 5021100

IDP 2 5021200

🔾 Separation or Divorce 1 B001

🔾 Living elsewhere for employment-related reasons 2 B001

🔾 Deceased 3 B001

🔾 Moved on/Moved elsewhere 4 B001

🔾 In jail or prison 5 B001

🔾 Roster error (person should not be listed) 6 B001

🔾 Some other reason (Specify) 7 B001

IDP1 5021300

IDP2 5021400

🔾 Don’t know 8 B001

|  |
| --- |
| PROGRAMMER:  If Idp1 no longer lives in household, use QID 5021100/5021300  if IDP2 no longer lives in household, use QID 5021200/5021400  PLEASE MAKE THE RESPONSE CATEGORY “**Living elsewhere for employment-related reasons**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Include anyone who usually lives here but is away from the household due to their employment, including military deployment.** |

|  |
| --- |
| ALL |
| FILL from A045: CFNAME= Child’s first name |

Now, we have a few questions about you and the other members of your household. We are only interested in knowing about people who normally live in your household. Please do not include anyone staying with you temporarily, such as someone visiting the household who usually lives somewhere else.

**B001 (B01.) [**In addition to you and [CFNAME], does anyone else live in the household?/Did anyone new join the household?]

🔾 Yes 1 B005A

5021000

🔾 No 2 B010 (NEW R)/B015 (MS1 R)

NO RESPONSE M B010

|  |
| --- |
| PROGRAMMER box b001  IF MS1 RESPONDENT OR A080=1, DISPLAY TABLE OF PRELOADED HOUSEHOLD MEMBERS, AND ASK “**Did anyone new join the household?**”  OTHERWISE IF FIRST-TIME RESPONDENT, DO NOT DISPLAY TABLE, ASK “**In addition to you and [CFNAME], does anyone else live in the household?**”  IF B001=1, LOOP THROUGHT B005a AND B005b UNTIL B005b=2 (No OR MISSING)  IF [MS1 RESPONDENT OR A080=1] AND B001=2, GO TO B015  OTHERWISE IF FIRST-TIME RESPONDENT AND B001=2, GO TO B010  VALIDATION: IF ([B001] = "2") RETURN SOFTCHECK “**Is this everyone in the household?**”   “**Please be sure to include anyone who usually lives here but may be temporarily away from home on business or living in a dorm at school, or any babies, small children, grandparents, or other adults living in the household.**” |

|  |
| --- |
| IF B001=1 |
| FILL hh2fname and hh2lName from A015 (IF A001=1 and A005=1) or A020 (IF A001=2 OR MISSING and A010=1). |
| FILL cfname and clname from A045. |
| FILL childage from A055 (or from A060 IF A055=MISSING). |

**B005A (B01b.)**

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Last name | Suffix | Age |
| [HH2FNAME] 5020202 | [HH2LNAME] 5020302 | [HH2SUFFIX] 5020402 |  |
| [CFNAME] 5020201 | [CLNAME] 5020301 | [CSUFFIX] 5020401 | [CHILDAGE] 5020501 |

**Who else lives in the household?**

**We are only interested in knowing about people who normally live in your household. Please do not include anyone staying with you temporarily, such as someone visiting the household who usually lives somewhere else.**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name or initial** | **Last name or initial** | **Suffix** | **Age** |
| [HH#FNAME] 50202xx | [HH#LNAME] 50203xx | [HH#SUFFIX] 50204xx | [HH#AGE] 50205xx |

|  |
| --- |
| PROGRAMMER BOX B005A  SOFT CHECK: IF B005A ONLY HAS A FIRST NAME/INITIAL OR LAST NAME/INITIAL ENTERED, **“Please enter both a first name and last name. If you want, you can enter just an initial and not a full name. For example, instead of entering John Doe, you can enter J. Doe or John D. This will help you keep track of who later questions are asking about.”**  SOFT CHECK: IF AGE=MISSING, “**Please provide the age of this household member. It is used in customizing the survey to fit your household. If you don't know the exact age, please use your best guess.”** |

|  |
| --- |
| IF B001=1 |
| if hh#fname and hh#lname are missing, fill with “**household Member, Age [HH#AGE].**”IF HH#AGE IS MISSING, FILL WITH “**Household Member Number X**” WHERE “X” EQUALS ROSTER NUMBER.  OTHERWISE: FILL hh2fname, hh2lName, and HH2SUFFIX from A015 (IF A001=1 and A005=1) or A020 (IF A001=2 OR MISSING and A010=1). FILL cfname and clname from A045. FILL childage from A055 (or FROM A060 IF A055=MISSING) OR CALCULATE AGE FROM MS1 RESPONSE TO A055 or A060. Fill hh3fname, hh3lname, and HH3AGE from b005a (b01b). |

**B005B (B01b\_2.)**

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Last name | Suffix | Age |
| [HH2FNAME] 5020202 | [HH2LNAME] 5020302 | [HH2SUFFIX] 5020402 | [HH2AGE] 5020502 |
| [CFNAME] 5020201 | [CLNAME] 5020301 | [CSUFFIX] 5020401 | [CHILDAGE] 5020501 |
| [HH3FNAME] 5020203 | [HH3LNAME] 5020303 | [HH3SUFFIX] 5020403 | [HH3AGE] 5020503 |

**In addition to those shown above, does anyone else live in the household?**

**Recall that we are only interested in knowing about people who normally live in your household. Please do not include anyone staying with you temporarily, such as someone visiting the household who usually lives somewhere else.**

🔾 Yes 1 B005A

🔾 No 2 B010

NO RESPONSE M B010

|  |
| --- |
| PROGRAMMER BOX B005A and b005b  In addition to child and respondent, Respondent permitted to add up to 23 household members (for 25 total). if limit is met, and respondent indicates b005b=1, a pop-up should appear:  **Thanks for listing your additional household members up to this point. We will now move on to the next section.**  AFTER COMPLETING THE PROCESS OF ADDING HOUSEHOLD MEMBERS, WHEN B005b=2 OR MISSING a pop-up should appear:  **Is this everyone in the household?**  **[LIST OF HOUSEHOLD MEMBERS]**  **Please be sure to include anyone who usually lives here, but may be temporarily away from home on business or living in a dorm at school, or any babies, small children, grandparents, or other adults living in the household.**  a “yes” and “no” button should be on the pop-up with “yes” advancing the respondent through the survey, and “no” returning TO the family roster data. |

|  |
| --- |
| IF MS1 RESPONDENT WITH NO NEW MEMBERS AND ALL EXISTING MEMBERS HAVE A RELATIONSHIP TO CHILD, DISPLAY CONFIRMATION SCREEN AND GIVE PARENT OPTION TO EDIT.  IF MS1 RESPONDENT WITH NO NEW MEMBERS AND SOME MEMBERS ARE MISSING RELATIONSHIP INFORMATION, ONLY ASK FOR THE MEMBERS WITH MISSING INFORMATION AND AT CONFIRMATION SCREEN GIVE THE OPTION TO EDIT ALL HOUSEHOLD MEMBERS.  IF MS1 RESPONDENT ADDED HOUSEHOLD MEMBERS, ASK FOR NEW MEMBERS AND MEMBERS WHO ARE MISSING A RELATIONSHIP TO CHILD, AND AT CONFIRMATION SCREEN GIVE THE OPTION TO EDIT ALL HOUSEHOLD MEMBERS.  IF NEW RESPONDENT, ASK FOR ALL HOUSEHOLD MEMBERS. |
| INTRO TEXT FILL FOR FIRST ITERATION (HH MEMBER 2) SHOULD READ: “**Please tell us about the members of your household**.” DO NOT DISPLAY FOR SECOND ITERATION (CHILD). FOR THIRD ITERATION DISPLAY: “**For the remaining household member(s), provide the relationship to [CFNAME] and sex. If you are not sure of something, your best guess is fine**.” DO NOT DISPLAY FOR ALL OTHER ITERATIONS. |
| FILL from A015 (IF A001=1 and A005=1) or A020 (IF A001=2 and A010=1): HH2FNAME=Respondent’s first name; HH2LNAME=Respondent’s last name |
| if hh#fname and hh#lname are missing, fill with “**household Member, Age [HH#AGE].**”IF HH#AGE IS MISSING, FILL WITH “**Household Member Number X**” WHERE “X” EQUALS ROSTER ORDER NUMBER. |
| FILL from A045: CLNAME=Child’s last name. |

**B010 (B02.)** [INTRO TEXT FILL: Please tell us a little bit about the members of your household. For the remaining household member(s), provide the relationship to [CFNAME] and sex. If you are not sure of something, your best guess is fine.]

Please answer the following questions about [NAME FROM B005B].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [HH2FNAME] [HH2LNAME] | [CFNAME]  [CLNAME] | [HH3FNAME]  [HH3LNAME] | [HH#FNAME]  [HH#LNAME] |
| **B010a (B02a.)** What is [your/[HHNAME]’s] **age**? | 5020502  Select age… |  |  |  |
| **B010b (B02b.)** What is [your/[ HHNAME]’s] **sex**? | 5020602  Select sex… | 5020601  Select sex… | 5020603  Select sex… | 50206##  Select sex… |
| **B010c (B02f.)** What is [your/[HHNAME]’s] **relationship** to [CFNAME]? | 5021002  Select relationship… |  | 5021003  Select relationship…  003 | 50210##  Select relationship… |
| **B010d(B02g.)** Which of the following best describes this relationship with [CFNAME]? | 5021102  Select specific relationship… |  | 5021103  Select specific relationship… | 50211##  Select specific relationship… |

|  |
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| PROGRAMMER BOX B010  SOFT CHECK: IF B010A THROUGH B010D IS MISSING FOR EITHER THE RESPONDENT [HH2FNAME], OR CHILD [CFNAME] OR HH MEMBER [HH3FNAME], PLEASE POP UP: [List of people living in your household]: **“You have left one or more items in the family roster blank. These items are important for the rest of the survey. Please complete the items that you have left blank.”**  THE RESPONDENT SHOULD BE LOOPED THROUGH SEX AND RELATIONSHIP QUESTIONS FOR EACH HOUSEHOLD MEMBER IDENTIFIED IN B001. RESPONDENT’S LOOP SHOULD INCLUDE AGE. THE ORDER SHOULD BE ACCORDING TO THE B001 MEMBER TYPE ORDERING.   1. RESPONDENT (HH MEMBER #2) 2. CHILD (HH MEMBER #1) 3. HH MEMBER #3 4. HH MEMBER #4, ETC.   row a should already be filled out for the child based on responses to a055. ALL other responses will be recorded using DROPDOWN boxes, so each of the responses listed below will appear as dropdown boxes in the table.  row a will have the following values for responses from 0 through “99 or older,” with one response option of “don’t know” offered.  row B will be asked of every member in the household, with the response for child prefilled. Other response options for row B include:   1. **Mother/Female guardian #** 2. **Father/Male guardian #** 3. **Sister** 4. **Brother** 5. **Girlfriend or partner of [CFNAME]’s parent/guardian** 6. **Boyfriend or partner of [CFNAME]’s parent/guardian** 7. **Grandmother** 8. **Grandfather** 9. **Aunt** 10. **Uncle** 11. **Cousin** 12. **Other relative (please specify)** 13. **Other non-relative** 14. **Focus child**   programmer note: row B - When asking B010 question SERIES for [CFNAME] [CLNAME], automatically code B010B as focus child. Do not display the B010B question.  row C will be populated based on responses to row B. IF ROW B= 5-12, ROW C WILL NOT BE DISPLAYED.  if row B=1, row C will be:   1. **Biological or birth mother** 2. **Adoptive mother** 3. **Step mother** 4. **Foster mother or female legal guardian** 5. **Other female parent or guardian (please specify)**   PLEASE MAKE THE RESPONSE CATEGORY “**Birth Mother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Biological or Birth Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Adoptive mother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Step mother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Step Mother: The female other than the child's mother who is married to the child's father.**  PLEASE MAKE THE RESPONSE CATEGORY “**Foster mother or female guardian**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Foster Mother: The female with whom the child is placed temporarily, usually through a social service agency and/or a court.**  **Female Legal Guardian: The female legally placed in charge of the affairs of the child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Other female parent or guardian**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Other Female Parent or Guardian: This person acts as the mother of the child, but does not fit into one of the other categories. For example, in a household with two mothers, one of the mothers may not classify herself as biologically related and she may not be legally in charge of the affairs of the child even though she is another parent to the child. This category may also be used if a mother has a child through a surrogate mother, or with a donated egg, and does not classify the child as biologically related or adopted through a legal process.**  if row B=2, row C will be:   1. **Biological or birth father** 2. **Adoptive father** 3. **Step father** 4. **Foster father or male legal guardian** 5. **Other male parent or guardian (please specify)**   PLEASE MAKE THE RESPONSE CATEGORY “**Birth father**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Biological or Birth Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Adoptive father**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Step father**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Step Father: The male other than the child's father who is married to the child's mother.**  PLEASE MAKE THE RESPONSE CATEGORY “**Foster father or male guardian**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Foster Father: The male with whom the child is placed temporarily, usually through a social service agency and/or a court.**    **Male Legal Guardian: The male legally placed in charge of the affairs of the child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Other male parent or guardian**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Other Male Parent or Guardian: This person acts as the father of the child, but does not fit into one of the other categories. For example, in a household with two fathers, one of the fathers may not classify himself as biologically related and he may not be legally in charge of the affairs of the child even though he is another parent to the child. This category may also be used if a father has donated sperm, and does not classify the child as biologically related or adopted through a legal process.**  if row B=3, row C will be:   1. **Full sister** 2. **Half sister** 3. **Step sister** 4. **Adoptive sister** 5. **Foster sister**   PLEASE MAKE THE RESPONSE CATEGORY “**full sister**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Full Sister: A female with whom the child shares the same biological parents.**  PLEASE MAKE THE RESPONSE CATEGORY “**Half sister**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Half Sister: A female with whom the child shares one biological parent.**  PLEASE MAKE THE RESPONSE CATEGORY “**Step sister**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Step Sister: A female to whom the child is unrelated except by the marriage of one parent.**  PLEASE MAKE THE RESPONSE CATEGORY “**Adoptive Sister**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Adoptive Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child has been legally adopted by the family.**    PLEASE MAKE THE RESPONSE CATEGORY “**Foster Sister**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Foster Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.**  if row B=4, row C will be:   1. **Full brother** 2. **Half brother** 3. **Step brother** 4. **Adoptive brother** 5. **Foster brother**   PLEASE MAKE THE RESPONSE CATEGORY “**Full Brother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Full Brother: A male with whom the child shares the same biological parents.**  PLEASE MAKE THE RESPONSE CATEGORY “**Half Brother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Half Brother: A male with whom the child shares one biological parent.**  PLEASE MAKE THE RESPONSE CATEGORY “**Step Brother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Step Brother: A male to whom the child is unrelated except by the marriage of one parent.**  PLEASE MAKE THE RESPONSE CATEGORY “**Adoptive Brother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Adoptive Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child has been legally adopted by the family.**  PLEASE MAKE THE RESPONSE CATEGORY “**Foster Brother**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Foster Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.**  if row B=13, row C will be:   1. **Girlfriend or partner of [CFNAME]’s parent/guardian** 2. **Boyfriend or partner of [CFNAME]’s parent/guardian** 3. **Female guardian** 4. **Male guardian** 5. **Daughter/son of [CFNAME]’s parent’s partner** 6. **Other relative of [CFNAME]’s parent’s partner (please specify)** 7. **Other non-relative (please specify)**   PLEASE MAKE THE RESPONSE CATEGORY “**Girlfriend or Female Partner of [CFNAME]'s Parent/Guardian”** CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Girlfriend or Female Partner of [CFNAME]'s Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.**  PLEASE MAKE THE RESPONSE CATEGORY “**Boyfriend or Male Partner of [CFNAME]'s Parent/Guardian**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Boyfriend or Male Partner of [CFNAME]'s Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.**  PLEASE MAKE THE RESPONSE CATEGORY “**Female Guardian**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Female Guardian: The female placed in charge of the affairs of the child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Male Guardian**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Male Guardian: The male placed in charge of the affairs of the child.**  PLEASE MAKE THE RESPONSE CATEGORY “**Daughter/son of [CFNAME]'s Parent's Partner**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Daughter/son of [CFNAME]'s Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.**  PLEASE MAKE THE RESPONSE CATEGORY “**Other Relative of [CFNAME]'s Parent's Partner**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Other Relative of [CFNAME]'s Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians.**  PLEASE MAKE THE RESPONSE CATEGORY “**Other Non-relative**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.**  row D will have the following response options:   1. **Male** 2. **Female**   FOR ROW D: ONLY DISPLAY B010D for focus child when A050= MISSING  Programmer note: include a confirmation screen at the end when all information has been added for all household members. this screen will list all household members’ responses for each person and will allow respondents to edit the information on the screen if needed. also include a question to confirm that the screen has listed all household members. if respondent would like to add another person, he/she will be INSTRUCTED on how to route through the loop again. at the end of the loop, the confirmation screen with all household members information is re-displayed and respondents will be able to make changes for all members of the household and could add another person if needed, and loop again.  CONFIRMATION SCREEN:   **Now you'll get a chance to double-check the information just collected for each household member. *If you would like to add another household member, please use the "Previous" button to go back to the list of members in your household.***  PROGRAMMER: Display a table with column headings “Name,” “Age,” “Sex,” “Relation to [CFNAME]” and “Edit?” Display household member information with each household member as their own row. Under the “Edit?” column display clickable buttons labeled “Edit this person.” Upon clicking those buttons, display a pop-up of B010 for that household member of which the respondent can make edits. Title the pop up with “Household member:” and have the buttons “Close” and “Save” at the bottom returning the user to the confirmation screen. |

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| ALL |
| [HH#FNAME] [HH#LNAME]=First and last name of the respondent and each member of the household who is 16 years old or older |

**B015 (B02m.) Who is the primary caregiver (provides the most care) for [CFNAME]?**

*Select all that apply.*

🞏 [HH2FNAME] [HH2LNAME] [HH2SUFFIX] #

*5020101-5020125*

🞏 [HH#FNAME] [HH#LNAME] [HH#SUFFIX] #

🞏 [HH#FNAME] [HH#LNAME] [HH#SUFFIX] #

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| PROGRAMMER BOX B015  populate response options with the firstName, last name, and Suffix of the respondent and each member of the household WHO is 16 years old or older.  SOFT CHECK: IF B015=NO RESPONSE; **Your response is important for this survey. Please provide an answer for this question.** |

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| PROGRAMMER BOX B020A through B025b “SPOUSE/PARTNER questions”  respondent should only be ROUTED through b020a through b025b once. The name of the household member identified as the subject of EACH question should be identified in the following order:  1) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE, B010B=1) IN THE HOUSEHOLD, ASK FOR THAT HOUSEHOLD MEMBER  2) IF THERE IS ONLY ONE FATHER (OF ANY TYPE, B010B=2) IN THE HOUSEHOLD, ASK FOR THAT HOUSEHOLD MEMBER  3) IF THERE ARE TWO MOTHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE MOTHER, WITH THE ORDER SPECIFIED AS BIOLOGICAL (B010B=1 AND B010C=1), ADOPTIVE (B010B=1 AND B010C=2), STEP- (B010B=1 AND B010C=3), FOSTER MOTHER OR FEMALE GUARDIAN (B010B=1 AND B010C=4), THEN OTHER FEMALE PARENT OR GUARDIAN (B010B=1 AND B010C=5)  4) IF THERE ARE TWO FATHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED, WITH THE ORDER SPECIFIED AS BIOLOGICAL (B010B=2 AND B010C=1), ADOPTIVE (B010B=2 AND B010C=2), STEP- (B010B=2 AND B010C=3), FOSTER FATHER OR MALE GUARDIAN (B010B=2 AND B010C=4), THEN OTHER MALE PARENT OR GUARDIAN (B010B=2 AND B010C=5)  5) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, ASK FOR OTHER FEMALE PARENT FIGURE, IN THE FOLLOWING ORDER OF PREFERENCE: GRANDMOTHER (B010B=7), AUNT (B010B=9), OTHER RELATIVE OVER AGE OF 18 (B010B= 3, 5, 11, 12).  6) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, AND THERE IS NO FEMALE FIGURE IN THE HOUSEHOLD, ASK FOR OTHER MALE PARENT FIGURE, IN THE FOLLOWING ORDER OF PREFERENCE: GRANDFATHER (B010B=8), UNCLE (B010B=10), OTHER RELATIVE OVER AGE OF 18 (B010B= 4, 6, 11, 12).  7) IF B010B=MISSING FOR ALL MEMBERS OF THE HOUSEHOLD, ASK FOR RESPONDENT |

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| IF B010A ≥ 16 FOR AT LEAST 2 PEOPLE IN THE HOUSEHOLD. ELSE GO TO SECTION C. |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX DIRECTLY ABOVE (PROGRAMMER BOX B020A THROUGH B025B “SPOUSE/PARTNER QUESTIONS.” IF INDIVIDUAL IS RESPONDENT, FILL “ARE YOU” |

**B020A (B03a.)** [Are you/Is [HH#FNAME HH#LNAME HH#SUFFIX]] married to someone in the household?

🔾 Yes 1 B020B

5020011

🔾 No 2 B025A

NO RESPONSE M B025A

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| IF B020A = 1 |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX B020A THROUGH B025B (SPOUSE/PARTNER QUESTIONS). |

**B020B (B03b.)** Here is a list of household members who are 16 years old or older. From this list, please pick the person [you are/[HH#FNAME HH#LNAME is]] married to.

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 1 C001

5020021

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 2 C001

🔾 None of the above 3 C001

NO RESPONSE M C001

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| PROGRAMMER BOX B020b  populate response options with the first NAME, last name and suffix of each member of the household WHO is 16 years old or older, AS well as a ’**None of the above**’ option.  if any b010a = m FOR ANY HH MEMBER then list THE ASSOCIATEDHH#FNAME HH#LNAME HH#SUFFIX AS A RESPONSE OPTION FOR B020B. |

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| IF MS1 RESPONSE=NULL.IF B020A=2 OR MISSING |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX B020A THROUGH B025B (SPOUSE/PARTNER QUESTIONS). |

**B025A (B04a.)** [Are you/Is [HH#FNAME HH#LNAME HH#SUFFIX]] in a domestic partnership or civil union with someone in the household?

🔾 Yes 1 B025B

5020031

🔾 No 2 C001

NO RESPONSE M C001

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| PROGRAMMER BOX B025a  link the following help text to “**domestic partnership**”:  **A domestic partnership is an interpersonal relationship between two individuals who live together and share a common domestic life but are not married.**  Link the following help text to “**civil union**”:  **A civil union is a legally recognized union of a same-sex couple, with rights similar to those of marriage.** |

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| IF B025A = 1 |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX B020A THROUGH B025B (SPOUSE/PARTNER QUESTIONS). |

**B025B (B04b.)** Here is a list of household members who are 16 years old or older. From this list, please pick the person [you are/HH#FNAME HH#LNAME HH#SUFFIX is] in a domestic partnership or civil union with.

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 1 C001

5020041

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 2 C001

🔾 None of the above 2 C001

NO RESPONSE M C001

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| PROGRAMMER BOX B025b  populate response options with the first NAME, last name and Suffix of each member of the household WHO is 16 years old or older, AS well as a ‘**None of the above**’ option.  if any b010a = m FOR ANY HH MEMBER then list THE ASSOCIATEDHH#FNAME HH#LNAME HH#SUFFIX AS A RESPONSE OPTION FOR B025B. |

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| PROGRAMMER BOX B025B – Identification of parent 1 and parent 2  1) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE) AND ONLY ONE FATHER (OF ANY TYPE) IN THIS HOUSEHOLD, CODE THE MOTHER AS PARENT 1 (IDP1) AND CODE THE FATHER AS PARENT 2 (IDP2);  2) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE) IN THE HOUSEHOLD, CODE THE MOTHER AS PARENT 1. IF THERE IS A MOTHER AND SHE HAS A MALE SPOUSE/PARTNER IN THE HOUSEHOLD, CODE THE SPOUSE/PARTNER AS PARENT 2 (IDP2). IF THERE IS NO SPOUSE/PARTNER IN THE HOUSEHOLD, PARENT 2 IS CODED AS NOT APPLICABLE;  3) IF THERE IS ONLY ONE FATHER (OF ANY TYPE) IN THE HOUSEHOLD AND NO MOTHER, CODE THE FATHER AS PARENT 1 (IDP1). IF THERE IS A FATHER AND HE HAS A FEMALE SPOUSE/PARTNER IN THE HOUSEHOLD, CODE THE SPOUSE/PARTNER AS PARENT 1 (IDP1) AND CODE THE FATHER AS PARENT 2 (IDP2). IF THERE IS NO SPOUSE/PARTNER IN THE HOUSEHOLD, PARENT 2 IS CODED AS NOT APPLICABLE;  4) IF THERE ARE TWO MOTHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE MOTHER TO BE PARENT 1 (IDP1), WITH THE ORDER SPECIFIED AS BIOLOGICAL, ADOPTIVE, STEP-, FOSTER MOTHER OR FEMALE GUARDIAN, THEN OTHER FEMALE PARENT OR GUARDIAN. THE OTHER MOTHER IS IDENTIFIED AS PARENT 2 (IDP2).IF THERE ARE TWO MOTHERS OF THE SAME TYPE (E.G., TWO ADOPTIVE MOTHERS), THE MOTHER WITH THE LOWEST PERSON NUMBER IN THE HOUSEHOLD ROSTER IS IDENTIFIED AS PARENT 1 (IDP1) AND THE OTHER MOTHER IS IDENTIFIED AS PARENT 2 (IDP2).  5) IF THERE ARE TWO FATHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE FATHER TO BE PARENT 1 (IDP1), WITH THE ORDER SPECIFIED AS BIOLOGICAL, ADOPTIVE, STEP-, FOSTER FATHER OR MALE GUARDIAN, THEN OTHER MALE PARENT OR GUARDIAN. THE OTHER FATHER IS IDENTIFIED AS PARENT 2 (IDP2). IF THERE ARE TWO FATHERS OF THE SAME TYPE (E.G., TWO ADOPTIVE FATHERS), THE FATHER WITH THE LOWEST PERSON NUMBER IN THE HOUSEHOLD ROSTER IS IDENTIFIED AS PARENT 1 (IDP1) AND THE OTHER FATHER IS IDENTIFIED AS PARENT 2 (IDP2).  6) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, THEN A FEMALE PARENT FIGURE IS IDENTIFIED AS PARENT 1, IN THE FOLLOWING ORDER: GRANDMOTHER (B010B=7), AUNT (B010B=9), SISTER (B010B=3), GIRLFRIEND/PARTNER (B010B=5), COUSIN (B010B=11), OTHER RELATIVE (B010B=12), OTHER NONRELATIVE (B010B=13). IF THE FEMALE PARENT FIGURE HAS A SPOUSE OR PARTNER, THE SPOUSE/PARTNER IS IDENTIFIED AS PARENT 2. FOR EXAMPLE, IF A CHILD LIVES WITH HIS GRANDMOTHER (THE RESPONDENT) AND GRANDFATHER, AND NEITHER HIS MOTHER NOR FATHER ALSO LIVE IN THE HOUSEHOLD, THEN THE GRANDMOTHER IS IDENTIFIED AS PARENT 1 AND THE GRANDFATHER IS IDENTIFIED AS PARENT 2. IF THERE IS NO FEMALE PARENT FIGURE IS IN THE HOUSEHOLD, A MALE PARENT FIGURE IS IDENTIFIED AS PARENT, IN THE FOLLOWING ORDER: GRANDFATHER (B010B=8), UNCLE (B010B=10), BROTHER (B010B=4), BOYFRIEND/PARTNER (B010B=6), COUSIN (B010B=11), OTHER RELATIVE (B010B=12), OTHER NONRELATIVE (B010B=13). |

**C. FAMILY AND PARENT BACKGROUND**

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| **PROGRAMMER BOX SECTION C**  FOR ALL QUESTIONS CONCERNING IDP1 and idp2:  Order of questions will be determined by whether respondent is idp1, idp2, or neither. if respondent is idp2, questions concerning idp2 will be asked before questions about idp1. if respondent is idp1, or IS NEITHER IDP1 NOR idp2, questions concerning idp1 will be asked first. |

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| ALL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT=IDP2 |
| FOR SECTION C: DISPLAY BOTH FIRST AND LAST NAMES FOR HH#NAME IDP1 AND HH#NAME IDP2 WHEN FIRST DISPLAYED. DISPLAY FIRST NAME ONLY AFTER FIRST USE. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1 OR IDP2, THEN USE “YOU HAVE.” IF RESPONDENT = NON-IDP, THEN USE ‘HH#NAME IDP1 has’ |

Now we would like to know about the educational background of [CFNAME]’s family.

**C001 (C04a.)** What is the highest level of education [you have/**HH#NAME IDP1 has]** completed?

*Select one only*.

🔾 8th grade or lower 1

5030401

🔾 9th to 11th grade 2

🔾 12th grade but no diploma 3

🔾 High school diploma or equivalent (for example: GED) 4

🔾 Vocational/technical program after high school but no vocational/technical diploma 5

🔾 Vocational/technical diploma after high school 6

🔾 Some college but no degree 7

🔾 Associate’s degree (for example: AA, AS) 8

🔾 Bachelor’s degree (for example: BA, BS) 9

🔾 Graduate or professional school but no degree 10

🔾 Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorate degree (for example: Ph.D, Ed.D) 12

🔾 Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, JD) 13

🔾 Do not know 14

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| ALL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO C010 (IF RESPONDENT=IDP1) OR C020 (IF RESPONDENT NE IDP) |
| [HH#NAME IDP1] = NAME OF PARENT 1  [HH#NAME IDP2] = NAME OF PARENT 2 |

**C005 (C04b.)** What is the highest level of education [**HH#NAME IDP1/HH#NAME IDP2]** has completed?

*Select one only.*

🔾 8th grade or lower 1

5030402

🔾 9th to 11th grade 2

🔾 12th grade but no diploma 3

🔾 High school diploma or equivalent (for example: GED) 4

🔾 Vocational/technical program after high school but no vocational/technical diploma 5

🔾 Vocational/technical diploma after high school 6

🔾 Some college but no degree 7

🔾 Associate’s degree (for example: AA, AS) 8

🔾 Bachelor’s degree (for example: BA, BS) 9

🔾 Graduate or professional school but no degree 10

🔾 Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorate degree (for example: Ph.D, Ed.D) 12

🔾 Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, JD) 13

🔾 Do not know 14

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| IF MS1 RESPONSE=NULL  IF RESPONDENT IS IDP1 OR IDP2. IF RESPONDENT IS NOT IDP1 OR IDP2, THEN GO TO C020. |

**C010 (C05.)** What is the highest level of education **your** mother completed?

*Select one only.*

🔾 Did not live with mother growing up 15

🔾 8th grade or lower 1

5030500

🔾 9th to 11th grade 2

🔾 12th grade but no diploma 3

🔾 High school diploma or equivalent (for example: GED) 4

🔾 Vocational/technical program after high school but no vocational/technical diploma 5

🔾 Vocational/technical diploma after high school 6

🔾 Some college but no degree 7

🔾 Associate’s degree (for example: AA, AS) 8

🔾 Bachelor’s degree (for example: BA, BS) 9

🔾 Graduate or professional school but no degree 10

🔾 Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorate degree (for example: Ph.D, Ed.D) 12

🔾 Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, JD) 13

🔾 Do not know 14

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| IF MS1 RESPONSE=NULL  IF RESPONDENT IS IDP1 OR IDP2. IF RESPONDENT IS NOT IDP1 OR IDP2, THEN GO TO C020. |

**C015 (C06.)** What is the highest level of education **your** father completed?

*Select one only.*

🔾 Did not live with father growing up 15

🔾 8th grade or lower 1

5030600

🔾 9th to 11th grade 2

🔾 12th grade but no diploma 3

🔾 High school diploma or equivalent (for example: GED) 4

🔾 Vocational/technical program after high school but no vocational/technical diploma 5

🔾 Vocational/technical diploma after high school 6

🔾 Some college but no degree 7

🔾 Associate’s degree (for example: AA, AS) 8

🔾 Bachelor’s degree (for example: BA, BS) 9

🔾 Graduate or professional school but no degree 10

🔾 Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorate degree (for example: Ph.D, Ed.D) 12

🔾 Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, JD) 13

🔾 Do not know 14

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| IF IDP1 IS NOT EMPTY  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2 |
| [HH#FNAME IDP1] = NAME OF PARENT 1  [HH#NAME IDP2] = NAME OF PARENT 2  IF ASKING FOR RESPONDENT, THEN USE “YOU.” IF RESPONDENT = NON-IDP, THEN USE ‘HH#NAME IDP1’ |

**C020 (B02j.)** During the past week did [**you/HH#FNAME IDP1**] work at a **job for pay**?

Include any work for pay, even for as little as one hour. Also include self-employment. Do not include looking after your own children or household unless it is for pay.

🔾 Yes 1

5021402

🔾 No 2

NO RESPONSE M

|  |
| --- |
| IF IDP2 IS NOT EMPTY  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED, GO TO C025A |
| [HH#NAME IDP1] = NAME OF PARENT 1  [HH#FNAME IDP2] = NAME OF PARENT 2 |

**C025 (B02j).** During the past week did [**HH#FNAME IDP1/HH#FNAME IDP2**] work at a **job for pay**?

Include any work for pay, even for as little as one hour. Also include self-employment. Do not include looking after your own children or household unless it is for pay.

🔾 Yes 1

5021403

🔾 No 2

NO RESPONSE M

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “**Are you**” |

Now we would like to learn about the race and ethnicity of your household members.

**C026A (B02c).** [Are **you**/Is **HH#NAME IDP1**] of Hispanic or Latino origin?

5020702

🔾 Yes 1

🔾 No 2

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX C026A**  THE WORDS “**Hispanic or Latino origin**” SHOULD HAVE A HYPERLINK TO THE FOLLOWING HELP TEXT:  **Hispanic or Latino origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.** |

|  |
| --- |
| C026A=1 ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “**your**” |

**C026B (B02e1).** Which of the following best describes [**your/HH#NAME IDP1’s**] Hispanic or Latino heritage?

*Select all that apply.*

🞏 Mexican, Mexican-American, or Chicano 1

5020931

🞏 Cuban 2

5020932

🞏 Dominican 3

5020933

🞏 Puerto Rican 4

5020934

5020935

🞏 Central American 5

5020936

🞏 South American 6

5020937

🞏 Other 7

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX C026B**  the response option “**Central American**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **By Central American, we mean, for example, people who describe themselves as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran.**  the response option “**South American**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **By South American, we mean, for example, people who describe themselves as Colombian, Argentine, or Peruvian.** |

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “**your**” IF RESPONDENT = NON-IDP1, THEN USE ‘HH#NAME IDP1’ |

**C026C (B02d.)** Which of the following describes **[your/HH#NAME IDP1’s]** race? You may choose more than one.

*Select all that apply.*

🞏 White 1

5020832

5020831

🞏 Black or African American 2

5020833

🞏 Asian 3

5020834

🞏 Native Hawaiian or other Pacific Islander 4

* American Indian or Alaska Native 5

5020835

|  |
| --- |
| **PROGRAMMER BOX C026C**  Add an information icon next to each of these response categories which would be the link to the help text but not activate the check box.  This would mean if the respondent clicked on the word “White” it would still check the box, but not deploy the help text.IF they clicked the information icon, it would take them to the help text but will not automatically check the response.  **White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**  **Black or African American: A person having origins in any of the black racial groups of Africa.**  **Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**  **Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.**  **American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment**. |

|  |
| --- |
| IF C026C=3 |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “**your**” |

**C026D (B02e2).** Which of the following best describes **[your/HH#FNAME IDP1’s]** Asian heritage**?**

*Select all that apply.*

5021731

🞏 Asian Indian 1

🞏 Chinese 2

5021732

🞏 Filipino 3

5021733

🞏 Japanese 4

5021734

5021735

🞏 Korean 5

🞏 Vietnamese 6

5021736

🞏 Other 7

5021737

NO RESPONSE M

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO C027A |
| [HH#NAME IDP2] = NAME OF PARENT 2  IF RESPONDENT IS IDP2, THEN USE “**Are you**” |

**C027A (B02c).** **[Are you/Is HH#NAME IDP2**] of Hispanic or Latino origin?

5020703

🔾 Yes 1

🔾 No 2

NO RESPONSE M

|  |
| --- |
| **Programmer Box C027A**  THE WORDS “**Hispanic or Latino origin**” SHOULD HAVE A HYPERLINK TO THE FOLLOWING HELP TEXT:  **Hispanic or Latino origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.** |

|  |
| --- |
| IF CO27A=1 |
| [HH#NAME IDP2] = NAME OF PARENT 2  IF RESPONDENT IS IDP2, THEN USE “**your**” |

**C027B (B02e1).** Which of the following best describes **[your/HH#NAME IDP2’s]** Hispanic or Latino heritage?

*Select all that apply.*

🞏 Mexican, Mexican-American, or Chicano 1

5020941

🞏 Cuban 2

5020942

🞏 Dominican 3

5020944

5020943

🞏 Puerto Rican 4

5020945

🞏 Central American 5

5020946

🞏 South American 6

5020947

🞏 Other 7

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C027B  the response option “**Central American**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **By Central American, we mean, for example, people who describe themselves as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran.**  the response option “**South American**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **By South American, we mean, for example, people who describe themselves as Colombian, Argentine, or Peruvian.** |

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO C028A |
| [HH#NAME IDP2] = NAME OF PARENT 2  IF RESPONDENT IS IDP2, THEN USE “**your**.” IF RESPONDENT = NON-IDP2, THEN USE ‘HH#NAME IDP2’ |

**C027C (B02d.)** Which of the following choices describes [**your/HH#NAME IDP2’s**] race? You may choose more than one.

*Select all that apply.*

🞏 White 1

5020841

5020842

🞏 Black or African American 2

🞏 Asian 3

5020843

🞏 Native Hawaiian or other Pacific Islander 4

5020844

* American Indian or Alaska Native 5

5020845

|  |
| --- |
| **PROGRAMMER BOX C027C**  Add an information icon next to each of these response categories which would be the link to the help text but not activate the check box.  This would mean if the respondent clicked on the word “White” it would still check the box, but not deploy the help text. IF they clicked the information icon, it would take them to the help text but will not automatically check the response.  **White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**  **Black or African American: A person having origins in any of the black racial groups of Africa.**  **Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**  **Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.**  **American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.** |

|  |
| --- |
| IF C027C=3 |
| [HH#NAME IDP2] = NAME OF PARENT 2  IF RESPONDENT IS IDP2, THEN USE “**your**.” IF RESPONDENT = NON-IDP2, THEN USE ‘HH#NAME IDP1’ |

**C027D (B02e2).** Which of the following best describes [**your/HH#FNAME IDP2’s**] Asian heritage?

*Select all that apply.*

5021741

🞏 Asian Indian 1

5021742

🞏 Chinese 2

5021743

🞏 Filipino 3

5021744

🞏 Japanese 4

5021745

🞏 Korean 5

5021746

🞏 Vietnamese 6

5021747

🞏 Other 7

NO RESPONSE M

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**C028A (B02c).** Is **[CFNAME]** of Hispanic or Latino origin?

🔾 Yes 1

5020701

🔾 No 2

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX C028A**  The words “**Hispanic or Latino origin**” should have a hyperlink to the following help text:  **Hispanic or Latino origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.** |

|  |
| --- |
| IF MS1 RESPONSE=NULL AND IF C028A=1 |

**C028B (B02e1).** Which of the following best describes **[CFNAME]’s** Hispanic or Latino heritage?

*Select all that apply.*

🞏 Mexican, Mexican-American, or Chicano 1

5020951

🞏 Cuban 2

5020952

🞏 Dominican 3

5020953

🞏 Puerto Rican 4

5020954

🞏 Central American 5

5020955

🞏 South American 6

5020957

5020956

🞏 Other 7

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C028B  the response option “**Central American**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **By Central American, we mean, for example, people who describe themselves as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran.**  the response option “**South American**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **By South American, we mean, for example, people who describe themselves as Colombian, Argentine, or Peruvian.** |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**C028C (B02d.)** Which of the following choices describes [**CFNAME]’s** race? You may choose more than one.

*Select all that apply.*

🞏 White 1

5020851

🞏 Black or African American 2

5020852

🞏 Asian 3

5020853

🞏 Native Hawaiian or other Pacific Islander 4

5020854

* American Indian or Alaska Native 5

5020855

|  |
| --- |
| **PROGRAMMER BOX C028C**  Add an information icon next to each of these response categories which would be the link to the help text but not activate the check box.  This would mean if the respondent clicked on the word “White” it would still check the box, but not deploy the help text. IF they clicked the information icon, it would take them to the help text but will not automatically check the response.  **White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**  **Black or African American: A person having origins in any of the black racial groups of Africa.**  **Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**  **Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.**  **American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment**. |

|  |
| --- |
| IF MS1 RESPONSE=NULL AND IF C028C=3 |

**C028D (B02e2).** Which of the following best describes **[CFNAME]’s** Asian heritage?

*Select all that apply.*

🞏 Asian Indian 1

5021751

🞏 Chinese 2

5021752

5021753

🞏 Filipino 3

5021754

🞏 Japanese 4

🞏 Korean 5

5021755

5021756

🞏 Vietnamese 6

5021757

🞏 Other 7

NO RESPONSE M

|  |
| --- |
| ALL |

Next, we would like to know about languages used in your home.

**C030 (C01.)** Is English the primary language used in your home?

🔾 Yes 1 C035

5030100

🔾 No 2 C045

NO RESPONSE M C035

|  |
| --- |
| IF C030=1 OR M |

**C035 (C02a.)** Is any language other than English used in your home?

🔾 Yes 1 C040

5030201

🔾 No 2 D001

NO RESPONSE M D001

|  |
| --- |
| IF C035=1 |

**C040 (C02B.)** Please select the language(s) other than English that are used in your home from the

alphabetical list below. You may select more than one.

*Select all that apply.*

5032201

🞏 a. Arabic 1

5032202

🞏 b. Chinese language/dialect 2

5032203

🞏 c. Farsi 3

5032204

🞏 d. Filipino language 4

🞏 e. French 5

5032205

🞏 f. German 6

5032206

5032207

🞏 g. Greek 7

5032208

🞏 h. Hmong 8

5032209

🞏 i. Italian 9

5032212

5032210

🞏 j. Japanese 10

5032211

🞏 k. Korean 11

🞏 l. Polish 12

5032213

🞏 m. Portuguese 13

5032214

🞏 n. Sign Language 14

5032215

🞏 o. Spanish 15

5032216

🞏 p. Vietnamese 16

5032217

🞏 q. Some other language 99

NO RESPONSE M D001

|  |
| --- |
| IF C030=2 |

**C045 (C03C.)** Please select the language(s) that are used in your home from the alphabetical list below. You may select more than one.

5033301-5033317: language options from C040

5033318: English

To

|  |
| --- |
| PROGRAMMER BOX  USE LIST FROM C040, BEING SURE TO INCLUDE ENGLISH. |

|  |
| --- |
| IF C030=2 AND C045 = more than one language |

**C050 (C03A).** What is the primary language used in your home?

*Select one only.*

🔾 a. Arabic 1

5033100

🔾 b. Chinese language/dialect 2

🔾 c. English 3

🔾 d. Farsi 4

🔾 e. Filipino language 5

🔾 f. French 6

🔾 g. German 7

🔾 h. Greek 8

🔾 i. Hmong 9

🔾 j. Italian 10

🔾 k. Japanese 11

🔾 l. Korean 12

🔾 m. Polish 13

🔾 n. Portuguese 14

🔾 o. Sign Language 15

🔾 p. Spanish 16

🔾 q. Vietnamese 17

🔾 r. Some other language 99

🔾 s. More than one language used equally 18

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C050  display languages that were selected in c045 as response options here. |

**D. CHILD'S SCHOOL EXPERIENCES**

|  |
| --- |
| ALL |

Great! We really appreciate you taking the time to answer all of our questions about your household. The study doesn’t happen without you. Let’s keep moving along.

**D001 (E01.)**

Thinking about the current school year, how much do you agree or disagree with each of the following statements?

In our household…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Strongly agree | Agree | Slightly agree | Slightly disagree | Disagree | Strongly disagree |
| 5050101 | 1. We make it our business to stay on top of things at school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050102 | 1. We like to spend time at [CFNAME]'s school when we can. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050103 | 1. It's important to us that we let the teachers know about things that relate to [CFNAME]. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050104 | 1. We find it helpful to talk with [CFNAME]'s teachers. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050105 | 1. [CFNAME]'s current teachers know us. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |

**D005 (E02.)** During this school year, how often have you or someone else in your household done the following?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Never | Once or twice | Once a month | Once every two weeks | Once a week | Daily |
| 5050201 | 1. Contacted [CFNAME]'s teachers with questions about schoolwork. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050202 | 1. Exchanged phone calls or notes with [CFNAME]'s teachers for questions not related to schoolwork. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |
| FILL “**or your spouse or partner**” IF B020a (B03a) OR B025 (B04a) = 1 |

**D007 (E02.)** How often do you [or your spouse or partner] use a computer or any other electronic device in the following ways?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | *Please select one response per row.* | Never | Less than once a year | Once or twice a year | Several times a year | At least once a month | Weekly |
| 5050211 | | a. To communicate with [CFNAME]’s teachers and administrative staff by email about [CFNAME], for example, about how [CFNAME] is performing, or about absences or tardiness? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050212 | | b. To find out about homework and other school assignments and projects? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050213 | c. To find out about [CFNAME]’s grades? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |

**D010 (E03.)** Now we would like to know how often you or someone in your household talked with any staff at [CFNAME]'s school. How many times this school year did you or someone in your household talk with any staff at school about…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Never | Once or twice | Three or four times | More than four times |
| 5050301 | 1. [CFNAME]'s school schedule for this year? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050302 | 1. [CFNAME] missing too many days of school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050303 | 1. [CFNAME]'s positive or good behavior in school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050304 | 1. how to help [CFNAME] at home with specific skills or homework? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050305 | 1. [CFNAME]'s plans after leaving high school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050306 | 1. [CFNAME]'s course selection for entry into college, vocational, or technical school after completing high school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| ALL |

**D015 (E03A.)** For each of the following statements, please tell me how well [CFNAME]'s school has done with each activity during this school year…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Does this very well | Does this OK | Doesn’t do this at all |
| 5050321 | 1. The school lets you know between report cards how [CFNAME] is doing in school. | 1 🔾 | 2 🔾 | 3 🔾 |
| 5050322 | 1. The school helps you understand what children at [CFNAME]'s age are like. | 1 🔾 | 2 🔾 | 3 🔾 |
| 5050323 | 1. The school provides workshops, materials, or advice about how to help [CFNAME] learn at home. | 1 🔾 | 2 🔾 | 3 🔾 |
| 5050324 | 1. The school provides information on community services to help [CFNAME] or your family. | 1 🔾 | 2 🔾 | 3 🔾 |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

The next questions are about disciplinary actions [CFNAME]'s school may have taken.

**D020 (E04.)** Since starting kindergarten, how many times has [CFNAME] been suspended or expelled from school? Do not count detentions.

PROGRAMMER: INSERT DROPDOWN FIELDS

5050400

▼

NO RESPONSE M D021

|  |
| --- |
| PROGRAMMER BOX  INSERT DROPDOWN: R=**0-10 or more, Don’t know**  IF D020=0 GO TO D035. |

|  |
| --- |
| IF D020 NE 0, OR IF RETURNING MS1 RESPONDENT AND D020 WAS SKIPPED |
| IF RETURNING MS1 RESPONDENT AND D020 WAS SKIPPED, DISPLAY INTRO TEXT “**The next questions are about disciplinary actions [CFNAME]'s school may have taken.”** |

**D021 (E04.)** [The next questions are about disciplinary actions [CFNAME]'s school may have taken.] **Since [CFNAME] began sixth grade in the fall of 2017**, how many times has [CFNAME] been suspended or expelled from school? Do not count detentions.

PROGRAMMER: INSERT DROPDOWN FIELDS

5050410

▼

NO RESPONSE M D035

|  |
| --- |
| PROGRAMMER BOX  INSERT DROPDOWN: R=0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know  IF D020=0 OR MISSING GO TO D035. |

|  |
| --- |
| IF D020>0 OR D021>0; |
| IF D020>1 OR D021>1 FILL “**most recent**” |

**D025 (E05A.)** What was the reason for the [most recent] suspension or expulsion?

*Select all that apply.*

5050501

🞏 a. Repeated violation of the school rules 1

5050502

🞏 b. Use of profanity (swearing) 2

5050503

🞏 c. Threatening students or teachers 3

5050504

🞏 d. Defacing or destroying school property 4

5050505

🞏 e. Bringing a weapon to school 5

5050506

🞏 f. Fighting with another student 6

5050507

🞏 g. Ganging up (with one or more other students) on another student 7

5050508

🞏 h. Threatening to use or making a false report of the use of an explosive

device at school 8

5050509

🞏 i. Assaulting a teacher, principal, or other school personnel 9

5050510

🞏 j. Other 10

🞏 k. Don’t know 11

5050511

NO RESPONSE M

|  |
| --- |
| IF D020>0 OR D021>0 |
| IF D020>1 OR D021>1 FILL “**most recent**” |

**D030 (E06.)** How many days was the [most recent] suspension or expulsion?

Days for [most recent] suspension or expulsion

5050600

🞏 Check this box if [CFNAME] was expelled permanently

5050601

|  |
| --- |
| **PROGRAMMER BOX D030**  PROGRAMMER NOTE: PROGRAM HARD check if respondent both enters text in “days for most recent suspension or expulsion” and selects check box**: You may not select “[CFNAME] was expelled permanently” if you have entered a response for “Days for most recent suspension or expulsion.”** |

|  |
| --- |
| ALL |
| IF MS1 RESPONSE=NULL, FILL “**Since starting school.**” OTHERWISE, FILL “**Since [CFNAME] began sixth grade in the fall of 2017.**” |

The next questions are about grade levels [CFNAME] may have repeated or skipped.

**D035 (E07.)** What grade levels, if any, has [CFNAME] **repeated** [since starting school/since [CFNAME] began sixth grade in the fall of 2017]?

*Select all that apply.*

🞏 Has not repeated any grade levels 1

5050701/5050711

5050702

🞏 Kindergarten 2

5050703

🞏 Grade 1 3

5050704

🞏 Grade 2 4

5050705

🞏 Grade 3 5

5050706

🞏 Grade 4 6

5050707

🞏 Grade 5 7

🞏 Grade 6 8

5050708/5050716

🞏 Grade 7 9

5050709/5050717

🞏 Grade 8 10

5050718/5050719

|  |
| --- |
| **PROGRAMMER BOX D035**  if ms1=null, display “since starting school.” OTHERWISE, display “**Since [CFNAME] began sixth grade in the fall of 2017**” AND only response options “**Has not repeated any grade levels,” “Grade 6,” “Grade 7,**” AND “**Grade 8**,” storING under qids 5050711, 5050716, 5050717, 5050719 respectively |

NO RESPONSE M

|  |
| --- |
| ALL  IF MS1 RESPONSE=NULL, FILL “**Since starting school.**” OTHERWISE, FILL “**Since [CFNAME] began sixth grade in the fall of 2017.**” |

**D040 (E08.)** What grade levels, if any, has [CFNAME] **skipped** [since starting school/since [CFNAME] began sixth grade in the fall of 2017]?

*Select all that apply*

5050801/5050811

🞏 Has not skipped any grade levels 1

🞏 Kindergarten 2

5050802

5050803

🞏 Grade 1 3

5050804

🞏 Grade 2 4

5050805

🞏 Grade 3 5

🞏 Grade 4 6

5050806

🞏 Grade 5 7

5050807

5050808

🞏 Grade 6 8

5050809/5050817

🞏 Grade 7 9

5050810/5050818

🞏 Grade 8 10

5050819/5050820

🞏 Grade 9 or above 11

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX D040**  IF MS=-NULL, DISPLAY “**since starting school**.”  OTHERWISE, DISPLAY “**Since [CFNAME] began sixth grade in the fall of 2017**” AND RESPONSE OPTIONS FOR “**Has not skipped any grade levels,” “Grade 7,**” “**Grade 8**,” AND “**Grade 9 or above,”** STORING UNDER qids 5050811, 5050817, 5050818, 5050820, RESPECTIVELY. |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

The following questions are about programs [CFNAME] may participate in at school.

**D045 (E09.)** Has [CFNAME] ever been enrolled in a program for English language learners (ELLs) such as English as a Second Language (ESL), English immersion, or bilingual education?

🔾 Yes 1 D050

5050900

🔾 No 2 D055

NO RESPONSE M D055

|  |
| --- |
| IF D045 = 1 OR IF MS1 D045=1 |

**D050 (E10.)** Is [CFNAME] currently enrolled in a program for English language learners (ELLs) such as English as a Second Language (ESL), English immersion, or bilingual education?

🔾 Yes 1

5051000

🔾 No 2

|  |
| --- |
| ALL |

**D055 (E11.)** Does [CFNAME] receive free or reduced price meals at school?

🔾 Yes 1 D060

5051100

🔾 No 2 D065

🔾 Don’t know 3 D065

NO RESPONSE M D065

|  |
| --- |
| IF D055 = 1 |

**D060 (E12.)** Are these meals free or reduced price?

🔾 Free 1 D065

5051200

🔾 Reduced price 2 D065

|  |
| --- |
| ALL |

**D065 (E13a).** During the current school year, has [CFNAME] taken a field trip focused on science, for example to a science museum or center, a science lab, a planetarium, or a nature center?

5051301

🔾 Yes 1 D070

🔾 No 2 D075

🔾 Don’t know 3 D075

NO RESPONSE M D075

|  |
| --- |
| IF D065=1 |

**D070 (E13b.)** During the current school year, **how many times** did [CFNAME] take a field trip focused on science, for example to a science museum or center, a science lab, a planetarium, or a nature center?

PROGRAMMER: INSERT DROPDOWN FIELDS

5051302

NUMBER OF TIMES D075

|  |
| --- |
| **PROGRAMMER BOX D070**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know** |

|  |
| --- |
| ALL |

**D075 (E13c.)** Other than school field trips, how many times did [CFNAME] visit a science museum or center, a science lab, a planetarium, or a nature center during the current school year?

PROGRAMMER: INSERT DROPDOWN FIELDS

5051303

NUMBER OF TIMES D080

|  |
| --- |
| **PROGRAMMER BOX D075**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know** |

|  |
| --- |
| ALL |

**D080 (E14a.)** During the current school year, has [CFNAME] taken a field trip focused on the arts, for example to visit an art museum or center, or to see a live music, dance, or theater performance?

🔾 Yes 1 D085

5051304

🔾 No 2 D085

🔾 Don’t know 3 D085

|  |
| --- |
| ALL |

**D085 (E14b).** Other than field trips, have you or someone in your household taken [CFNAME] to visit an art museum or center, or to see a live music, dance, or theater performance during the current school year?

🔾 Yes 1 E001

5051305

🔾 No 2 E001

🔾 Don’t know 3 E001

**E. PARENTAL DISCUSSIONS WITH CHILD**

|  |
| --- |
| DISPLAY E INTRO TEXT FOR ABBREVIATED SURVEY ONLY |

The next question asks about your expectations for [CFNAME]’s future.

|  |
| --- |
| ALL |
| IF A050=1, FILL “his” IF A050=2, FILL “her.” ELSE IF A050=MISSING, DISPLAY “his or her”. |

This section asks about your expectations for [CFNAME]'s future and conversations you may have had with [CFNAME] about school or [his/her/his or her] future plans.

**E001 (I01.)** Since the start of this school year, how often have you discussed the following with [CFNAME]?

*Please select one response per row.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Never | Rarely | Sometimes | Often | Very often |
| 5090101 | 1. Selecting a math course to take next school year | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090102 | 1. Selecting courses other than math to take next school year | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090103 | 1. Preparing for college entrance exams such as the ACT, SAT, or ASVAB | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090104 | 1. Applying to college or other schools after high school | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090105 | 1. Careers [CFNAME] might be interested in | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| ALL |

**E005 (I02.)** How far in school do you expect [CFNAME] to go? Would you say you expect [CFNAME]…

*Select one only.*

🔾 Won’t finish high school? 1

5090200

🔾 Will graduate from high school, but won’t go any further? 2

🔾 Will go to a technical or trade school after high school? 3

🔾 Will attend college? 4

🔾 Will graduate from college? 5

🔾 Will attend a higher level of school after graduating from college? 6

🔾 You don’t know. 7

|  |
| --- |
| ALL |
| IF A050=1, FILL “**his**” AND “**him**.” IF A050=2, FILL “**her**.” ELSE IF A050=MISSING, DISPLAY “**his or her**” AND “**him or her**”. |

**E010** If [CFNAME] continues [his/her/his or her] education after high school, will you or anyone in [CFNAME]’s family help [him/her/him or her] pay for it?

*Select one only.*

🔾 Yes 1

5090300

🔾 No 2

🔾 I have not thought about this yet 3

**F. CHILD HEALTH AND WELL-BEING**

Now, we would like to ask you about [CFNAME]'s health.

|  |
| --- |
| ALL |

**F001 (F01.)** In general, would you say that [CFNAME]'s health is...

*Select one only.*

🔾 Excellent 1

5060100

🔾 Very good 2

🔾 Good 3

🔾 Fair 4

🔾 Poor 5

|  |
| --- |
| ALL |

**F005.** Does [CFNAME] have difficulty seeing objects in the distance, letters on paper, or the board in the classroom?

Please answer considering [CFNAME]’s vision without wearing glasses or contact lenses.

🔾 Yes 1

5060200

🔾 No 2

🔾 Don’t know 3

|  |
| --- |
| ALL |

**F010.** Has [CFNAME]’s vision ever been evaluated by an eye care professional?

5060210

🔾 Yes 1 F015

🔾 No 2 F025

🔾 Don’t know 3 F025

NO RESPONSE M F025

|  |
| --- |
| IF F010=1, ELSE GO TO F021 |

**F015.** Has [CFNAME] been prescribed eyeglasses or contact lenses to improve [CFNAME]’s vision?

🔾 Yes 1 F020

5060211

🔾 No 2 F021

🔾 Don’t know 3 F021

NO RESPONSE M F021

|  |
| --- |
| IF F015=1, ELSE GO TO F025 |

**F020**. How often does [CFNAME] wear eyeglasses or contact lenses to help [CFNAME] see better?

🔾 Always 1 F021

5060212

🔾 Most of the time 2 F021

🔾 Often 3 F021

🔾 Sometimes 4 F021

🔾 Rarely 5 F021

🔾 Never 6 F021

|  |
| --- |
| ALL |

**F021A.** Before 2 years, or 24 months of age, did [CFNAME] ever have 3 or more ear infections in a 12-month time period?

5060260

🔾 Yes 1 F022B

🔾 No 2 F022B

🔾 Don’t know 3 F022B

|  |
| --- |
| ALL |

**F021B.** After your child’s second birthday (24 months or older), did [CFNAME] ever have 3 or more ear infections in a 12-month time period?

5060261

🔾 Yes 1 F022C

🔾 No 2 F023

🔾 Don’t know 3 F023

|  |
| --- |
| IF F022B=1 |

**F021C.** When did [CFNAME] have 3 or more ear infections in a 12-month time period? Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | *Select all that apply.* | |
| 5060262 | 🞏 | 1. Ages 2 through 4 |
| 5060263 | 🞏 | 1. Ages 5 through 7 |
| 5060264 | 🞏 | 1. 8 and older |

|  |
| --- |
| ALL |

**F022.** Has [CFNAME] ever had surgery to place ear tubes in [CFNAME]’S ears to treat ear infections?

🔾 Yes 1 F024

5060270

🔾 No 2 F024

🔾 Don’t know 3 F024

|  |
| --- |
| ALL |
| IF A050=1, FILL “**his**”. IF A050=2, FILL “**her**.” ELSE IF A050=MISSING, DISPLAY “**his or her**”. |

**F023.**      Please indicate whether the following statement describes [CFNAME]’s hearing. If [CFNAME] has a hearing aid or other assistive device, please consider [his/her/his or her] hearing without the hearing aid or assistive device. [CFNAME] can usually hear and understand what a person says without seeing his or her face if that person...

               Please select one response per row.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 5060280 | Whispers to [CFNAME] from across a quiet room. | 1  | 2  |
| 5060281 | Talks in a normal voice to [CFNAME] from across a quiet room. | 1  | 2  |
| 5060282 | Shouts to [CFNAME] from across a quiet room. | 1  | 2  |
| 5060283 | Speaks loudly into [CFNAME]’s ears or better ear. | 1  | 2  |

|  |
| --- |
| **PROGRAMMER BOX F024**  DISPLAY ONE ROW AT A TIME. IF RESPONDENT SELECTS “**Yes”**, DISPLAY NEXT ROW. AT FIRST “**No**” RESPONSE, GO TO F025. |

|  |
| --- |
| ALL |
| IF A050=1, FILL “**his**”. IF A050=2, FILL “**her**.” ELSE IF A050=MISSING, DISPLAY “**his or her**”. |

**F024.** Which best describes [CFNAME]’s hearing? If [CFNAME] has a hearing aid or other assistive device, please consider [his/her/his or her] hearing without the hearing aid or assistive device. Would you say [CFNAME] has…

🔾 Excellent hearing, 1 F022A

5060250

🔾 Good hearing, 2 F022A

🔾 A little trouble hearing, 3 F022A

🔾 Moderate trouble hearing, 4 F022A

🔾 A lot of trouble hearing, or 5 F022A

🔾 Is [CFNAME] deaf? 6 F022A

|  |
| --- |
| ALL |
| IF MS1 RESPONSE=NULL, FILL “**ever**” AND STORE UNDER QID 5060300  OTHERWISE FILL “**since [MONTH OF MS1 INTERVIEW] 2018**” AND STORE UNDER QID 5060310 |

**F025 (F03.)** Has a doctor, nurse, or other medical professional [ever/since [MONTH OF MS1 INTERVIEW] 2018] told you that [CFNAME] has had a concussion?

5060300/5060310

🔾 Yes 1 F030

🔾 No 2 F035

NO RESPONSE M F035

|  |
| --- |
| IF F025 = 1 |
| IF MS1 RESPONSE=NULL, DO NOT FILL AND USE QID 5060400  OTHERWISE FILL “**since [MONTH OF MS1 INTERVIEW] 2018**” AND USE QID 5060410 |

**F030 (F04.)** How many times [since [MONTH OF MS1 INTERVIEW] 2018] has [CFNAME] been diagnosed by a doctor, nurse, or other medical professional as having had a concussion?

5060400/5060410

|\_|\_| Number of times

(RANGE: 1- 20)

|  |
| --- |
| ALL |
| IF MS1 RESPONSE=NULL, FILL “**ever**” AND USE QID 5060500  OTHERWISE FILL “**since [MONTH OF MS1 INTERVIEW] 2018**” AND USE QID 5060510 |

**F035 (F05.)** Has a doctor, nurse, or other medical professional [ever/since [MONTH OF MS1 INTERVIEW] 2018] told you that [CFNAME] has asthma?

🔾 Yes 1 F040

5060500/5060510

🔾 No 2 F045

NO RESPONSE M F045

|  |
| --- |
| IF F035 = 1 |
| IF MS1 RESPONSE=NULL, FILL “**ever**” AND USE QID 5060600  OTHERWISE FILL “**since [MONTH OF MS1 INTERVIEW] 2018**” AND USE QID 5060610 |

**F040 (F06.)** Has [CFNAME] [ever/since [MONTH OF MS1 INTERVIEW] 2018] been taken to an emergency room or hospitalized for at least one night because of asthma?

🔾 Yes 1

5060600/5060610

🔾 No 2

|  |
| --- |
| ALL |
| IF MS1 RESPONSE=NULL, FILL “**Has [CFNAME] ever**”  OTHERWISE FILL “**Since [MONTH OF MS1 INTERVIEW] 2018**” |
| “**himself/herself**” fills will be determined by the answer to A050: if A050=1 all gender fills are masculine, if A050=0 all gender fills are feminine; if A050=MISSING, “**himself/herself**” will display. |

The next set of questions is about professional evaluations [CFNAME] may have had in the past.

**F045 (F07.)** [Since [MONTH OF MS1 INTERVIEW] 2018, has [CFNAME]/Has [CFNAME] ever] been evaluated by a professional because of an issue with...

*Select all that apply.*

|  |  |  |
| --- | --- | --- |
| 5060701/5061701 | 🞏 | 1. Independently taking care of [himself/herself]? |
| 5060702/5061702 | 🞏 | 1. Paying attention? |
| 5060703/5061703 | 🞏 | 1. Reading, learning, thinking, or solving problems? |
| 5060704/5061704 | 🞏 | 1. Coordinating or moving [CFNAME]'s **whole** body,arms, or legs? |
| 5060705/5061705 | 🞏 | 1. Behaving or relating to *other children*? |
| 5060706/5061706 | 🞏 | 1. Behaving or relating to *adults*? |
| 5060707/5061707 | 🞏 | 1. [CFNAME]’s activity level? |
| 5060708/5061708 | 🞏 | 1. [CFNAME]’s emotional or mental health? |
| 5060710/5061710 | 🞏 | 1. Anxiety or fear? |
| 5060709/5061709 | 🞏 | 1. Harming [himself/herself]? |
| 5060711/5061711 | 🞏 | 1. Over-sensitivity or under-sensitivity to touch, sound, or temperature? |
| 5060712/5061712 | 🞏 | 1. Communicating or understanding what is said in the primary language? |
| 5060714/5061714 | 🞏 | 1. Eating too much or eating too little? |
| 5060715/5061715 | 🞏 | 1. Sleeping too much or sleeping too little? |
| 5060713/5061713 | 🞏 | 1. Chronic health problem (e.g., asthma, seizure, sickle cell anemia)? |
| 5060716/5061716 | 🞏 | 1. No professional evaluations |

|  |
| --- |
| PROGRAMMER BOX  IF MS1 RESPONSE=NULL, FILL “**Has [CFNAME] ever**” AND STORE UNDER QIDS 5060701-5060716  OTHERWISE FILL “**Since [MONTH OF MS1 INTERVIEW] 2018, has [CFNAME]**” AND STORE UNDER QIDS 5061701-5061716  IF ANY OF F045a-o=1, GO TO F050.  ELSE IF NONE OF F045a-o=1, GO TO F085. |

|  |
| --- |
| PROGRAMMER BOX F045  PLEASE MAKE THE ITEM TEXT “**Professional**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Professional: This includes health and mental health professionals such as doctors, pediatricians, nurse practitioners, optometrists, ophthalmologists, school or other psychologists, psychiatrists, social workers, speech-language pathologists, physical therapists, etc. Do not include teachers, principals or guidance counselors.** |

|  |
| --- |
| IF ANY OF F045A-O=1 |
| FILL TEXT FROM ITEMS IN F045A-O=1 |

**F050 (F08.)** You said that [CFNAME] was evaluated by a professional for [TEXT FROM F045A-O]. Did a professional give you a diagnosis or diagnoses of a problem?

🔾 Yes 1 F055

5060800

🔾 No 2 F085

NO RESPONSE M F085

|  |
| --- |
| PROGRAMMER BOX F050  **[TEXT FROM F045A-O]**: If 1-3 options were selected on F045, insert ALL options selected from F045 as a list (IF ANY OF F045A-O= 1). Only display F50 once. If more than 3 items were selected on F045, fill should remain blank so that question reads: “**You said that [CFNAME] was evaluated by a professional. Did a professional give you a diagnosis or diagnoses of a problem?”**  PLEASE MAKE THE ITEM TEXT “**Professional**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Professional: This includes health and mental health professionals such as doctors, pediatricians, nurse practitioners, optometrists, ophthalmologists, school or other psychologists, psychiatrists, social workers, speech-language pathologists, physical therapists, etc. Do not include teachers, principals or guidance counselors.** |

|  |
| --- |
| IF F050=1. |

**F055 (F09.)** What was the diagnosis or diagnoses?

If you don’t see [CFNAME]’s diagnosis or diagnoses in the list below, please select “Other” and type it in the “Please Specify” box.

*Select all that apply.*

🞏 a. Learning disability LD -- Reading disability (or dyslexia) 1 F060

5060902

🞏 b. Learning disability LD -- Math disability 2 F060

5060903

🞏 c. Learning disability (LD) – other 3 F060

5060901

🞏 d. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) 4 F060

5060904

* e. Autism Spectrum Disorder (ASD); such as Autistic Disorder/Asperger’s Disorder/Pervasive   
   Developmental Disorder (PDD) 5 F060

5060905

* f. Speech or language disorder 6 F060

5060906

🞏 g. Intellectual disability (or severe cognitive disability) 7 F060

5060907

🞏 h. Health impairment (such as seizures, asthma, diabetes) 8 F060

5060908

🞏 i. Physical disability (such as cerebral palsy, spina bifida, amputee, contractures) 9 F060

5060909

🞏 j. Sensory impairment (such as hypersensitivity; sensory processing problems; sensory   
 integration problems; sensory deficit, or sensory organization problems) 10 F060

5060910

🞏 k. Emotional disturbance 11 F060

5060911

🞏 l. Conduct disorder or oppositional defiant disorder 12 F060

5060912

🞏 m. Post Traumatic Stress Disorder (PTSD) 13 F060

5060923

🞏 n. Anxiety disorder or phobia 14 F060

5060914

🞏 o. Obsessive compulsive disorder (OCD) 15 F060

5060915

🞏 p. Eating disorder 16 F060

5060916

🞏 q. Depression 17 F060

5060917

🞏 r. Bipolar disorder 18 F060

5060918

🞏 s. Tourette’s syndrome 19 F060

5060919

🞏 t. Traumatic brain injury 20 F060

5060920

🞏 u. Diagnosis not yet determined 21 F085

5060921

🞏 v. Other 99 F060

5060922

Please specify (STRING (50))

5060924

NO RESPONSE M F080

|  |
| --- |
| PROGRAMMER BOX F055  PLEASE MAKE THE RESPONSE CATEGORY “**Learning disability**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Learning disability involves problems with one or more of the basic processes used in understanding or in using language (spoken or written), listening, thinking, reading, writing, spelling, or solving problems in math. This may be referred to as a reading disability or math disability. In some cases a child with a learning disability can perform at grade level with special help.**  PLEASE MAKE THE RESPONSE CATEGORY “**Reading disability**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Reading disability is a learning disability that affects a child’s ability to read and often also affects his or her writing.**  PLEASE MAKE THE RESPONSE CATEGORY “**Math Disability**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Math disability Math disability is a learning disability that affects the child’s ability to understand and solve math problems.**  PLEASE MAKE THE RESPONSE CATEGORY “**Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD): ADD and ADHD are health impairments that make it hard for a child to focus and pay attention. With ADHD, a child is also often hyperactive (always on the go) and may have trouble being patient. A child may act without thinking, and struggle to sit still (more than is appropriate for his or her age).**  PLEASE MAKE THE RESPONSE CATEGORY “**Autism**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Autism Spectrum Disorder (ASD) or autism: ASD or autism affects a child’s ability to communicate (verbally and nonverbally) and interact socially. A child with autism has difficulty understanding emotions and the perspective of others. The characteristics may include a lack of responsiveness to other people, facial expressions that do not seem appropriate for the situation, responding in other socially inappropriate ways, and repetitive activities and movements (such as hand-flapping or rocking). A child with autism may show resistance to change and hypersensitivity to sensory experiences such as the texture of some clothes for example. A child with autism may be advanced or gifted in one or more areas. Autism Spectrum Disorder (ASD) includes children with Asperger’s syndrome and pervasive developmental disorder (PDD).**  PLEASE MAKE THE RESPONSE CATEGORY “**Speech or language disorders**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Speech or language impairment refers to a communication disorder. A child with a speech disorder may have voice disorders, stutter, or have problems distinguishing sounds. Speech disorders range from difficulty with using a particular sound (for example, the “th” sound in this) to difficulty with speaking loudly. A child with a language impairment may have difficulty understanding and forming sentences, using words correctly, finding words for what she or he wants to say, or his or her ability to repeat information just heard.**  PLEASE MAKE THE RESPONSE CATEGORY “**Intellectual or Severe cognitive disability**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Intellectual disability (Severe cognitive disability): A child's mental development is noticeably behind what is expected for a child of his or her age. A child with an intellectual disability also has difficulty with performing some daily life activities or functions on his or her own. A child’s learning in school is very slow and far behind other children of that age. Previously called “mental retardation.”**  PLEASE MAKE THE RESPONSE CATEGORY “**Health Impairment**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Health impairment includes health issues that cause problems with strength, vitality, and alertness. A child with a health condition may function intellectually or cognitively as well as his or her peers, but have difficulty “keeping up” in general. Health impairments include problems such as epilepsy or other seizure disorder, asthma, diabetes, sickle cell anemia, or hemophilia.**  PLEASE MAKE THE RESPONSE CATEGORY “**Physical Disability**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Physical disability affects a child’s ability to move or balance. Disabling physical problems can include for example, cerebral palsy, amputations, bone tuberculosis, polio, and contractures (difficulty straightening a joint such as knees, elbows, and fingers).**  PLEASE MAKE THE RESPONSE CATEGORY “**Sensory Disorders**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Sensory impairments involve being hypersensitive (overly responsive) to touch, sound, movement, or temperature; or very under responsive to those sensory input. Sensory impairments may also involve a lack of control over what sensory information to pay attention to. A child may have an increased alertness to very small changes in the environment making it difficult to maintain attention to what she or he is supposed to be learning.**  PLEASE MAKE THE RESPONSE CATEGORY “**Emotional Disturbance**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Emotional Disturbance (ED) involves difficulty with emotions over a long period of time that hurts a child's school performance. ED may include (a) difficulty learning that cannot be explained by other factors; (b) difficulty with interpersonal relationships (i.e., getting along) with peers and teachers; (c) behavior or feelings that do not match what is happening; d) a general mood of unhappiness or depression; and/or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. Emotional disturbance includes schizophrenia. It does not apply to a child who is socially maladjusted (extreme behavior problems), unless he or she also has an emotional disturbance.**  PLEASE MAKE THE RESPONSE CATEGORY “**Conduct disorder**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Conduct disorder involves a pattern of behavior that is frequently defiant, angry, hostile, and disrespectful, and disrupts child’s normal functioning. Before the age of ten, a child exhibiting these negative behaviors is usually diagnosed with oppositional defiant disorder. If behavioral symptoms after age ten are not severe, a child may also be diagnosed with oppositional defiant disorder.**  PLEASE MAKE THE RESPONSE CATEGORY “**Post Traumatic Stress Disorder**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Post Traumatic Stress Disorder, also known as PTSD, is a condition that some people develop after experiencing a shocking, terrifying, or dangerous event. PTSD can cause high anxiety, nightmares, flashbacks to the event, and can interfere with a child’s ability to function.**  PLEASE MAKE THE RESPONSE CATEGORY “**Anxiety Disorder**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Anxiety Disorders: A child who has an anxiety disorder worries much more than other children and may worry all the time. She or he may worry about nothing in particular or themselves, other’s safety, her or his health, and/or the world. She or he often has physical signs of anxiety such as headache, abdominal pain, cramps, diarrhea, vomiting, and dizziness. Anxiety disorders include generalized anxiety disorder, social anxiety disorder (also called social phobia), and other specific phobias that interfere with a child’s ability to function.**  PLEASE MAKE THE RESPONSE CATEGORY “**Obsessive Compulsive Disorder**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Obsessive Compulsive Disorder: A child must have obsessions or compulsions or both to have this disorder, and these obsessions and/or compulsions must be disabling to the child. Obsessions are thoughts that occur over and over and cause distress. A child spends so much time on the thoughts that she or he has a hard time taking care of herself or himself or relating to others. Compulsions are acts that a child feels driven to repeat over and over, such as a need to clean or organize excessively, to keep everything the same.**  PLEASE MAKE THE RESPONSE CATEGORY “**Eating Disorder**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Eating disorders may involve eating too little and an obsession with staying thin (anorexia) or binge eating (gorging food). A child may make his or herself throw-up (vomit) after binge eating and/or taking laxatives (bulimia) or a child may vomit without trying after overeating.**  PLEASE MAKE THE RESPONSE CATEGORY “**Depression**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Depression is a general or pervasive mood of sadness or unhappiness. It includes feeling helpless, hopeless, and worthless. Depression lasts for many days to weeks keeping a child from functioning normally.**  PLEASE MAKE THE RESPONSE CATEGORY “**Bipolar Disorder**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Bipolar Disorder (also known as manic depressive disorder or manic depression) causes unusual swings in mood, energy, and activity levels in a child. This disability can make it difficult to carry out day-to-day tasks and can lead to poor decisions. The intense emotional swings are often unrelated to life events.**  PLEASE MAKE THE RESPONSE CATEGORY “**Tourette’s Syndrome**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Tourette’s syndrome is a nervous system disorder that involves movements or vocalizations that are repetitive and involuntary (not under the control of the child). These involuntary movements and vocalizations are called tics. Some examples include repeated facial grimaces, eye blinking, throat clearing, or grunting. Tics often get worse if a child is excited or anxious. Early symptoms are often first noticed between 3 and 9 years of age.**  PLEASE MAKE THE RESPONSE CATEGORY “**Traumatic Brain Injury**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Traumatic Brain Injury (TBI) is an injury to the brain from an impact to the head such as a bad fall or a car accident. A TBI makes it hard for a child to learn and may affect day to day functioning. TBI applies to open or closed head injuries that lead to difficulties in one or more areas, such as understanding; memory; attention; reasoning; abstract thinking; judgment; problem-solving; language; sensory, perceptual, and motor abilities; social behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are there or that occur at birth, or that grow worse over time.** |

|  |
| --- |
| IF MS1 RESPONSE=NULL.  IF F055=1-20 OR IF F055=99, AND MORE THAN ONE RESPONSE IS SELECTED. |
| IF F055=1-20 INSERT ITEM TEXT; IF F055 = 99 INSERT TEXT ENTERED AT F055\_SPECIFY |

**F060.** What was [CFNAME]’s **first** diagnosis?

🔾 [RESPONSE FROM F055] # F065

5061304

🔾 [RESPONSE FROM F055] # F065

🔾 [RESPONSE FROM F055] # F065

🔾 [RESPONSE FROM F055] # F065

🔾 More than one diagnosed at the same time # F065

5061305

Other (Please Specify) (STRING (50))

|  |
| --- |
| PROGRAMMER BOX F060  PROGRAMMER NOTE: PROGRAM RESPONse OPTIONS TO CORRESPOND WITH responses selected in f055, i.e., IF F055=1-20 INSERT ITEM TEXT; IF F055 = 99 INSERT TEXT ENTERED AT F055\_SPECIFY.  INCLUDE AN “**Other**” FIELD THAT WILL ALLOW RESPONDENTS TO FILL IN OTHER RESPONSE IF RESPONDENT WANTS TO ADD AN ADDITIONAL DIAGNOSIS THAT WAS NOT ORIGINALLY LISTED IN F055. IF “**Other**” IS SELECTED FROM THE DROPDOWN DISPLAY “**Please Specify**” OPEN RESPONSE OPTION. |

|  |
| --- |
| IF MS1 RESPONSE=NULL.  IF F055=1-20 OR IF F055=99 |
| FIll diagnosis based on the following criteria:  if only one diagnosis selected in f055, fill in diagnosis  if one diagnosis selected in f060, fill in diagnosis  if “**More than one diagnosed at the same time”** SELECTED IN F060, FILL “**multiple diagnoses**” IN DIAGNOSIS. |

**F065 (F13B.)** How old was [CFNAME] when diagnosed with [DIAGNOSIS]?

▼

AGE OF DIAGNOSIS

5061303

|  |
| --- |
| **PROGRAMMER BOX F065**  Age dropdown goes from Less than 1 to 18 with Don’t know (99). |

|  |
| --- |
| IF F055 = 4 |

**F070 (F14a.)** Is [CFNAME] taking any prescription medication for ADD or ADHD?

🔾 Yes 1 F075

5061401

🔾 No 2 F080

NO RESPONSE M F080

|  |
| --- |
| IF F070 = 1 |

**F075 (F14b.)** Is [CFNAME] medicated for ADD or ADHD at school, at home, or both?

🔾 At school 1

5061500

🔾 At home 2

🔾 Both at school and at home 3

|  |
| --- |
| IF F055 =1-3 OR 5-20 OR 99 |

**F080 (F14.)** Is [CFNAME] taking any prescription medication for any [other] [diagnosis/diagnoses)?

🔾 Yes 1

5061400

🔾 No 2

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX F080  PROGRAMMER NOTE:   * If only one diagnosis is selected in f055 (i.e., within the range of f055=1-3 or 5-20 or 99, excluding 21 or Missing), then autofill “**diagnosis**” * If multiple diagnoses are selected in f055 (i.e., within the range of f055=1-3 or 5-20 or 99, excluding 21 or Missing), then autofill “**diagnoses**” * IF F055=4 IS SELECTED IN ADDITION TO OTHER DIAGNOSIS, FILL “**Other**” |

|  |
| --- |
| ALL |

Now we would like to ask about experiences [CFNAME] and your family may have had with special education services.

**F085 (F16.)** Does [CFNAME] currently have a 504 plan based on section 504 of the Rehabilitation Act that describes accommodations to support [CFNAME]’s learning?

🔾 Yes 1 F090

5061600

🔾 No 2 F090

🔾 Don’t know 3 F090

|  |
| --- |
| PROGRAMMER BOX F085  PLEASE MAKE THE ITEM TEXT “**504 plan**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Section 504 plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child’s educational performance. Speech therapy services may often be specified as part of a Section 504 plan.** |

|  |
| --- |
| IF MS1 RESPONSE=NULL. |

**F090 (F17.)** Has [CFNAME] ever had an Individualized Education Program (IEP)?

🔾 Yes 1 F095

5061700

🔾 No 2 G001

🔾 Don’t know 3 G001

NO RESPONSE M G001

|  |
| --- |
| PROGRAMMER BOX F090  PLEASE MAKE THE ITEM TEXT “**Individualized Education Program (IEP)**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Individualized Education Program (IEP) is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with students without disabilities, and lists accommodations or modifications needed to measure what the student knows through tests.**  IF F090 = 2, 3, or M GO TO SECTION G. |

|  |
| --- |
| IF MS1 RESPONSE=NULL AND F090=1 OR IF MS1 RESPONDENT AND MS1 F095=1  IF MS1 RESPONDENT AND MS1 F095=1, DISPLAY: “**Our records indicate that [CFNAME] received special education services in sixth grade.**” |

**F095 (F18.)** [Our records indicate that [CFNAME] received special education services in sixth grade.] Does [CFNAME] still have an IEP?

🔾 Yes 1 F105

5061800

🔾 No 2 F096

🔾 Don’t know 3 F105

NO RESPONSE M F105

|  |
| --- |
| PROGRAMMER BOX F095  PLEASE MAKE THE ITEM TEXT “**IEP**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Individualized Education Program (IEP) is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with students without disabilities, and lists accommodations or modifications needed to measure what the student knows through tests.** |

|  |
| --- |
| IF F095=2 |

**F096.** When did [CFNAME] stop receiving special education services?

🔾 Between kindergarten and grade 5 1 F100

5061801

🔾 Grade 6 2 F100

🔾 Between grade 6 and grade 7 3 F100

🔾 Grade 7 4 F100

🔾 Between grade 7 and grade 8 5 F100

🔾 Grade 8 6 F100

🔾 Don’t know 7 F100

NO RESPONSE M F100

|  |
| --- |
| IF F095=2 |

**F100 (F19.)** Why does [CFNAME] no longer have an IEP?

*Select all that apply.*

🞏 a. [CFNAME] no longer needs special education services 1

5061901

🞏 b. [CFNAME] met IEP goals 2

5061902

🞏 c. School says [CFNAME] does not need services 3

5061903

5061904

🞏 d. [CFNAME] is no longer eligible, doesn’t qualify 4

5061905

🞏 e. School doesn’t have the programs [CFNAME] needs …………………………... 5

5061906

🞏 f. I don't want [CFNAME] in special education 6

5061907

🞏 g. [CFNAME] did not want to be in special education 7

5061908

🞏 h. [CFNAME] has a 504 Plan 8

🞏 i. Other 99

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX F100  PLEASE MAKE THE ITEM TEXT “**IEP**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Individualized Education Program (IEP) is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with students without disabilities, and lists accommodations or modifications needed to measure what the student knows through tests.** |

|  |
| --- |
| IF F095=2 |

**F102.** Since leaving special education services, how is [CFNAME] doing in school in the following areas?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Better | About the same | Worse | Don’t know |
| 5061911 | a. Academics (reading, math, science) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5061912 | b. Behavior in school | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| **PROGRAMMER BOX F102**  GO TO SECTION G. |

|  |
| --- |
| IF F095 NE 2 |

**F105 (F20.)** In the last 12 months, has there been an IEP meeting about [CFNAME]'s special education program or services?

🔾 Yes 1 F110

5062000

🔾 No 2 F120

🔾 Don’t know 3 F120

NO RESPONSE M F120

|  |
| --- |
| IF F105=1 |

**F110 (F21.)** Did you or another adult in the household go to the meeting?

🔾 Yes 1

5062100

🔾 No 2

🔾 Don’t know 3

|  |
| --- |
| IF F105=1 |

**F115 (F22.)** Did [CFNAME] go to the meeting?

🔾 Yes 1

5062200

🔾 No 2

🔾 Don’t know 3

|  |
| --- |
| IF F095=1 |

**F120 (F25.)** How active was [CFNAME] in developing [CFNAME]’s IEP? For example, did [CFNAME] participate in discussions about [CFNAME]’s disability, strengths, needs, the accommodations that would help [CFNAME] achieve in class, goals for the future, and the goals [CFNAME] feels are most important to work on?

*Select one only.*

🔾 Very active; took a leadership role in IEP development 1

5062500

🔾 Active; participated regularly in IEP development 2

🔾 Somewhat active; participated occasionally in IEP development 3

🔾 Not active; did not participate in IEP development 4

🔾 Don’t know 5

|  |
| --- |
| IF F095=1 |

**F125 (F26.)** Overall, how satisfied are you with the progress [CFNAME] has made towards [CFNAME]’s IEP goals this year? Are you...

*Select one only.*

🔾 Very satisfied 1

5062600

🔾 Satisfied 2

🔾 Somewhat satisfied 3

🔾 Somewhat dissatisfied 4

🔾 Dissatisfied 5

🔾 Very dissatisfied 6

|  |
| --- |
| IF F095=1 |

**F130 (F27.)** During the past 12 months, has [CFNAME] had any services to help [CFNAME] with academics (schoolwork), social and emotional skills, or behavior that are paid for by you or someone other than the school?

5062800

🔾 Yes 1

🔾 No 2

🔾 Don’t Know 3

|  |
| --- |
| **PROGRAMMER BOX F130**  PLEASE CREATE HELP TEXT HYPERLINK FOR “**Other than the school**” HYPERLINK TO THE BELOW HELP TEXT:  **Other than the school could include community mental health, your medical insurance, free clinics, other family members, or the military.** |

|  |
| --- |
| IF F095=1 |

**F135 (F28.)** The next questions ask how often you discussed with [CFNAME]’s school staff about developing [CFNAME]'s skills in different areas.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Never | Rarely | Sometimes | Often | Very often |
| 5062801 | 1. How often did you talk with the school about how [CFNAME] can learn to advocate for [CFNAME] and decide about [CFNAME]’s own future goals? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062802 | 1. How often did you talk about how [CFNAME] can increase social and community support networks? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062803 | 1. How often did you talk about how [CFNAME] can learn “soft” skills for getting a job (such as appropriate dress, working well in a group, following instructions)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062804 | 1. How often did you talk about how [CFNAME] can practice skills in handling money such as counting money, making change, saving money for a desired object or event? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062805 | 1. How often did you talk about how [CFNAME] can prepare for change (for example, change in schools; graduating; and moving to adulthood)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| **PROGRAMMER BOX F135**  The following help text should link to “**advocate**”:  **To tell others about what is needed to be successful and to explain the disability that child has.** |

**G. HOME LIFE**

|  |
| --- |
| ALL |

Now we have some questions about how much parents and guardians keep an eye on children around this age.

**G001 (D00a.)** How many of [CFNAME]’s friends do you know?

*Select one only.*

🔾 None 1

5040001

🔾 Some 2

🔾 About half 3

🔾 Most 4

🔾 All or almost all 5

🔾 [CFNAME] does not have any friends 6

|  |
| --- |
| IF G001 NE 6 |

**G005 (D00b.)** Please think about **all** of [CFNAME]’s friends. About how many parents of [CFNAME]’s friends do you talk or text with regularly, either in person, online, or on the phone?

NUMBER OF PARENTS

5040002

|  |
| --- |
| **PROGRAMMER BOX G005**  ONLY ALLOW WHOLE NUMBERS.  soft check if G005>50  **SOFT CHECK MESSAGE: You have indicated you talk or text regularly with more than 50 parents. Please press Continue if that is correct, or press Back to change your response.** |

|  |
| --- |
| ALL |

**G010 (D00c.)** Now, please think about the children [CFNAME] **goes to school with**. About how many parents of children in [CFNAME]’s school do you talk or text with regularly, either in person, online, or on the phone?

5040003

NUMBER OF PARENTS

|  |
| --- |
| **PROGRAMMER BOX G010**  ONLY ALLOW WHOLE NUMBERS.  soft check if G010>50  **SOFT CHECK MESSAGE: You have indicated you talk or text regularly with more than 50 parents. Please press Continue if that is correct, or press Back to change your response.** |

|  |
| --- |
| ALL |

**G015 (D01.)** How often do you…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *(Please select one response per row.)* | Never | Rarely | Sometimes | Often | Very often | Always |
| 5040101 | 1. Know what [CFNAME] does during free time? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040102 | 1. Know what type of homework [CFNAME] has? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040104 | 1. Know when [CFNAME] has an exam or paper due at school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040105 | 1. Know what [CFNAME]'s grades are in different subjects at school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040106 | 1. Know where [CFNAME] goes after school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040103 | 1. Know what [CFNAME] spends money on? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |

**G020.**  During this school year, how often…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| 5040107 | a. Does [CFNAME] do homework at home? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040108 | b. Do you or someone else in your household help [CFNAME] with homework? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040109 | c. Do you check that [CFNAME] completed all homework? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |

**G025 (D01.)** How often does [CFNAME] tell you about…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Please select one response per row.* | Never | Rarely | Sometimes | Often | Very often | Always |
| 5041101 | a. His/her friends without you asking (for example, which friends [CFNAME] hangs out with and how these friends feel about things)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5041102 | b. School without you asking (for example, how each subject is going or [CFNAME]’srelationships with teachers)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |

**G030 (D01i.)** How often does [CFNAME] keep secrets from you about what [CFNAME] does duringfree time?

*Select one only*.

🔾 Never 1

5041201

🔾 Rarely 2

🔾 Sometimes 3

🔾 Often 4

🔾 Very often 5

🔾 Always 6

🔾 Don’t know 7

|  |
| --- |
| ALL |

**G035 (D01j.)** Does your family have rules about…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *(Please select one response per row.)* |  | Yes | No |
| 5040111 | 1. **Who** [CFNAME] can text, message, video chat, email, or play online games with? | | 1 🔾 | 2 🔾 |
| 5040112 | b. **When** [CFNAME] can text, message, video chat, email, or play online games? | | 1 🔾 | 2 🔾 |
| 5040113 | c. **How much time** [CFNAME] can spend using technology (for example, a limit on “screen time” hours per day)? | | 1 🔾 | 2 🔾 |

|  |
| --- |
| **PROGRAMMER BOX G035**  PLEASE MAKE THE question text “**rules**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **If your child does not have a phone, television, computer, or internet at home, please select “yes”.** |

|  |
| --- |
| ALL |
| IF MS1 RESPONSE=NULL, FILL “**Have**” AND STORE UNDER QIDS 5040201-5040207  OTHERWISE, FILL “**Since [MONTH OF MS1 INTERVIEW] 2018, have**” AND STORE UNDER QIDS 50404211-5040217 |

Next, we’d like to ask you some questions about things children sometimes do around this age.

**G040 (D02.)** [Since [MONTH OF MS1 INTERVIEW] 2018, have/Have] any of the following things happened to [CFNAME]? Has [CFNAME]…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | *Select all that apply.* |  |
| 5040201/5040211 | 🞏 | 1. Gotten involved with the wrong kinds of people around [CFNAME]’s age? | |
| 5040202/5040212 | 🞏 | 1. Ever used drugs (for example, marijuana, cocaine, ecstasy, or 'bath salts')? | |
| 5040203/5040213 | 🞏 | 1. Ever used alcohol? | |
| 5040204/5040214 | 🞏 | 1. Gotten in trouble with the police? | |
| 5040207/5040217 | 🞏 | 1. Run away? | |

|  |
| --- |
| ALL |

**G045.** During this school year, how often have other children…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *(Please select one response per row.)* | Never | Rarely | Sometimes | Often | Very often | Always |
| 5040205 | 1. Teased, made fun of, or called [CFNAME] names? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040206 | 1. Told lies or untrue stories about [CFNAME]? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040208 | 1. Pushed, shoved, slapped, hit, or kicked [CFNAME]? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |

The next set of questions is about the neighborhood in which you live.

**G050 (D03.)** How true are the following statements about your neighborhood?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *(Please select one response per row.)* | Not at all true | A little bit true | Somewhat true | True | Very true |
| 5040301 | 1. I worry about people with guns and knives in this neighborhood. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040302 | 1. People in this neighborhood do not get along with each other. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040303 | 1. Drug dealers are a problem in this neighborhood. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040304 | 1. I worry about the kind of people my children will meet in this neighborhood. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040305 | 1. This neighborhood is safe for children during the daytime. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040306 | 1. This neighborhood is safe for children during the nighttime. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040307 | 1. There are lots of run down homes in this neighborhood. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| PROGRAMMER BOX G050  PLEASE MAKE THE ITEM TEXT “**run down homes**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **By “run down homes” we mean houses in very bad condition because of age or lack of care.** |

**H. EMPLOYMENT AND INCOME**

|  |
| --- |
| ALL |

Now we have a few questions about jobs and work people in [CFNAME]’s household do for a living.

|  |
| --- |
| **Programmer Box section H**  LOOP FIRST FOR RESPONDENT IF RESPONDENT=IDP1 OR IDP2. ELSE LOOP FOR IDP1. If C020 NE 1, begin with h001  else go to h025  AFTER LOOPING THROUGH SECTION H, if RESPONDENT=IDP2 LOOP FOR IDP1 OR IF RESPONDENT NE IDP2 AND idp2 identified LOOP FOR IDP2. FOR BOTH, IF c025 ne 1, LOOP THROUGH SECTION H beginning with h001  else go to h025 |
| Fill: idp1 and idp2 will be filled according to full names as used in c020 (IDP1) and c025 (IDP2). |
| FOR SECTION H: [IDP1] and [IDP2] WHEN FIRST DISPLAYED IS BOTH FIRST AND LAST NAME, ALL FOLLOWING TIMES FIRST NAME ONLY |

|  |
| --- |
| H001 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT HIMSELF, FILL "**were you**,” ELSE FILL "**was [IDP1]”** OR **“was [IDP2]”** |

**H001 (G02.)** During the past week, [were you/was [IDP1]/was [IDP2]] on leave or vacation from a job?

Iteration 1: 5070200 Iteration 2: 5070201

🔾 Yes 1 H025

🔾 No 2 H005

NO RESPONSE M H005

|  |
| --- |
| IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), IF C020 NE 1 AND H001 NE 1; IF ITERATION 2 (IDP2), IF C025 NE 1 AND H001 NE 1 |
| H005 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT HIMSELF, FILL "**Have you**,” ELSE FILL "**Has [IDP1]”** OR **“Has [IDP2]”** |

**H005 (G03.)** [Have you/Has [IDP1]/Has [IDP2]] been actively looking for work in the past 4 weeks?

Iteration 1: 5070300 Iteration 2: 5070301

🔾 Yes 1 H015

🔾 No 2 H015

NO RESPONSE M H015

|  |
| --- |
| IF H005 NE 1 |
| H015 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT HIMSELF, FILL " **you**,” ELSE FILL "**was [IDP1]”** OR “**was [IDP2]”** |

**H015 (G05.)** Could [you/**[IDP1]/ [IDP2]]** have taken a job last week if one had been offered?

Iteration1: 5070510

Iteration 2: 5070511

🔾 Yes 1 H020

🔾 No 2 H020

NO RESPONSE M H020

|  |
| --- |
| H020 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT SELF, FILL "**were you**,” ELSE FILL "**was [IDP1]”** OR “**was [IDP2]”** |

**H020 (G06.)** What [were you/was [IDP1]/ was [IDP2]] doing most of last week? Would you say…

Iteration 1: 5070500

Iteration 2: 5070501

🔾 Keeping house or caring for children 1 H040

🔾 Going to school 2 H040

🔾 Retired 3 H040

🔾 Unable to work 4 H040

🔾 Something else? 99 H040

NO RESPONSE M H040

|  |
| --- |
| IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), IF C020 = 1 OR H001=1; IF ITERATION 2 (FOR IDP2), IF C025=1 OR H001=1  ELSE GO TO H040. |
| H025 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT SELF, FILL "**do you**,” ELSE FILL "**does [IDP1]”** OR “**does [IDP2]"** |

**H025 (G07.)** How many jobs [do you/does [IDP1]/does [IDP2]] have now?

Iteration 1: 5070700 Iteration 2: 5070701

|\_\_\_|\_\_\_| Number of jobs H030

NO RESPONSE M H040

|  |
| --- |
| IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), IF (C020 = 1 OR H001=1) AND H025 NE MISSING; IF ITERATION 2 (FOR IDP2), IF (C025=1 OR H001=1) AND H025 NE MISSING. |
| H030 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT HIMSELF, FILL "**do you**,” ELSE FILL "**does [IDP1]**” OR “**does [IDP2]"** |

**H030 (G08.)** About how many total hours per week [do you/does [IDP1]/does [IDP2]] usually work for pay [counting [all/both] [# of jobs from H025 IF MORE THAN TWO] jobs]?

Iteration 1: 5070800 Iteration 2: 5070801

|\_\_\_|\_\_\_| Enter number of weekly hours H035

NO RESPONSE M H035

|  |
| --- |
| IF MS1 H035 IS NOT EMPTY  JOB TITLE=JOB TITLE FROM MS1 H035  JOB DUTIES=JOB DUTIES FROM MS1 H035  IF PARENT HAD ONE JOB IN MS1, FILL “**this job**,” ELSE FILL “**these jobs**” |

**H031.** Since [DATE OF INTERVIEW/SURVEY], has [your/[IDP1’s/IDP2’S]] job title, place of, or type of employment changed for [this/these] job[s]?

[DISPLAY JOB TITLE AND JOB DUTIES]

Iteration 1: 5071102 Iteration 2: 5071103

🔾 Yes 1

🔾 No 2

|  |
| --- |
| IF MS1 RESPONSE=NULL, OR IF H031=1.  IF H031=1, DISPLAY MS1 JOB TITLE AND JOB DUTIES AND DISPLAY “**Please update the information**.”  H035: IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), IF (C020 = 1 OR H001=1) AND H025 NE MISSING; IF ITERATION 2 (FOR IDP2), IF (C025=1 OR H001=1) AND H025 NE MISSING. |

**H035 (G09, G11.)** [Please update the information./What are the title and duties of [your/[IDP1]/[IDP2]] job? If [you/[IDP1]/[IDP2] have/has] more than one job, please answer this question for the job where [you/[IDP1]/[IDP2] work/works] the most hours.]

Iteration 1: 5071101 Iteration 2: 5071113

PROGRAMMER: INSERT TEXT BOX

A. Type in job title (STRING (100))

PROGRAMMER: INSERT TEXT BOX

Iteration 1: 5071111 Iteration 2: 5071112

B. Type in job duties (STRING (100))

NO RESPONSE M

|  |
| --- |
| SOFT CHECK:IF H035A = MISSING, THEN DISPLAY “**Please enter the job title in the textbox and then click the ENTER button.”** |

|  |
| --- |
| **PROGRAMMER BOX H035**  AFTER THE RESPONDENT ENTERS THEIR JOB TITLE AND/OR DUTIES AND CLICKS THE “next” BUTTON, A LIST OF AVAILABLE OCCUPATIONAL CODING OPTIONS WILL APPEAR IN A POPUP WINDOW. NEXT TO EACH OPTION IS A “SELECT” BUTTON THAT WILL ENABLE A POPUP MODAL. THIS MODAL BOX WILL ASK THE USER TO CONFIRM THEIR RESPONSE BY CLICKING THE “KEEP ANSWER AND CONTINUE” BUTTON. ONCE THAT IS CLICKED THE SURVEY WILL CONTINUE WHILE THE “CHANGE ANSWER” BUTTON WILL JUST CLOSE THE MODAL BOX. |

|  |
| --- |
| ALL |
| H040 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT HIMSELF, FILL "**have you”**,” ELSE FILL "**has [IDP1]”** OR “**has [IDP2**]" |

**H040 (G12a.)** Since [CFNAME] was born, [have you/has [IDP1]/has [IDP2]] served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

🔾 Yes 1 H045

Iteration 1: 5071203 Iteration 2: 5071205

🔾 No 2 See box H040

NO RESPONSE M See box H040

|  |
| --- |
| **PROGRAMMER BOX H040**  The following help text should link to “**active duty**”:  **Active duty does not include training for the Reserves or National Guard, but DOES include**  **activation, for example, for the war in Afghanistan.**  IF H040=1 then go to H045;  else if iteration 1 and IDP2 is identified, go to PROGRAMMER BOX at beginning of SECTION H;  else go to H050. |

|  |
| --- |
| IF H040=1 |
| H045 FILL: WHEN THE RESPONDENT IS ANSWERING ABOUT HIMSELF, FILL "**you**,” ELSE FILL "**Is [IDP1]”** OR “**Is [IDP2]**" |

**H045 (G12b.)** [Are you/Is [IDP1]/Is [IDP2]] currently on active duty in the U.S. Armed Forces, Reserves, or National Guard?

🔾 Yes 1 SEE BOX H045

Iteration 1: 5071204 Iteration 2: 5071206

🔾 No 2 SEE BOX H045

NO RESPONSE M SEE BOX H045

|  |
| --- |
| **PROGRAMMER BOX H045**  The following help text should link to “**active duty**”:  **Active duty does not include training for the Reserves or National Guard, but DOES include**  **activation, for example, for the war in Afghanistan.**  if iteration 1 and IDP2 is identified, go to PROGRAMMER BOX at beginning of SECTION H;  else go to H050. |

|  |
| --- |
| ALL |

In studies like this, households are sometimes grouped according to income.

**H050 (G13.)** What was the total income of all persons in your household over the past year, including salaries

or other earnings, interest, retirement, and so on for all household members?

PROGRAMMER: INSERT DROPDOWN MENU

5071300

▼

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX H050**  INSERT DROPDOWN MENU WITH THE FOLLOWING CATEGORIES:  0 Select Household Income  1 $5,000 or less  2 $5,001 to $10,000  3 $10,001 to $15,000  4 $15,001 to $20,000  5 $20,001 to $25,000  6 $25,001 to $30,000  7 $30,001 to $35,000  8 $35,001 to $40,000  9 $40,001 to $45,000  10 $45,001 to $50,000  11 $50,001 to $55,000  12 $55,001 to $60,000  13 $60,001 to $70,000  14 $70,001 to $80,000  15 $80,001 to $90,000  16 $90,001 to $100,000  17 $100,001 to $110,000  18 $110,001 to $120,000  19 $120,001 to $130,000  20 $130,001 to $140,000  21 $140,001 to $150,000  22 $150,001 t0 $160,000  23 $160,001 to $170,000  24 $170,001 to $180,000  25 $180,001 to $190,000  26 $190,001 to $200,000  27 $200,001 to $225,000  28 $225,001 to $250,000  29 $250,001 to $275,000  30 $275,001 to $300,000  31 $300,001 or more |

**I. MORE QUESTIONS ABOUT CHILD’S HOUSEHOLD**

|  |
| --- |
| **PROGRAMMER BOX SECTION I**  FOR ALL QUESTIONS CONCERNING IDP1 and idp2:  Order of questions will be determined by whether respondent is idp1, idp2, or neither. if respondent is idp2, questions concerning idp2 will be asked before questions about idp1. if respondent is idp1, or neither idp1 Nor idp2, questions concerning idp1 will be asked first. |

|  |
| --- |
| IF MS1 RESPONSE=NULL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2 |
| [HH#NAME IDP1]= NAME OF PARENT 1 |
| FILL: IF ASKING FOR RESPONDENT, THEN USE “**were you**.” IF RESPONDENT = NON-IDP, THEN USE “**was HH#NAME IDP1”** |
| FOR SECTION I: [HH#NAME IDP1] AND [HH#NAME IDP2] WHEN FIRST DISPLAYED IS BOTH FIRST AND LAST NAME, ALL FOLLOWING TIMES FIRST NAME ONLY |

**I001A (B02k).** Now we have a few more questions about members of your household.

In which **country** [were you/was HH#NAME IDP1] **born**?

PROGRAMMER: INSERT DROPDOWN MENU

5021502

▼

|  |
| --- |
| **PROGRAMMER BOX I001A**  A DROPDOWN list will be generated detailing a presumably exhaustIve list of countries and territories from around the world. The list will be searchable by typing in the first few letters, although “**United States**” should appear at the top of the list, along with the response option “**Don’t know**,” and at the bottom of the list should be the option “**Other**” |

|  |
| --- |
| IF MS1 RESPONSE=NULL  IF I001A NE “**United States**” OR “**Don’t Know**” OR MISSING |
| [HH#NAME IDP1]= NAME OF PARENT 1 |
| FILL: USE “**you**” IF ASKING FOR RESPONDENT |

**I001B (B02l).** In what year did [you/HH#NAME IDP1] move to the United States for the first time?

PROGRAMMER: INSERT DROPDOWN MENU

5021602

▼

|  |
| --- |
| **PROGRAMMER BOX I001B**  Dropdown Response options will be populated with the first response option equaling the value reported in row a and all years between then and the current year will be options, with the final category being “**Don’t know**.” If row a is MISSING, populate row e with values of year starting with 1950 through to the current year and the final response option “**Don’t know**.” |

|  |
| --- |
| IF MS1 RESPONSE=NULL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO I003A |
| [HH#NAME IDP1]= NAME OF PARENT 1  [HH#NAME IDP2]= NAME OF PARENT 2 |

**I002A (B02k).** In which **country** [were you/was HH#NAME IDP2] **born**?

PROGRAMMER: INSERT DROPDOWN MENU

5021503

▼

|  |
| --- |
| **PROGRAMMER BOX I002A**  A DROPDOWN list will be generated detailing a presumably exhaustIve list of countries and territories from around the world. The list will be searchable by typing in the first few letters, although “**United States**” should appear at the top of the list, along with the response option “**Don’t know**,” and at the bottom of the list should be the option “**Other**”. |

|  |
| --- |
| IF MS1 RESPONSE=NULL  IF I002A NE “**United States**” OR “**Don’t Know**” OR MISSING |
| [HH#NAME IDP2]= NAME OF PARENT 2 |

**I002B (B02l).** In what year did [you/HH#NAME IDP2] move to the United States for the first time?

PROGRAMMER: INSERT DROPDOWN MENU

5071603

▼

|  |
| --- |
| **PROGRAMMER BOX I002B**  Dropdown Response options will be populated with the first response option equalling the value reported in row a and all years between then and the current year will be options, with the final category being “**Don’t know**.” If row a is MISSING, populate row e with values of year starting with 1950 through to the current year and the final response option “**Don’t know**.” |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**I003A (B02k).** In which **country** was [CFNAME] **born**?

PROGRAMMER: INSERT DROPDOWN MENU

5021501

▼

|  |
| --- |
| **PROGRAMMER BOX I003A**  A DROPDOWN list will be generated detailing a presumably exhaustIve list of countries and territories from around the world. The list will be searchable by typing in the first few letters, although “United States” should appear at the top of the list, along with the response option “**Don’t know**,” and at the bottom of the list should be the option “**Other**.” |

|  |
| --- |
| IF MS1 RESPONSE=NULL  IF I003A NE “**United States**” OR “**Don’t Know**” OR MISSING |

**I003B (B02l).** In what year did [CFNAME] move to the United States for the first time?

PROGRAMMER: INSERT DROPDOWN MENU

5021601

▼

|  |
| --- |
| **PROGRAMMER BOX I003B**  Dropdown Response options will be populated with the first response option equalling the value reported in row a and all years between then and the current year will be options, with the final category being “**Don’t know**.” If row a is MISSING, populate row e with values of year starting with 1950 through to the current year and the final response option “**Don’t know**.” |

|  |
| --- |
| IF A066=2 AND MS1 I010 IS NOT EMPTY |

**I004A** Since [LAST INTERVIEW DATE] how many different places has [CFNAME] lived?

5080215

▼

Select number of places

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX I004A**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know** |

|  |
| --- |
| IF A066=2 |

**I004B** Why did [CFNAME] move?

*Select all that apply.*

🞏 So [CFNAME] could go to a better school 1 I005

5080201

5080202

🞏 Bought a house 2 I005

5080203

🞏 Moved to be nearer to job; job-related reasons 3 I005

5080204

🞏 Moved to nicer apartment/house 4 I005

5080205

🞏 Moved to safer area; crime-related reasons 5 I005

5080206

🞏 Moved to less expensive living quarters 6 I005

5080207

🞏 Bank had to buy back the home (foreclosed) 7 I005

5080208

🞏 Was evicted, could not pay rent in previous residence 8 I005

5080209

🞏 Old house/apartment was damaged …………………………………………………………………………… 9 I005

5080210

🞏 Moved due to change in marital (or partner) relationship; marriage, divorce, separation,  
death in family 10 I005

🞏 House was sold, no new house bought 11 I005

5080211

🞏 Lease ran out 12 I005

5080213

5080212

🞏 Moved out of relative’s home/on-own 13 I005

5080214

🞏 To be closer to family 14 I005

NO RESPONSE M I005

|  |
| --- |
| IF MS1 RESPONSE=NULL |

The next questions ask about how often [CFNAME] has moved since starting kindergarten.

**I005 (H01.)** How long has [CFNAME] lived at current residence?

5080100

▼

|  |
| --- |
| **PROGRAMMER BOX I005**  Insert dropdown menu including options from < 1 years to 18 years and “**Don’t know**.” Hide any years greater than the child’s age (as calculated from A055 or A065). |

|  |
| --- |
| IF MS1 RESPONSE=NULL  IF I005< 5, ASK I010, ELSE GOTO I015 |

**I010 (H02.)** Since [CFNAME] started kindergarten, how many different places has [CFNAME] lived for four months or more?

5080200

▼

Select number of places

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX I010**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know** |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**I015 (H03A.)** How many times has [CFNAME] changed schools since starting kindergarten as a

result of grade promotion?

5080301

▼

Select number of times

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX I015  PLEASE MAKE THE ITEM TEXT “**grade promotion**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Grade promotion would include moving to a different school because the prior school did not teach students in higher grades, such as a move from an elementary school to a middle school or from a middle school to a high school in the same district.**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know** |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**I020 (H03B.)** How many times has [CFNAME] changed schools since starting kindergarten for a reason **other than** grade promotion?

5080302

▼

Select number of times

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX I020  PLEASE MAKE THE ITEM TEXT “**grade promotion**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Grade promotion would include moving to a different school because the prior school did not teach students in higher grades, such as a move from an elementary school to a middle school or from a middle school to a high school in the same district.**  Insert dropdown menu including options from 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know |

|  |
| --- |
| ALL |

[ABBREV\_FILL: Now we have a few more questions about where [CFNAME] goes to school.]

**I025 (H04.)** Is [CFNAME] attending a different school this year than the one attended last school year?

🔾 Yes 1

5080400

🔾 No 2

|  |
| --- |
| **PROGRAMMER BOX I025**  DISPLAY ABBREV\_FILL FOR ABBREVIATED SURVEY ONLY. |

|  |
| --- |
| ALL |
| FILL: SCHNAME= School name as taken from school rostering materials. |

**I030 (H05.)** Will [CFNAME] be attending [SCHNAME] next year**?**

🔾 Yes 1 I040

5010056

🔾 No 2 I035

|  |
| --- |
| IF I030=2 |

**I035 (H06.)** What is the name of the school you expect [CFNAME] to be attending next year? If you are waiting to hear if your student has been accepted to a school, please provide the name of the school your child is most likely to attend based on what you know now.

5010057

First type in school name: [ ] (STRING 255)

5010061

Then choose a state: [DROPDOWN]

5010060

Next type in city: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 255)

Last click [ENTER]

5010069

🞏 Homeschooled

5010063

🞏 Don’t know

|  |
| --- |
| ALL |

**I040 (I03.) Relative or Close Friend Contact.**

Finally, a very important part of this study is learning about how students do over time, so we want to make sure we are able to get in touch with you and your family for any future follow ups. For example, we may contact you to request assistance to collect middle grades course and administrative information in the next few years. To help us reach you, please [confirm/provide] the name, email address, street address, and telephone number of **a relative or close friend** who does not live with you, but will know how to get in touch with you.

5010041

**a. First name**

5010042

**b. Last name**

5010043

**c. Primary email**

**d. Primary phone**

5010044

**e. Street 1**

5010045

5010046

**f. Street 2**

5010047

**g. City**

5010048

**h. State**

5010049

**i. Zip code**

|  |
| --- |
| PROGRAMMER BOX I040  IF MS1 RESPONDENT, DISPLAY “**confirm**” AND PREFILL MS1 RESPONSES. |

|  |
| --- |
| IF INCENTIVE\_FILL= $0, GO TO THANK. |
| IF INCENTIVE\_FILL > $0, GO TO INCENTIVE\_ADDRESS. |
| FILL “$20” FOR ALL INITIAL CASES. FILL “$30” AFTER INCENTIVE BOOST IS APPLIED IN LATER DATA COLLECTION WEEKS. |

**INCENTIVE\_ADDRESS.**

You’re finished! The last thing we need to know is where you want us to send the [$20/$30] check for completing the survey. If the address below is right, press Next. If this address below is not right, please fix it, and then press Next. If you do not want to receive this check, please click the box below, and then press Next.

(Allow 4 weeks for delivery.)

5010050

1 Name: [ ] (STRING 255)

5010051

2 Street address1: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 255)

5010052

3 Street address2: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 255)

5010053

4 City: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 255)

5010054

5 State: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 2)

5010055

5010055

6 Zip code: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 9)

5010064

🞏 I do not want to receive any money for completing this survey.

|  |
| --- |
| INCENTIVE\_ADDRESS PROGRAMMER BOX  If at least one of field 1-6 has an entry and box is checked**:** “**You have indicated that you do not wish to receive any money for completing the survey. If you wish to receive money for completing the survey, please select “Edit.” Then, uncheck “I do not want to receive any money for completing this survey” and provide complete contact information.**”  If zip code is false**:** “**Please enter a valid zip code. Zip code entered is “[zip entered]**.”  If all fields 1-6 are missing**: “We need your address information to send you your incentive.”**  If field 1 is missing**: “Please provide your full name. We need this information to send you your incentive.”**  If field 2 and 3 is missing**: “You did not provide a street address.”**  If field 2 is missing and field 3 is not missing**: “You provided an address for line 2, but did not provide a street address.”**  If field 4 is missing**: “You did not provide a city.”**  If field 5 is missing**: “You did not provide a state.”**  If field 6 is missing**: “You did not provide a zip code.”**  If any of field 1-6 is missing, display message(s) above and also**: “Without a complete address, we may not be able to send your incentive check to you. If this information is available, please select ‘Edit.’”** |

|  |
| --- |
| ALL |

**THANK.** Thank you very much for participating in MGLS:2017! We appreciate you taking the time to complete the survey. Press “FINISH” to complete and close the survey.

**(FINISH)**

## Appendix MS2-U2b. Spanish Translation of Parent Interview Survey Specifications

**Note: OFT1 item numbers are shown in parentheses**

**and are used in programmer logic boxes.**

**Items included in the Abbreviated Survey are marked with**

**gray shading of item numbers.**

|  |
| --- |
| *NCES está autorizado a hacer el estudio MGLS:2017 por el Acta de Reforma de las Ciencias de la Educación de 2002 (ESRA 2002, 20 U.S.C. §9543) y a obtener récords educativos de los estudiantes de agencias o instituciones educativas para propósitos de evaluación de programas de educación con fondos federales, bajo la Ley de Derechos Educativos y Privacidad Familiar (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35).  RTI International, una organización sin fines de lucro que realiza estudios y está basada en los Estados Unidos, está recopilando los datos para NCES. Toda la información que usted proporcione podrá usarse solamente para propósitos estadísticos y no podrá divulgarse ni usarse de manera que permita identificar a los participantes para ningún otro propósito, salvo que lo requiera la ley* *(20 U.S.C. §9573 y 6 U.S.C. §151). La información obtenida se combinará con la de los demás participantes para producir reportes estadísticos.*  *Según lo establece el Acta de Reducción del Papeleo de 1995, ninguna persona está obligada a responder a un pedido de información si la misma no contiene un número de control de OMB válido. El número de control de OMB válido para recolectar esta información que se proporciona voluntariamente es 1850-0911. La aprobación vence el DD/MM/202**2. Se calcula que el tiempo necesario para completar este pedido de información es en promedio de 35 minutos aproximadamente por participante, incluyendo el tiempo que lleva revisar las instrucciones, juntar los datos necesarios, y completar y revisar la información que se solicita. Si usted tiene algún comentario con respecto a la precisión del cálculo de tiempo, sugerencias para mejorar esta encuesta, o cualquier comentario o inquietud acerca del estatus del envío de su encuesta individual, por favor escriba directamente al Estudio Longitudinal de los Grados Intermedios de 2017-18 a: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St, SW, Room 4002, Washington, DC 20202.* |

**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017)**

**MS2 Parent Survey**

*Note: Underlined text will be displayed as bolded on screen.*

*Note: Items included in the Abbreviated Survey are marked with gray shading of item numbers.*

|  |
| --- |
| ALL |

**Select survey language**

Please select the survey language.

(Seleccione el idioma de la encuesta.)

5000101

🔾 English

🔾 Español

[Click the arrow button below to proceed./Para continuar, haga clic en el botón con la flecha que aparece abajo.]

|  |
| --- |
| **PROGRAMMER BOX**  **Select survey language**  IF Select survey language = Engligh, DISPLAY “**Click the arrow button below to proceed.**” IF Select survey language = Spanish, DISPLAY “**Para continuar, haga clic en el botón con la flecha que aparece abajo.** ” |

[AFTER 8 MINUTES OF NO ACTIVITY, DISPLAY:]

Debido a la inactividad, la sesión será finalizada en 2 minutos. Haga clic en “Continuar” si usted necesita más tiempo.

[AFTER 10 MINUTES OF NO ACTIVITY, DISPLAY:]

La sesión finalizó. ¡Lo sentimos mucho! La sesión ha sido inactiva por más de 10 minutos. Por favor haga clic abajo para volver a ingresar a la encuesta.

Haga clic abajo para volver a la página de iniciar sesión.

|  |
| --- |
| ALL |
| DISPLAY WHEN USER LOGS BACK INTO AN INCOMPLETE SURVEY |

|  |
| --- |
| ALL: Display when user logs back into an incomplete survey |

**Welcome Back**

¡Bienvenido(a) nuevamente! Gracias por participar en el Estudio Longitudinal de los Grados Intermedios. A continuación, le recordamos algunas cosas antes de que comience:

Por favor no haga clic en el botón “volver” de su navegador durante la encuesta. Utilice los botones de navegación que aparecen al pie de la pantalla de la encuesta.

Cuando haya terminado o si necesita tomarse un recreo antes de terminar, por favor haga clic en el botón de CERRAR SESIÓN y CIERRE TODAS las ventanas del navegador para mantener sus respuestas protegidas. Por ejemplo, si usó Chrome o Safari para abrir la encuesta, asegúrese de que no quede abierta ninguna ventana o pantalla de Chrome o Safari después que usted termine la encuesta. Si usted no cierra todos los navegadores, alguien tal vez pueda ver sus respuestas. Al iniciar la sesión de nuevo, usted puede continuar a partir de donde estaba.

¿Necesita más ayuda?

Si tiene alguna pregunta acerca de cómo entrar a la encuesta o acerca de las preguntas, por favor use el botón de "Ayuda" en la parte de arriba de la pantalla o llame a nuestra línea de ayuda al 1-855-500-1432.

Para continuar, haga clic en el botón con la flecha que aparece abajo.

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| PROGRAMMER CFNAME BOX  fill CFNAME=CHILD’S FIRST NAME, throughout |

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| ALL |

VERIFICATION SCREENS

**VERIFICATION1**

Para asegurarnos de que tenemos a la persona correcta y para ayudar a proteger la confidencialidad de todos los estudiantes participantes, le pedimos que verifique que tenemos conectados correctamente su nombre con el nombre de su hijo(a). Por favor seleccione el nombre de su hijo(a)en la siguiente lista de nombres.

🔾 Student 1

🔾 Student 2

🔾 Student 3

🔾 Student 4

Para continuar, haga clic en el botón con la flecha que aparece abajo.

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| PROGRAMMER BOX VERIFICATION 1  Student names will include three names randomly generated from a pick-list in addition to the sampled student. Order is randomized. |

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| VERIFICATION2: DISPLAY IF INFORMATION PROVIDED IN VERIFICATION1 IS CORRECT. ELSE GO TO VERIFICATION ERROR. |

**VERIFICATION2**

[En el año escolar 2019-2020, ¿a qué escuela asiste [CFNAME]?/En el año escolar 2017-2018, ¿a qué escuela asistió [CFNAME]?]

🔾 School 1

🔾 School 2

🔾 School 3

🔾 School 4

Para continuar, haga clic en el botón con la flecha que aparece abajo.

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| PROGRAMMER BOX VERIFICATION 2  School names will include three school names randomly generated from a pick-list in addition to the school of the sampled student. Order is randomized.  IF STUDENT WAS SAMPLED IN MS1, DISPLAY “**En el año escolar 2017-2018 …**” IF STUDENT WAS SAMPLED NEWLY FOR MS2, DISPLAY “**En el año escolar 2019-2020 …”** |

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| DISPLAY VERIFICATION ERROR IF INFORMATION PROVIDED IN VERIFICATION1 OR VERIFICATION2 IS INCORRECT. |

**VERIFICATION ERROR**

La información que usted proporcionó no concuerda con la que tenemos en nuestros archivos. Por favor llame al 855-500-1432 y uno de nuestros agentes le ayudará inmediatamente, o puede enviar un correo electrónico a [mgls@rti.org](mailto:mgls@rti.org).

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| PROGRAMMER BOX  DISPLAY “**Close**” BUTTON. WHEN “**Close**” IS PRESSED, THE VERIFICATION POP-UP SHOULD DISAPPEAR AND RETURN RESPONDENT TO THE LOGIN PAGE. |

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| IF CHILD PARTICIPATING IN IN-SCHOOL SESSION, WEB SURVEY NOT ACCESSED THROUGH CATI, AND PARENT CONSENT NOT YET RECEIVED |

**PERM1** Gracias por participar en el Estudio Longitudinal de los Grados Intermedios de 2017-18 (MGLS:2017). Esto nos ayudará a saber más sobre el desarrollo de los muchachos durante una etapa importante en sus vidas.

Antes de comenzar la encuesta, vemos que usted todaví­a no ha proporcionado permiso para que su hijo(a) participe en las actividades de MGLS:2017.

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| PROGRAMMER BOX PERM1  go to perm2 when respondent presses “**Siguiente**” if ALL THREE of the following conditions are met:  1) Child is at school that requires explicit permission AND the school allows electronic permission  2) Parent has not returned a permission form  3) Current date is before the final testing date of the child's school.  If ALL THREE conditions are not met, go to INTRO1. |

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| IF CHILD PARTICIPATING IN IN-SCHOOL SESSION, WEB SURVEY NOT ACCESSED THROUGH CATI, AND PARENT CONSENT NOT YET RECEIVED |

**PERM2**  La escuela de su hijo(a) ha aceptado una invitación del Centro Nacional para Estadí­sticas de Educación (NCES), el cual es parte del Departamento de Educación de los Estados Unidos, para participar en MGLS:2017. Una muestra de estudiantes de la escuela de su hijo(a) tomará parte en la misma. Aproximadamente 20,000 estudiantes de todo Estados Unidos han sido seleccionados para participar, y su hijo(a) es uno de ellos.

Para tener una imagen precisa de qué pueden hacer los estudiantes en grados intermedios en los Estados Unidos en cuanto a sus habilidades de lectura, matemáticas y otras habilidades (no cognitivas) importantes para el aprendizaje, es importante que cada estudiante que fue seleccionado participe en el estudio. Además de contestar preguntas de lectura y matemáticas, se les pedirá a los estudiantes que completen un breve cuestionario sobre sí­ mismos y que proporcionen sus medidas de peso y altura, lo cual es importante para entender el crecimiento y desarrollo de los adolescentes.

Le rogamos que apoye este proyecto alentando a su hijo(a) a que participe.

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| IF CHILD IS PARTICIPATING IN AN IN-SCHOOL SESSION AND PARENT WEB SURVEY NOT CATI-ADMINISTERED |

**PERM3**  La encuesta es voluntaria para usted y para su hijo(a), y no hay ninguna penalidad por no participar. Su hijo(a) también puede dejar sin responder cualquier pregunta que no quiera contestar. Toda la información que se obtenga en el estudio está protegida como lo requieren las leyes. NCES está autorizado a hacer el estudio MGLS:2017 por el Acta de Reforma de las Ciencias de la Educación de 2002 (ESRA 2002, 20 U.S.C. §9543) y a obtener récords educativos de los estudiantes de agencias o instituciones educativas para propósitos de evaluación de programas de educación con fondos federales bajo la Ley de Derechos Educativos y Privacidad Familiar (FERPA, 34 CFR §§ 99.31(a)(3)(iii) y 99.35). RTI International, una organización sin fines de lucro que realiza estudios y está basada en los Estados Unidos, está recopilando los datos para NCES. Toda la información que su hijo(a) proporcione podrá usarse solamente para propósitos estadí­sticos y no podrá divulgarse ni usarse de manera que permita identificar a los participantes para ningún otro propósito, salvo que lo requiera la ley (20 U.S.C. §9573 y 6 U.S.C. §151). La información obtenida se combinará con la de los demás participantes para producir reportes estadí­sticos.   
  
Haga clic aquí­ para ver entero el Formulario de Consentimiento para la Participación de su Hijo(a) en MGLS:2017.

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| PROGRAMMER BOX PERM3  Please hyperlink "**Haga clic aquí**" to the Spanish PDF version of the explicit permission form. |

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| IF CHILD PARTICIPATING IN IN-SCHOOL SESSION, WEB SURVEY NOT ACCESSED THROUGH CATI, AND PARENT CONSENT NOT YET RECEIVED |

**PERM4** Le hemos pedido a su hijo(a) que participe en un estudio sobre el aprendizaje de los estudiantes llamado Estudio Longitudinal de los Grados Intermedios de 2017-18 (MGLS:2017). Los datos de los estudiantes se obtendrán en una sesión de 90 minutos durante el dí­a escolar. La evaluación de los estudiantes será llevada a cabo por un equipo de entrevistadores de RTI International en nombre del Centro Nacional para Estadísticas de Educación (NCES por sus siglas en inglés).   
  
**Por favor seleccione uno:**   
  
Variable: PERM4

🔾 Sí­, doy permiso para que mi hijo(a) participe en MGLS:2017…………………………………………………………….1 INTRO1 (A01a)

🔾 No, yo no doy autorización para que mi hijo(a) participe, pero voy a completar la encuesta para padres………………………………………………………………………………………………………………………………………………2 INTRO1 (A01a)

🔾 No, yo no doy autorización para que mi hijo(a) participe en MGLS:2017………………………………………….3 END-THANK

**Por favor proporcione la información de contacto actual de usted.**

a Nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 30)

b Segundo nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 30)

c Apellido(s): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 30)

d Sufijo: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 30)

e Número de teléfono:: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 30)

f Email o dirección electrónica: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 30)

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| PROGRAMMER BOX PERM4  IF PERM4=NULL, DISPLAY THE SOFTCHECK:  **Por favor considere dar su autorización para que su hijo(a) participe en este estudio importante.**  IF PERM4=1 AND (PERM4A OR PERM4C=NULL), DISPLAY THE SOFTCHECK:  **Para continuar, por favor proporcione su primer nombre y su apellido.** |

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| IF PERM4=3 |

**END-THANK.** Gracias por el tiempo que nos dedicó. Ya que su hijo(a) no participará en MGLS:2017, esas son todas las preguntas que tenemos para usted.  
  
Presione el botón de "Terminar" para cerrar la encuesta.

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| DISPLAY INTRO1 IF INFORMATION PROVIDED IN VERIFICATION1 AND VERIFICATION2 ARE CORRECT. |

A. WEB INTRO

**INTRO1 (A01a.)** INFORMACIÓN DE LA ENCUESTA

Gracias por participar en el Estudio Longitudinal de los Grados Intermedios de 2017–18 (MGLS:2017). Esto nos ayudará a saber más sobre el desarrollo de los muchachos durante una etapa importante en sus vidas.

También queremos saber más sobre las experiencias familiares y escolares que moldean al desarrollo de los muchachos. Aquí­ es donde **necesitamos su ayuda**. [SURVEY\_DESCRIPT\_FILL]. Sus respuestas son muy importantes para el éxito del estudio y esperamos que complete la encuesta. La encuesta es voluntaria y puede dejar sin contestar preguntas que no quiera responder. Recibirá un cheque de [$20/$30] por completar esta encuesta.

Por favor haga clic en el botón que aparece abajo y que dice “Siguiente”.

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| PROGRAMMER BOX INTRO 1  SURVEY\_DESCRIPT\_FILL:  IF FULL INTERVIEW, DISPLAY:  **Esta encuesta debe ser llenada por el padre o madre, tutor o guardián legal, o la persona que vive con [CFNAME] y que sabe más sobre el desarrollo, la educación escolar y la vida del hogar de [CFNAME].**  IF ABBREVIATED INTERVIEW, DISPLAY:  **Esta encuesta debe ser llenada por el padre o madre, tutor o guardián legal, o la persona que vive con [CFNAME].**  FILL “$20” FOR ALL INITIAL CASES. FILL “$30” AFTER INCENTIVE BOOST IS APPLIED IN LATER DATA COLLECTION WEEKS. |

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| ALL |

**INTRO2 (A01c).** Antes de empezar, aquí­ tenemos algunas sugerencias útiles.

• Para contestar las preguntas, seleccione en la pantalla la opción que represente su respuesta.

• Conteste cada pregunta lo más preciso posible; si es necesario, puede dar una respuesta aproximada.

• Oprima el botón que dice "Siguiente" para guardar sus respuestas y continuar.

• Algunas preguntas tienen una explicación que ayuda a comprender la pregunta o las posibles respuestas. Haga clic en el sí­mbolo de AYUDA en la parte de arriba de la pantalla o en el sí­mbolo de ayuda cid:image001.png@01D164D7.97B47F70 en la encuesta para ver el texto de la explicación de ayuda.

• Si necesita interrumpir y salir de la encuesta en cualquier momento, haga clic en el botón de "SALIR" que está en la esquina de arriba a la izquierda de su pantalla. Cuando vuelva a entrar en la encuesta, aparecerá directamente en la pantalla en que usted se salió.

• Para proteger su información, la sesión terminará si usted está inactivo(a) por más de 10 minutos y tendrá que volver a ingresar.

Para continuar con la encuesta, por favor haga clic en el botón que aparece abajo y que dice “Siguiente”.

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| PROGRAMMER BOX  Question numbers appear in the specs for programming purposes (i.e., routing, skip logic, etc.) but will be displayed in small font in upper right corner of screen |

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| PROGRAMMER BOX: SOFT CHECK CONDITIONS  CONDITION 1: For item grid questions, the soft check, “**Sus respuestas son muy importantes. Por favor conteste tantas preguntas como sea posible.**” should appear when all items are missing on a screen.  CONDITION 2: The soft check, “**Sus respuestas son importantes. Por favor conteste tantas preguntas como sea posible**.” should appear when three consecutive questions are left blank.  CONDITION 3: When there is a combination of select all/select one questions and questions with an item grid are left blanked in a row, soft check, “**Sus respuestas son muy importantes. Por favor conteste tantas preguntas como sea posible**.” should appear when the third blank question in that series is a question with an item grid.  CONDITION 4: When a respondent has selected an “Other-Specify” option, but has not provided a response in the “Specify” text box, soft check, “**Ha seleccionado "Otro", pero no ha puesto una respuesta en donde dice "Por favor especifique**". should appear. |

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| ALL |
| FNAME=First name taken from school roster LNAME= Last name taken from school roster |

**A001 (A02.)** ¿Es usted [FNAME] [MNAME] [LNAME] [SUFFIX]?

🔾 Sí­ 1 A005

5010200

🔾 No 2 A005

|  |
| --- |
| PROGRAMMER BOX A001  IF MS1=NULL  FNAME=FIRST NAME TAKEN FROM SCHOOL ROSTER  MNAME= MIDDLE NAME TAKEN FROM SCHOOL ROSTER  LNAME= LAST NAME TAKEN FROM SCHOOL ROSTER  SUFFIX= SUFFIX TAKEN FROM SCHOOL ROSTER  OTHERWISE, FILL WITH NAMES FROM MS1.  Hard check if a001=missing:  **Para continuar, por favor responda esta pregunta.** |

|  |
| --- |
| ALL |

**A005 (A03a.)** ¿Vive [CFNAME] [Y\_CLNAME] con usted?

5010301

🔾 Sí­ 1 A006

🔾 No 2 A040

|  |
| --- |
| PROGRAMMER BOX A005  Hard check if a005=missing:  **Para continuar, por favor responda esta pregunta.**  the QUESTION TEXT “**con usted**” should have a HYPERLINK and information icon TO THE BELOW HELP TEXT:  **Por favor seleccione "Sí­" en caso de que [CFNAME] normalmente viva con usted. Por ejemplo, si [CFNAME] vive con usted todo el tiempo, cada dos semanas, o durante periodos regulares preestablecidos, o en caso de que usted tenga la custodia legal de [CFNAME].  Por favor seleccione "No" en caso de que [CFNAME] normalmente no viva con usted. Por ejemplo, si [CFNAME] está únicamente de visita, o en caso de que [CFNAME] solí­a vivir con usted, pero ahora vive permanentemente con otra persona.** |

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| A006: ASK IF A005=1 |

**A006 (A080.)** ¿Qué parte del tiempo vive [CFNAME] con usted?

5010302

🔾 Todo el tiempo 1 A010

🔾 Más de la mitad del tiempo 2 A007

🔾 La mitad del tiempo 3 A007

🔾 Menos de la mitad del tiempo 4 A007

NO RESPONSE M A010

|  |
| --- |
| A007: ASK IF A006>1 |

**A007 (A085.)** ¿Con quién vive [CFNAME] la mayor parte del tiempo cuando no está viviendo con usted?

5010303

🔾 Con otro de sus padres 1 A010

🔾 Con otro pariente adulto 2 A010

🔾 Con un amigo o amiga 3 A010

🔾 En una escuela o internado 4 A010

🔾 En otro lugar 5 A010

NO RESPONSE M A010

|  |
| --- |
| A010: ASK IF A005=1 |

**A010 (A03.)** ¿Es usted uno de los padres, el tutor o guardián legal, o la persona en esta casa que sabe más sobre el desarrollo, la educación escolar y la vida del hogar de [CFNAME]?

🔾 Sí­ 1 A015/A020

5010300

🔾 No 2 A025

NO RESPONSE M A025

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| --- |
| IF A001=1AND A005=1 |

**A015 (A04a.)** Por favor verifique que su nombre completo esté escrito correctamente.

Nombre:[FNAME]

Segundo nombre: [MNAME]

Apellido(s): [LNAME]

Sufijo: [SUFFIX]

Si su nombre no está escrito correctamente, por favor corrí­jalo abajo. Si todo está escrito correctamente, haga clic en "Siguiente" para continuar.

5010411

1 Nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5010412

2 Segundo nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

5010413

3 Apellido(s): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

5010414

4 Sufijo: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

|  |
| --- |
| **PROGRAMMER BOX A015**  GO TO A045 |

|  |
| --- |
| A001=2 and A010=1 |

**A020 (A04b.)** Por favor ponga su nombre completo.

5010421

a Nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 50)

5010422

b Segundo nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

5010423

c Apellido(s): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

5010424

d Sufijo: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

|  |
| --- |
| PROGRAMMER BOX A020  If A020a=MISSING DISPLAY HARD CHECK:  **Por favor ponga el primer nombre. Le va a ser útil a usted cuando conteste preguntas más adelante. Puede usar un sobrenombre o apodo si lo prefiere.**  GO TO A045 |

|  |
| --- |
| IF A010 NE 1 |

**A025 (A05a.)** ¿Está disponible uno de los padres, el tutor o guardián legal, o la otra persona que vive en esta casa y que sabe más sobre el desarrollo, la educación escolar y la vida del hogar de [CFNAME], para completar este cuestionario entre ahora y fin de julio del 2020?

🔾 Sí­ 1 A030

5010501

🔾 No 2 A040

NO RESPONSE M A040

|  |
| --- |
| IF A025=1 |

**A030 (A05b.)** ¡Perfecto! Por favor ponga el nombre y la información de contacto de la persona que vive en esta casa y que es quien más sabe sobre el desarrollo, la educación escolar y la vida del hogar de [CFNAME]?

5010503

a Nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010504

b Segundo nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010505

c Apellido(s): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010506

d. Sufijo: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010507

e Número de teléfono: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 10)

f Email o dirección electrónica: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 50)

5010508

|  |
| --- |
| PROGRAMMER BOX A030  if A030\_FNAME] == "" && [A030\_LNAME] == "") DISPLAY THE HARD CHECK:  **Por favor ponga el nombre de la persona que vive en esta casa y que sabe más sobre el desarrollo, la educación escolar y la vida del hogar de [CFNAME] para que pueda continuar.** |

|  |
| --- |
| A035: ASK IF A025=1 |

**A035 (FPPREINTRO.)** Si [NAME FROM A030A] está disponible ahora, por favor haga clic en "Siguiente" para volver a la página de introducción de este cuestionario y pídale a [NAME] que empiece a partir de ahí. Si [NAME] no puede completar el cuestionario ahora mismo, por favor haga clic en "SALIR" en la esquina izquierda de arriba de la pantalla para que [NAME] pueda volver a entrar en otro momento. ¡Muchas gracias!

🔾 Siguiente 1 INTRO1

5010502

🔾 Salir 2

|  |
| --- |
| A040: ASK IF A025 NE 1 OR IF A005=2 |

**A040 (A06.)** Al equipo de MGLS:2017 le gustarí­a comunicarse con uno de los padres, tutor o guardián legal, o la persona que viva con [CFNAME] [FILL: y que sepa sobre el desarrollo, la educación escolar y la vida del hogar de **[CFNAME]**]. Por favor ponga el nombre y la información de contacto de esta persona y un miembro del equipo se comunicará muy pronto.

5010601

a Nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010605

b Segundo nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010602

c Apellido(s): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010606

d Sufijo: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 20)

5010603

e Número de teléfono: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 10)

5010604

f Email o dirección electrónica: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 50)

🔾 Siguiente 1 Exit Screen

|  |
| --- |
| PROGRAMMER BOX A040  Do not display fill “**y que sepa sobre el desarrollo, la educación escolar y la vida del hogar de [CFNAME]**” for abbreviated survey.  If A025=2 and new respondent information is entered at A040, GOTO “Exit Screen".  PROGRAMMER NOTE: When re-entering this case, GOTO to INTRO1 for the new respondent.  HARD CHECK if A040a or A040c=MISSING:  **Para poder continuar, por favor ponga el nombre del padre, madre, tutor o guardián legal, o de una persona que vive con [CFNAME] [Fill: y sabe sobre su desarrollo, educación escolar y vida del hogar.]**  HARD CHECK if A040e and A040f= MISSING. **Para poder continuar, por favor proporcione un número de teléfono o dirección de email.** |

|  |
| --- |
| IF A040=1  FILL FIRST NAME= A040a  FILL LAST NAME= A040c |

**EXIT SCREEN**

Gracias por su tiempo. Nos comunicaremos con [FIRST NAME] [LAST NAME] próximamente. ¡Apreciamos su ayuda para que el estudio MGLS:2017 sea un éxito!

|  |
| --- |
| PROGRAMMER BOX EXIT SCREEN  FIRST NAME and LAST NAME would be taken from the information provided on A030 if A025=1 and A035=2; A040 if A025=2 or MISSING . |

|  |
| --- |
| PROGRAMMER BOX “ALL”  FROM THIS POINT FORWARD, ENTRANCE REQUIREMENTS FOR “ALL” REFERS TO ELIGIBLE RESPONDENTS (A010=1) |

|  |
| --- |
| ALL |

**A045 (A07.)** Por favor verifique que el nombre completo de [CFNAME] esté escrito correctamente.

5010701

Nombre:[CFNAME]

Segundo nombre: [Y\_CMNAME]

Apellido(s):[Y\_CLNAME]

Sufijo: [Y\_CSUFFIX]

Si el nombre de [CFNAME] no está escrito correctamente, por favor corrí­jalo abajo. Si todo está bien escrito, haga clic en "Siguiente" para continuar.

a Nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 50)

5010702

b Segundo nombre: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

5010703

c Apellido(s): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

5010704

d Sufijo: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ] (STRING 50)

|  |
| --- |
| ALL |

**A050 (A08.)** ¿De qué sexo es [CFNAME]?

🔾 Masculino 1

5010800

🔾 Femenino 2

|  |
| --- |
| ALL |

**A055 (A09.)** ¿En qué fecha nació [CFNAME]?

PROGRAMMER: INSERT DROPDOWN FIELDS

5010901

5010902

5010903

0

▼

▼

▼

dí­a mes año

(1-31) (enero - diciembre) (2000-2011)

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX A055  NOTE TO PROGRAMMER:   * DO NOT DISPLAY THE “NO RESPONSE” OPTION ON THE SCREEN. * PROGRAM DAYS OF MONTH TO CORRESPOND TO THE CORRECT NUMBER OF DAY (FOR EXAMPLE, IF “FEBRERO” IS SELECTED, THE NUMBER OF DAYS AVAILABLE SHOULD ONLY BE 1-29) * IF A055\_DAY = MISSING AND [CFNAME]’S A055\_MONTH = MONTH(INTERVIEW\_DATE), THEN ROUND [CFNAME’S] B005A (AGE) UP |

|  |
| --- |
| IF A055 MS1 RESPONSE=NULL AND IF MS2 A055 IS NOT MISSING FILL “AGE IN YEARS” WITH CHILD’S AGE BASED ON DOB. |

**A060 (A09CONFIRM.)** Sólo para confirmar, ¿[CFNAME] tiene [AGE IN YEARS] años de edad?

🔾 Sí­ 1 A070

5010905

🔾 No 2 A065

NO RESPONSE M A065

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| --- |
| PROGRAMMER BOX A060  [[AGE IN YEARS]] TO BE CALCULATED USING THE DATE OF BIRTH PROVIDED IN A055. |

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| IF MS1 RESPONSE=NULL AND [IF A055\_MONTH = MISSING OR IF A055\_YEAR = MISSING] |

**A065 (A09a.)** ¿Qué edad tiene [CFNAME]?

PROGRAMMER: INSERT DROPDOWN FIELDS

5010904

▼

0 AÑOS DE EDAD

(7-18)

NO RESPONSE M

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| PROGRAMMER BOX A065  NOTE TO PROGRAMMER: SOFT CHECK: IF NO RESPONSE, “**Por favor ponga la edad de [CFNAME] en años. Si no sabe la edad exacta, por favor ponga su cálculo aproximado.”** |

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| IF MS1 ADDRESS (A070) IS NOT NULL |

**A066** ¿Sigue viviendo [CFNAME] en esta dirección?

[]

Lí­nea 1 de la dirección: [CADDRESS1]

Lí­nea 2 de la dirección: [CADDRESS2]

5080102

Ciudad: [CCITY]

Estado: [CSTATE]

Código Postal: [CZIP]

🔾 Sí 1 A075

🔾 No, mi hijo(a) se mudó 2 A070

🔾 No, tiene la dirección incorrecta 3 A070

NO RESPONSE M A070

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| PROGRAMMER BOX A066  FILL ADDRESS FROM MS1 A070. |

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| IF MS1 RESPONSE=NULL OR (IF A066=2 OR 3) |

**A070 (A10.)** Por favor proporcione la dirección actual de [CFNAME].

5011011

a Línea 1 de la dirección: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5011012

b Línea 2 de la dirección: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5011013

c Ciudad: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 50)

5011014

d Estado: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 2)

5011015

e Código Postal: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 9)

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| PROGRAMMER BOX A070  NOTE TO PROGRAMMER: INSERT DROPDOWN MENU WITH ALL 50 STATES AND DC. |

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| ALL |
| IF (A066>1 OR A066=NULL) AND A070=NULL, DISPLAY ALL A075 FIELDS.  ELSE DISPLAY A075a-d |

**A075 (A11.)** Por favor proporcione la información de contacto actual de usted.

a. Teléfono principal:

5010011

b. Teléfono alternativo (si tiene):

5010012

c. Email o dirección electrónica principal:

5010014

5010013

d. Email alternativo (si tiene):

e. Lí­nea 1 de su dirección:

5010015

f. Lí­nea 2 de su dirección:

5010017

5010016

g. Código postal:

5010018

h Ciudad:

5010019

i. Estado:

|  |
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| PROGRAMMER BOX A070  NOTE TO PROGRAMMER, PROGRAM THE FOLLOWING SOFT CHECKS IF CORRESPONDING ITEMS ARE MISSING:   * If A075A = MISSING, DISPLAY “**Por favor proporcione un número de teléfono.** ” * IF A075C = MISSING, DISPLAY “**Por favor proporcione una dirección de email, si la tiene.”** * IF PHONE NUMBER IN A075C IS INVALID, DISPLAY “**Por favor proporcione un número de teléfono válido. Número de teléfono proporcionado**= [DISPLAY PHONE NUMBER ENTERED]” |

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| IF MS1 RESPONDENT AND MS2 RESPONDENT ARE DIFFERENT |

**A080** ¿Vivía usted con [CFNAME] en [MONTH OF MS1 INTERVIEW] del 2018?

🔾 Sí 1 B000

5010001

🔾 No 2 B001

NO RESPONSE M B001

**B. LISTA DE FAMILIA**

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| IF MS1 RESPONDENT OR A080=1 |
| CFNAME= Child’s first name; CLNAME=Child’s last name; CHILDAGE= Child’s Age  HH2FNAME= Respondent’s first name; HH2LNAME= Respondent’s last name |

**B000** La siguiente tabla muestra los nombres de las personas que estaban viviendo en este hogar en [MONTH OF MS1 INTERVIEW] del 2018. La edad actual que se muestra a continuación se calculó usando la edad que nos dieron en [MONTH OF MS1 INTERVIEW] del 2018.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primer nombre | Apellido | Sufijo | Edad | Por favor indique si él o ella sigue viviendo en este hogar. |
| [HH2FNAME] 5020202 | [HH2LNAME] 5020302 | [HH2SUFFIX] 5020402 | [HH2AGE] 5020502 | SÍ/NO |
| [CFNAME] 5020201 | [CLNAME] 5020301 | [CSUFFIX] 5020401 | [CHILDAGE] 5020501 |  |
| [HH3FNAME] 5020203  … | [HH3LNAME] 5020303  ... | [HH3SUFFIX] 5020403  … | [HH3AGE] 5020503  … | SÍ/NO  SÍ/NO |

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| PROGRAMMER BOX B000  IF COLUMN HEADED “PLEASE INDICATE IF HE OR SHE STILL LIVES IN THIS HOUSEHOLD” IS LEFT BLANK FOR ANY ROWS, DISPLAY THE FOLLOWING SOFT CHECK:  **Para cada uno de los siguientes miembros de su hogar, por favor responda si sigue viviendo en su hogar.** |

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| IF MS1 IDP1 OR MS1 IDP2 NO LONGER LIVES IN THE HOUSEHOLD  IF BOTH MS1 IDP1 AND MS1 IDP2 NO LONGER LIVE IN THE HOUSEHOLD, ASK ONCE FOR IDP1 AND AGAIN FOR IDP2  [HH#NAME IDP1] = NAME OF PARENT 1  [HH#NAME IDP2] = NAME OF PARENT 2 |

**B000A** ¿Por qué [**HH#NAME IDP1** /**HH#NAME IDP2**] ya no vive en este hogar?

IDP1 5021100

IDP 2 5021200

🔾 Se separó o se divorció 1 B001

🔾 Vive en otro lugar por razones de trabajo 2 B001

🔾 Falleció 3 B001

🔾 Se fue/Se mudó a otro lugar 4 B001

🔾 Está encarcelado(a) o en prisión 5 B001

🔾 La lista tiene un error (esta persona no debería estar incluida) 6 B001

🔾 Alguna otra razón (especifique) 7 B001

IDP1 5021300

IDP2 5021400

🔾 No sabe 8 B001

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| PROGRAMMER:  If Idp1 no longer lives in household, use QID 5021100/5021300  if IDP2 no longer lives in household, use QID 5021200/5021400  PLEASE MAKE THE RESPONSE CATEGORY “**Vive en otro lugar por razones de trabajo**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Por favor asegúrese de incluir a todas las personas que normalmente viven aquí­ pero que tal vez estén temporalmente fuera del hogar por razones de trabajo, incluya el despliegue militar.** |

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| --- |
| ALL |
| FILL from A045: CFNAME= Child’s first name |

A continuación tenemos algunas preguntas sobre usted y los otros miembros de su hogar. Sólo estamos interesados en la información de las personas que por lo general viven en su hogar. Por favor no incluya a nadie que esté quedándose con usted temporalmente, como alguien que esté de visita en su hogar pero que normalmente viva en otro lugar.

**B001 (B01.)** [Además de usted y [CFNAME], ¿vive alguien más en su hogar?/¿Alguien nuevo vino a vivir a este hogar?]

5021000

🔾 Sí­ 1 B005A

🔾 No 2 B010 (NEW R)/B015 (MS1 R)

NO RESPONSE M B010

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| PROGRAMMER:  IF MS1 RESPONDENT OR A080=1, DISPLAY TABLE OF PRELOADED HOUSEHOLD MEMBERS, AND ASK “**¿Alguien nuevo vino a vivir a este hogar?”**  OTHERWISE IF FIRST-TIME RESPONDENT, DO NOT DISPLAY TABLE, ASK “**Además de usted y de [CFNAME], ¿vive alguien más en este hogar?**”  IF B001=1, LOOP THROUGHT B005a AND B005b UNTIL B005b=2 (No OR MISSING)  Validation: if ([B001] == "2") return Soft Check **“¿Esas son todas las personas del hogar?**   **Por favor asegúrese de incluir a todas las personas que normalmente viven aquí­ pero que tal vez estén temporalmente fuera del hogar por razones de trabajo o viviendo en un dormitorio escolar o universitario, y a todos los bebés, niños pequeños, abuelos u otros adultos que viven en el hogar**." |

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| IF B001=1 |
| FILL hh2fname and hh2lName from A015 (IF A001=1 and A005=1) or A020 (IF A001=2 OR MISSING and A010=1). |
| FILL cfname and clname from A045. |
| FILL childage from A055 (or from A060 IF A055=MISSING). |

**B005A (B01b.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre | Apellido(s) | Sufijo | Edad |
| [HH2FNAME] 5020202 | [HH2LNAME] 5020302 | [HH2SUFFIX] 5020402 |  |
| [CFNAME] 5020201 | [CLNAME] 5020301 | [CSUFFIX] 5020401 | [CHILDAGE] 5020501 |

¿Quién más vive en su hogar?

Sólo estamos interesados en la información de las personas que por lo general viven en su hogar. Por favor no incluya a nadie que esté quedándose con usted temporalmente, como alguien que esté de visita en su hogar pero que normalmente viva en otro lugar.

|  |  |  |  |
| --- | --- | --- | --- |
| Primer nombre o inicial de su primer nombre | Apellido(s) o iniciales de su(s) apellido(s) | Sufijo | Edad |
| [HH#FNAME] 50202xx | [HH#LNAME] 50203xx | [HH#SUFFIX] 50204xx | [HH#AGE] 50205xx |

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| PROGRAMMER BOX B005A  SOFT CHECK: IF B005A ONLY HAS A FIRST NAME/INITIAL OR LAST NAME/INITIAL ENTERED, “**Por favor ponga el nombre y el apellido. Si quiere, puede poner sólo una inicial y no el nombre completo. Por ejemplo, en vez de poner Juan Pérez, puede poner J. Pérez o Juan P. Esto le ayudará a saber a quién se están refiriendo las preguntas que se hacen después.**”  SOFT CHECK: IF AGE=MISSING, “**Por favor proporcione la edad de este miembro del hogar. Se utiliza para personalizar la encuesta para que se adapte a su hogar. Si no sabe la edad exacta, por favor ponga su cálculo aproximado**.” |

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| IF B001=1 |
| if hh#fname and hh#lname are missing, fill with “**Miembro del hogar, Edad [HH#AGE].**”IF HH#AGE IS MISSING, FILL WITH “**Miembro del hogar, Número X**” WHERE “X” EQUALS ROSTER NUMBER.  OTHERWISE: FILL hh2fname, hh2lName, and HH2SUFFIX from A015 (IF A001=1 and A005=1) or A020 (IF A001=2 OR MISSING and A010=1).FILL cfname and clname from A045. FILL childage from A055 (or FROM A060 IF A055=MISSING) OR CALCULATE AGE FROM MS1 RESPONSE TO A055 or A060. Fill hh3fname, hh3lname, and HH3AGE from b005a (b01b) . |

**B005B (B01b\_2.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre | Apellido(s) | Sufijo | Edad |
| [HH2FNAME] 5020202 | [HH2LNAME] 5020302 | [HH2SUFFIX] 5020402 |  |
| [CFNAME] 5020201 | [CLNAME] 5020301 | [CSUFFIX] 5020401 | [CHILDAGE] 5020501 |
| [HH3FNAME] 5020203 | [HH3LNAME] 5020303 | [HH3SUFFIX] 5020403 | [HH3AGE] 5020503 |

Aparte de las personas mencionadas arriba, ¿vive alguien más en su hogar?   
  
Recuerde que sólo estamos interesados en la información de las personas que por lo general viven en su hogar. Por favor no incluya a nadie que esté quedándose con usted temporalmente, como alguien que esté de visita en su hogar pero que normalmente viva en otro lugar.

* Sí ­1 B005A

🔾 No 2 B010

NO RESPONSE M B010

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| PROGRAMMER BOX B005A and b005b  In addition to child and respondent, Respondent permitted to add up to 23 household members (for 25 total). if limit is met, and respondent indicates b005b=1, a pop-up should appear:  **Gracias por la lista de miembros adicionales de su hogar que nos ha dado hasta ahora. Ahora pasaremos a la siguiente sección.**  AFTER COMPLETING THE PROCESS OF ADDING HOUSEHOLD MEMBERS, WHEN B005b=2 OR MISSING a pop-up should appear:  **¿Esas son todas las personas del hogar?**  [LIST OF HOUSEHOLD MEMBERS]  **Por favor asegúrese de incluir a todas las personas que normalmente viven aquí pero que tal vez estén temporalmente fuera del hogar por razones de trabajo o viviendo en un dormitorio escolar o universitario, y a todos los bebés, niños pequeños, abuelos u otros adultos que viven en el hogar.**  a “yes” and “no” button should be on the pop-up with “yes” advancing the respondent through the survey, and “no” returning TO the family roster data. |

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| IF MS1 RESPONDENT WITH NO NEW MEMBERS AND ALL EXISTING MEMBERS HAVE A RELATIONSHIP TO CHILD, DISPLAY CONFIRMATION SCREEN AND GIVE PARENT OPTION TO EDIT.  IF MS1 RESPONDENT WITH NO NEW MEMBERS AND SOME MEMBERS ARE MISSING RELATIONSHIP INFORMATION, ONLY ASK FOR THE MEMBERS WITH MISSING INFORMATION AND AT CONFIRMATION SCREEN GIVE THE OPTION TO EDIT ALL HOUSEHOLD MEMBERS.  IF MS1 RESPONDENT ADDED HOUSEHOLD MEMBERS, ASK FOR NEW MEMBERS AND MEMBERS WHO ARE MISSING A RELATIONSHIP TO CHILD, AND AT CONFIRMATION SCREEN GIVE THE OPTION TO EDIT ALL HOUSEHOLD MEMBERS.  IF NEW RESPONDENT, ASK FOR ALL HOUSEHOLD MEMBERS. |
| INTRO TEXT FILL FOR FIRST ITERATION (HH MEMBER 2) SHOULD READ: “**Por favor dí­ganos un poco más sobre los miembros de su hogar**.” DO NOT DISPLAY FOR SECOND ITERATION (CHILD). FOR THIRD ITERATION DISPLAY: “**Para cualquier miembro restante del hogar, proporcione su relación o parentesco con [CFNAME] y su sexo. Si no está seguro(a) de algo, ponga la respuesta que más se aproxime.** DO NOT DISPLAY FOR ALL OTHER ITERATIONS. |
| FILL from A015 (IF A001=1 and A005=1) or A020 (IF A001=2 OR MISSING and A010=1): HH2FNAME= Respondent’s first name; HH2LNAME= Respondent’s last name |
| if hh#fname and hh#lname are missing, fill with “M**iembro del hogar, edad [HH#AGE].**”IF HH#AGE IS MISSING, FILL WITH “M**iembro del hogar, Número X**” WHERE “X” EQUALS ROSTER ORDER NUMBER. |
| FILL from A045: CLNAME= Child’s last name. |

**B010 (B02.)** [INTRO TEXT FILL: Por favor díganos un poco más sobre los miembros de su hogar. Para cualquier miembro restante del hogar, proporcione la relación o parentesco de esa persona con [CFNAME] y su sexo. Si no está seguro(a) de algo, ponga la respuesta que más se aproxime.]

Por favor conteste las siguientes preguntas con respecto a (name from B005B).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [HH2FNAME] [HH2LNAME] | [CFNAME]  [CLNAME] | *[HH3FNAME]*  *[HH3LNAME]* | [HH#FNAME]  [HH#LNAME] |
| B010a (B02a.) ¿Qué edad tiene [usted/T\_SPFIRSTNAME]? | 5020502  Seleccione edad … |  |  |  |
| B010b (B02b.) ¿De qué sexo es [usted/[CFNAME]/[T\_FIRSTNAME]]? | 5020602  Seleccione sexo | 5020601  Seleccione sexo | 5020603  Seleccione sexo | 50206##  Seleccione sexo |
| B010c (B02f.) ¿Qué relación o parentesco tiene [usted/T\_SPFIRSTNAME] con [CFNAME]? | 5021002  Seleccione relación o parentesco … |  | 5021003  Seleccione relación o parentesco … | 50210##  Seleccione relación o parentesco … |
| B010d (B02g.) ¿Cuál opción describe mejor la relación o parentesco con [CFNAME]? | 5021102  Seleccione relación especí­fica |  | 5021103  Seleccione relación especí­fica | 50211##  Seleccione relación especí­fica |

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| PROGRAMMER BOX B010  SOFT CHECK: IF B010A THROUGH B010D IS MISSING FOR EITHER THE RESPONDENT [HH2FNAME], OR CHILD [CFNAME] OR HH MEMBER [HH3FNAME], PLEASE POP UP: [List of people living in your household]: “**Usted dejó en blanco uno o más de los datos en la lista de la familia. Estos datos son importantes para el resto de la encuesta. Por favor complete los datos que dejó en blanco.”**  THE RESPONDENT SHOULD BE LOOPED THROUGH SEX AND RELATIONSHIP QUESTIONS FOR EACH HOUSEHOLD MEMBER IDENTIFIED IN B001. RESPONDENT’S LOOP SHOULD INCLUDE AGE. THE ORDER SHOULD BE ACCORDING TO THE B001 MEMBER TYPE ORDERING.   1. RESPONDENT (HH MEMBER #2) 2. CHILD (HH MEMBER #1) 3. HH MEMBER #3 4. HH MEMBER #4, ETC.   row a should already be filled out for the child based on responses to a055. All other responses will be recorded using DROPDOWN boxes, so each of the responses listed below will appear as DROPDOWN boxes in the table.  row a will have the following values for responses from 0 through “99 o más años”, with one response option of “NO SABE” offered.  row B will be asked of every member in the household, with the response for child prefilled. Other response options for row B include:   1. **Madre/Tutora o guardiana** 2. **Padre/Tutor o guardián** 3. **Hermana** 4. **Hermano** 5. **Novia o pareja de uno de los padres o tutores o guardianes de [CFNAME]** 6. **Novio o pareja de uno de los padres o tutores o guardianes de [CFNAME]** 7. **Abuela** 8. **Abuelo** 9. **Tía** 10. **Tío** 11. **Primo(a)** 12. **Otro pariente (por favor especifique)** 13. **Otro no pariente** 14. **Muchacho(a) de quien se trata este estudio**   programmer note: row B - When asking B010 question SERIES for [CFNAME] [CLNAME], automatically code B010B as focus child. Do not display the B010B question.  row C will be populated based on responses to row B. IF ROW B=5-12, ROW C WILL NOT BE DISPLAYED.  if row B=1, row C will be:   1. **Madre biológica o madre de nacimiento** 2. **Madre adoptiva** 3. **Madrastra** 4. **Madre *foster* o tutora o guardiana legal** 5. **Otra figura materna o tutora (por favor especifique)**   PLEASE MAKE THE RESPONSE CATEGORY “**madre biológica**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Madre biológica o madre de nacimiento: La mujer que es la madre biológica del muchacho. Puede tratarse de la madre que dio a luz al muchacho pero también podría aplicarse a una madre que usó una madre subrogada o sustituta o vientre de alquiler para tener su hijo biológico.**  PLEASE MAKE THE RESPONSE CATEGORY “**Madre adoptiva**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Madre adoptiva: La mujer que ha seguido un proceso legal para incorporar al muchacho a su propia familia y criarlo como su propio hijo**.  PLEASE MAKE THE RESPONSE CATEGORY “**Madrastra**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Madrastra: Una mujer que no es la madre del muchacho y que está casada con el padre del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Madre *foster* o tutora o guardiana legal**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Madre *foster*: La mujer bajo cuyo cuidado han puesto al muchacho de manera temporal, generalmente por medio de una agencia de servicios sociales y/o una corte.**  **Tutora o guardiana legal: La mujer que ha sido asignada legalmente para ocuparse de los asuntos del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Otra figura materna o tutora**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Otra figura materna o tutora: Esta persona se desempeña como madre del muchacho, pero no entra en una de las otras categorías. Por ejemplo, en un hogar con dos mamás, una de las mamás podría no clasificarse como madre con relación biológica y podría no estar tampoco legalmente a cargo de los asuntos del muchacho aunque es la otra mamá del muchacho. Esta categoría podría usarse también si una madre tiene un hijo usando una madre subrogada o sustituta o por alquiler de vientre, o con un óvulo donado, y no clasifica al muchacho como su hijo biológico o adoptado por medio de un proceso legal.**  if row B=2, row C will be:   1. **Padre biológico o padre de nacimiento** 2. **Padre adoptivo** 3. **Padrastro** 4. **Padre *foster* o tutor o guardián legal** 5. **Otra figura paterna o tutor (por favor especifique)**   PLEASE MAKE THE RESPONSE CATEGORY “**Padre biológico o padre de nacimiento**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Padre biológico o padre de nacimiento: El hombre que es padre biológico del muchacho. También podría aplicarse a un padre que usó una madre subrogada o sustituta o vientre de alquiler para tener su hijo biológico.**  PLEASE MAKE THE RESPONSE CATEGORY “**Padre adoptivo**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Padre adoptivo: El hombre que ha seguido un proceso legal para incorporar al muchacho a su propia familia y criarlo como su propio hijo.**  PLEASE MAKE THE RESPONSE CATEGORY “**Padrastro**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Padrastro: Un hombre que no es el padre del muchacho y que está casada con la madre del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Padre *foster* o tutor o guardián lega**l” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Padre *foster*: El hombre bajo cuyo cuidado han puesto al muchacho de manera temporal, generalmente por medio de una agencia de servicios sociales y/o una corte.**    **Tutor o guardián legal: El hombre que ha sido asignado legalmente para ocuparse de los asuntos del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Otra** **figura paterna o tutor**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Otra figura paterna o tutor: Esta persona se desempeña como padre del muchacho, pero no entra en una de las otras categorías. Por ejemplo, en un hogar con dos papás, uno de los papás podría no clasificarse como padre con relación biológica y podría no estar tampoco legalmente a cargo de los asuntos del muchacho, aunque es el otro papá del muchacho. Esta categoría podría usarse también si un padre ha donado esperma y no clasifica al muchacho como su hijo biológico o adoptado por medio de un proceso legal.**  if row B=3, row C will be:   1. **Hermana por ambos padres biológicos** 2. **Media hermana** 3. **Hermanastra** 4. **Hermana adoptiva** 5. **Hermana *foster***   PLEASE MAKE THE RESPONSE CATEGORY “**Hermana por ambos padres biológicos**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermana por ambos padres biológicos: Una mujer con la que el muchacho comparte los mismos padres biológicos.**  PLEASE MAKE THE RESPONSE CATEGORY “**Media hermana**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Media hermana: Una mujer con la que el muchacho comparte uno de sus padres biológicos.**  PLEASE MAKE THE RESPONSE CATEGORY “**Hermanastra**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermanastra: Una mujer que no es pariente del muchacho excepto a través del matrimonio de uno de sus padres.**  PLEASE MAKE THE RESPONSE CATEGORY “**Hermana adoptiva**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermana adoptiva: Una mujer que no es pariente del muchacho excepto que están en la misma familia en la cual ella o el muchacho han sido adoptados legalmente por la familia.**    PLEASE MAKE THE RESPONSE CATEGORY “**Hermana *foster***” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermana *foster*: Una mujer que no es pariente del muchacho, excepto que están en la misma familia en la cual ella o el muchacho han sido incorporados al hogar de manera temporal y los padres tienen responsabilidad legal por ella o el muchacho.**  if row B=4, row C will be:   1. **Hermano por ambos padres biológicos** 2. **Medio hermano** 3. **Hermanastro** 4. **Hermano adoptivo** 5. **Hermano *foster***   PLEASE MAKE THE RESPONSE CATEGORY “**Hermano por ambos padres biológicos**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermano por ambos padres biológicos: Un hombre con el que el muchacho comparte los mismos padres biológicos.**  PLEASE MAKE THE RESPONSE CATEGORY “**Medio hermano**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Medio hermano: Un hombre con el que el muchacho comparte uno de sus padres biológicos.**  PLEASE MAKE THE RESPONSE CATEGORY “**Hermanastro**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermanastro: Un hombre que no es pariente del muchacho excepto a través del matrimonio de uno de sus padres.**  PLEASE MAKE THE RESPONSE CATEGORY “**Hermano adoptivo**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermano adoptivo: Un hombre que no es pariente del muchacho excepto que están en la misma familia en la cual él o el muchacho han sido adoptados legalmente por la familia.**  PLEASE MAKE THE RESPONSE CATEGORY “**Hermano *foster***” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hermano *foster*: Un hombre que no es pariente del muchacho, excepto que están en la misma familia en la cual él o el muchacho han sido incorporados al hogar de manera temporal y los padres tienen responsabilidad legal por él o el muchacho.**  if row B=13, row C will be:   1. **Novia o pareja de uno de los padres o tutores o guardianes de [CFNAME]** 2. **Novio o pareja de uno de los padres o tutores o guardianes de [CFNAME]** 3. **Tutora o guardiana** 4. **Tutor o guardián** 5. **Hija(o) de la pareja de uno de los padres de [CFNAME]** 6. **Otro pariente de la pareja de uno de los padres de [CFNAME] (por favor especifique)** 7. **Otro no pariente (por favor especifique)**   PLEASE MAKE THE RESPONSE CATEGORY “**Novia o pareja de uno de los padres o tutores o guardianes de [CFNAME]”** CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Novia o pareja de uno de los padres o tutores o guardianes: La mujer que tiene una relación de pareja con uno de los padres o tutores o guardianes del muchacho. La relación puede también describirse como "viviendo como si estuvieran casados".**  PLEASE MAKE THE RESPONSE CATEGORY “**Novio o pareja de uno de los padres o tutores o guardianes de [CFNAME]”** CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Novio o pareja de uno de los padres o tutores o guardianes: El hombre que tiene una relación de pareja con uno de los padres o tutores o guardianes del muchacho. La relación puede también describirse como "viviendo como si estuvieran casados".**  PLEASE MAKE THE RESPONSE CATEGORY “**Tutora o guardiana**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Tutora o guardiana: La mujer a cargo de los asuntos del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Tutor o guardián**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Tutor o guardián: El hombre a cargo de los asuntos del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Hijo/hija de la pareja de uno de los padres de [CFNAME]** " CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Hijo/hija de la pareja de uno de los padres de [CFNAME]: El hijo o hija de la persona que tiene una relación de pareja con uno de los padres, tutores o guardianes del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Otro pariente de la pareja de uno de los padres de [CFNAME]**" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Otro pariente de la pareja de uno de los padres de [CFNAME]: Algún otro pariente de la persona que tiene una relación de pareja con uno de los padres o tutores o guardianes legales del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Otro no pariente**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Otro no pariente: Si no hay arriba algún código para personas que no son parientes que describa mejor la relación de la persona con el muchacho, y no existe un parentesco familiar a través de sangre, matrimonio, adopción, o pareja (es decir, pareja que viven juntos como si estuvieran casados), use este código.**  row D will have the following response options:   1. **Masculino** 2. **Femenino**   FOR ROW D: ONLY DISPLAY B010D for focus child when A050= MISSING  Programmer note: include a confirmation screen at the end when all information has been added for all household members. This screen will list all household members’ responses for each person and will allow respondents to edit the information on the screen if needed. also include a question to confirm that the screen has listed all household members. If respondent would like to add another person, he/she will be INSTRUCTED on how to route through the loop again. At the end of the loop, the confirmation screen with all household members information is re-displayed and respondents will be able to make changes for all members of the household and could add another person if needed, and loop again.    CONFIRMATION SCREEN:   **Ahora usted tiene la oportunidad volver a verificar la información que acaba de ser obtenida para cada miembro del hogar. *Si desea añadir otro miembro del hogar, por favor, utilice el botón "Volver" para volver a la lista de los miembros de su familia.***  Display a table with column headings “**Nombre**”, “**Edad**”, “**Sexo**”, “**Relación o parentesco**” and **“¿Editar?**”. Display household member information with each household member as their own row. Under the “**¿Editar?”** column display clickable buttons labeled “**Editar esta persona**”. Upon clicking those buttons, display a pop-up of B010 for that household member of which the respondent can make edits. Title the pop up with “**Miembro(a) del hogar**:” and have the buttons “**Cerra**r” AND “**Guardar**” at the bottom returning the user to the confirmation screen. |

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| **ALL** |
| [HH#FNAME] [HH#LNAME]=First and last name of the respondent and each member of the household who is 16 years old or older |

**B015 (B02m.)** ¿Quién es el responsable principal por el cuidado de [CFNAME] (lo/la cuida la mayor parte del tiempo)?

*Seleccione todo lo que corresponda.*

🞏 [HH#FNAME] [HH#LNAME ] [HH2SUFFIX] #

5020001

🞏 [HH#FNAME] [HH#LNAME] [HH2SUFFIX] #

🞏 [HH#FNAME] [HH#LNAME] [HH2SUFFIX] #

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| PROGRAMMER BOX b015populate response options with the firstName, last name, and Suffix of the respondent and each member of the household WHO is 16 years old or older.  SOFT CHECK: IF B015=NO RESPONSE; **Su respuesta es muy importante para esta encuesta. Por favor dé una respuesta a esta pregunta.** |

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| PROGRAMMER BOX B020A through B025b “SPOUSE/PARTNER questions”  respondent should only be ROUTED through b020a through b025b once. The name of the household member identified as the subject of EACH question should be identified in the following order:  1) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE, B010B=1) IN THE HOUSEHOLD, ASK FOR THAT HOUSEHOLD MEMBER  2) IF THERE IS ONLY ONE FATHER (OF ANY TYPE, B010B=2) IN THE HOUSEHOLD, ASK FOR THAT HOUSEHOLD MEMBER  3) IF THERE ARE TWO MOTHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE MOTHER, WITH THE ORDER SPECIFIED AS BIOLOGICAL (B010B=1 AND B010C=1), ADOPTIVE (B010B=1 AND B010C=2), STEP- (B010B=1 AND B010C=3), FOSTER MOTHER OR FEMALE GUARDIAN (B010B=1 AND B010C=4), THEN OTHER FEMALE PARENT OR GUARDIAN (B010B=1 AND B010C=5)  4) IF THERE ARE TWO FATHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED, WITH THE ORDER SPECIFIED AS BIOLOGICAL (B010B=2 AND B010C=1), ADOPTIVE (B010B=2 AND B010C=2), STEP- (B010B=2 AND B010C=3), FOSTER FATHER OR MALE GUARDIAN (B010B=2 AND B010C=4), THEN OTHER MALE PARENT OR GUARDIAN (B010B=2 AND B010C=5)  5) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, ASK FOR OTHER FEMALE PARENT FIGURE, IN THE FOLLOWING ORDER OF PREFERENCE: GRANDMOTHER (B010B=7), AUNT (B010B=9), OTHER RELATIVE OVER AGE OF 18 (B010B= 3, 5, 11, 12).  6) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, AND THERE IS NO FEMALE FIGURE IN THE HOUSEHOLD, ASK FOR OTHER MALE PARENT FIGURE, IN THE FOLLOWING ORDER OF PREFERENCE: GRANDFATHER (B010B=8), UNCLE (B010B=10), OTHER RELATIVE OVER AGE OF 18 (B010B= 4, 6, 11, 12).  7) IF B010B=MISSING FOR ALL MEMBERS OF THE HOUSEHOLD, ASK FOR RESPONDENT |

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| IF B010A ≥ 16 FOR AT LEAST 2 PEOPLE IN THE HOUSEHOLD. ELSE GO TO SECTION C. |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX DIRECTLY ABOVE (PROGRAMMER BOX B020A THROUGH B025B “SPOUSE/PARTNER QUESTIONS”. IF INDIVIDUAL IS RESPONDENT, FILL “**Está usted”** |

**B020A (B03a.)** ¿[Está usted/Está [HH#FNAME HH#LNAME HH#SUFFIX]] casado(a) con otro miembro del hogar?

🔾 Sí­ 1 B020B

5020011

🔾 No 2 B025A

NO RESPONSE M B025A

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| **IF B020A = 1** |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX B020A THROUGH B025B (SPOUSE/PARTNER QUESTIONS). |

**B020B (B03b.)** Aquí­ hay una lista de miembros del hogar que tienen 16 años o más. De esta lista, por favor seleccione la persona con la que [usted/[HH#FNAME HH#LNAME]] está casado(a).

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 1 C001

5020021

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 2 C001

🔾 Ninguna de esas 99 C001

NO RESPONSE M C001

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| PROGRAMMER BOX B020b  populate response options with the first NAME, last name and suffix of each member of the household WHO is 16 years old or older,AS well as a ‘**Ninguna de esas**’ option.  if any b010a = m FOR ANY HH MEMBER then list THE ASSOCIATEDHH#FNAME HH#LNAME HH#SUFFIX AS A RESPONSE OPTION FOR B020B. |

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| IF MS1 RESPONSE=NULL.IF B020A=2 OR MISSING |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX B020A THROUGH B025B (SPOUSE/PARTNER QUESTIONS). |

**B025A (B04a.)** ¿[Está usted/Está [ HH#FNAME HH#LNAME ]] en una unión doméstica o unión civil con otro miembro del hogar?

🔾 Sí­ 1 B025B

5020031

🔾 No 2 C001

NO RESPONSE M C001

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| PROGRAMMER BOX B025a  link the following help text to “**unión doméstica**”:  **Una unión doméstica es una relación entre dos personas que viven juntas y comparten una vida doméstica en común pero que no están casadas entre sí.**  Link the following help text to “**unión civil**”:  **Una unión civil es una unión de dos personas del mismo sexo reconocida legalmente, con derechos similares a los del matrimonio.** |

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| B025A = 1 |
| FILL: HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER BOX B020A THROUGH B025B (SPOUSE/PARTNER QUESTIONS). |

**B025B (B04b.)** Aquí­ hay una lista de miembros del hogar que tienen 16 años o más. De esta lista, por favor seleccione a la persona con la cual [usted/HH#FNAME HH#LNAME] está en una unión doméstica o unión civil.

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 1 C001

5020041

🔾 [HH#FNAME HH#LNAME HH#SUFFIX] 2 C001

🔾 Ninguna de esas 99 C001

NO RESPONSE M C001

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| PROGRAMMER BOX B025b  populate response options with the first NAME, last name and Suffix of each member of the household WHO is 16 years old or older, AS well as a ‘**Ninguna de esas**’ option.  if any b010a = m FOR ANY HH MEMBER then list THE ASSOCIATEDHH#FNAME HH#LNAME HH#SUFFIX AS A RESPONSE OPTION FOR B025B. |

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| PROGRAMMER BOX B025B – Identification of parent 1 and parent 2  1) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE) AND ONLY ONE FATHER (OF ANY TYPE) IN THIS HOUSEHOLD, CODE THE MOTHER AS PARENT 1 (IDP1) AND CODE THE FATHER AS PARENT 2 (IDP2);  2) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE) IN THE HOUSEHOLD, CODE THE MOTHER AS PARENT 1. IF THERE IS A MOTHER AND SHE HAS A MALE SPOUSE/PARTNER IN THE HOUSEHOLD, CODE THE SPOUSE/PARTNER AS PARENT 2 (IDP2). IF THERE IS NO SPOUSE/PARTNER IN THE HOUSEHOLD, PARENT 2 IS CODED AS NOT APPLICABLE;  3) IF THERE IS ONLY ONE FATHER (OF ANY TYPE) IN THE HOUSEHOLD AND NO MOTHER, CODE THE FATHER AS PARENT 1 (IDP1). IF THERE IS A FATHER AND HE HAS A FEMALE SPOUSE/PARTNER IN THE HOUSEHOLD, CODE THE SPOUSE/PARTNER AS PARENT 1 (IDP1) AND CODE THE FATHER AS PARENT 2 (IDP2). IF THERE IS NO SPOUSE/PARTNER IN THE HOUSEHOLD, PARENT 2 IS CODED AS NOT APPLICABLE;  4) IF THERE ARE TWO MOTHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE MOTHER TO BE PARENT 1 (IDP1), WITH THE ORDER SPECIFIED AS BIOLOGICAL, ADOPTIVE, STEP-, FOSTER MOTHER OR FEMALE GUARDIAN, THEN OTHER FEMALE PARENT OR GUARDIAN. THE OTHER MOTHER IS IDENTIFIED AS PARENT 2 (IDP2). IF THERE ARE TWO MOTHERS OF THE SAME TYPE (E.G., TWO ADOPTIVE MOTHERS), THE MOTHER WITH THE LOWEST PERSON NUMBER IN THE HOUSEHOLD ROSTER IS IDENTIFIED AS PARENT 1 (IDP1) AND THE OTHER MOTHER IS IDENTIFIED AS PARENT 2 (IDP2).  5) IF THERE ARE TWO FATHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE FATHER TO BE PARENT 1 (IDP1), WITH THE ORDER SPECIFIED AS BIOLOGICAL, ADOPTIVE, STEP-, FOSTER FATHER OR MALE GUARDIAN, THEN OTHER MALE PARENT OR GUARDIAN. THE OTHER FATHER IS IDENTIFIED AS PARENT 2 (IDP2). IF THERE ARE TWO FATHERS OF THE SAME TYPE (E.G., TWO ADOPTIVE FATHERS), THE FATHER WITH THE LOWEST PERSON NUMBER IN THE HOUSEHOLD ROSTER IS IDENTIFIED AS PARENT 1 (IDP1) AND THE OTHER FATHER IS IDENTIFIED AS PARENT 2 (IDP2).  6) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, THEN A FEMALE PARENT FIGURE IS IDENTIFIED AS PARENT 1, IN THE FOLLOWING ORDER: GRANDMOTHER (B010B=7), AUNT (B010B=9), SISTER (B010B=3), GIRLFRIEND/PARTNER (B010B=5), COUSIN (B010B=11), OTHER RELATIVE (B010B=12), OTHER NONRELATIVE (B010B=13). IF THE FEMALE PARENT FIGURE HAS A SPOUSE OR PARTNER, THE SPOUSE/PARTNER IS IDENTIFIED AS PARENT 2. FOR EXAMPLE, IF A CHILD LIVES WITH HIS GRANDMOTHER (THE RESPONDENT) AND GRANDFATHER, AND NEITHER HIS MOTHER NOR FATHER ALSO LIVE IN THE HOUSEHOLD, THEN THE GRANDMOTHER IS IDENTIFIED AS PARENT 1 AND THE GRANDFATHER IS IDENTIFIED AS PARENT 2. IF THERE IS NO FEMALE PARENT FIGURE IS IN THE HOUSEHOLD, A MALE PARENT FIGURE IS IDENTIFIED AS PARENT, IN THE FOLLOWING ORDER: GRANDFATHER (B010B=8), UNCLE (B010B=10), BROTHER (B010B=4), BOYFRIEND/PARTNER (B010B=6), COUSIN (B010B=11), OTHER RELATIVE (B010B=12), OTHER NONRELATIVE (B010B=13). |

**C. FAMILY AND PARENT BACKGROUND**

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| **PROGRAMMER BOX SECTION C**  FOR ALL QUESTIONS CONCERNING IDP1 and idp2:  Order of questions will be determined by whether respondent is idp1, idp2, or neither. if respondent is idp2, questions concerning idp2 will be asked before questions about idp1. if respondent is idp1, or NEITHER IDP1 NOR idp2, questions concerning idp1 will be asked first. |

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| ALL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT=IDP2 |
| FOR SECTION C: DISPLAY BOTH FIRST AND LAST NAMES FOR HH#NAME IDP1 AND HH#NAME IDP2 WHEN FIRST DISPLAYED. DISPLAY FIRST NAME ONLY AFTER FIRST USE. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1 OR IDP2, THEN USE “usted ha.” IF RESPONDENT = NON-IDP, THEN USE ‘HH#NAME IDP1 ha’ |

Ahora quisiéramos saber sobre los estudios de la familia de [CFNAME].

**C001 (C04a.)** ¿Cuál es el nivel de estudios más alto que [usted ha/HH#NAME\_IDP1 ha] completado?

*Seleccione sólo uno*.

🔾 8o grado o menos 1

5030401

🔾 9o a 11o grado 2

🔾 12o grado pero sin diploma 3

🔾 Diploma de high school o equivalente (por ejemplo: GED) 4

🔾 Programa vocacional/técnico después de high school pero sin obtener diploma vocacional/técnico 5

🔾 Diploma vocacional/técnico después de high school 6

🔾 Estudios de college o universidad pero sin grado o tí­tulo 7

🔾 Grado asociado (por ejemplo: AA, AS) 8

🔾 Tí­tulo de bachelor (por ejemplo: BA, BS) 9

🔾 Estudios de posgrado o profesionales pero sin obtener título 10

🔾 Maestrí­a (por ejemplo: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorado (por ejemplo: Ph.D, Ed.D) 12

🔾 Tí­tulo profesional de posgrado (por ejemplo: MD, DDS, DVM, JD) 13

🔾 No sabe 14

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| ALL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO C010 (IF RESPONDENT=IDP1) OR C020 (IF RESPONDENT NE IDP) |
| [HH#NAME IDP1] = NAME OF PARENT 1  [HH#NAME IDP2] = NAME OF PARENT 2 |

**C005 (C04b.)** ¿Cuál es el nivel de estudios más alto que **[HH#NAME IDP1/HH#NAME IDP2**] ha completado?

*Seleccione sólo uno.*

🔾 8o grado o menos 1

5030402

🔾 9o a 11o grado 2

🔾 12o grado pero sin diploma 3

🔾 Diploma de high school o equivalente (por ejemplo: GED) 4

🔾 Programa vocacional/técnico después de high school pero sin obtener diploma vocacional/técnico 5

🔾 Diploma vocacional/técnico después de high school 6

🔾 Estudios de college o universidad pero sin grado o tí­tulo 7

🔾 Grado asociado (por ejemplo: AA, AS) 8

🔾 Título de *bachelor* (por ejemplo: BA, BS) 9

🔾 Estudios de posgrado o profesionales pero sin obtener tí­tulo 10

🔾 Maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorado (por ejemplo: Ph.D, Ed.D) 12

🔾 Tí­tulo profesional de posgrado (por ejemplo: MD, DDS, DVM, JD) 13

🔾 No sabe 14

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| IF MS1 RESPONSE=NULL  IF RESPONDENT IS IDP1 OR IDP2. IF RESPONDENT IS NOT IDP1 OR IDP2, THEN GO TO C020. |

**C010 (C05.)** ¿Cuál es el nivel de estudios más alto completado por la madre **de usted**?

*Seleccione sólo uno.*

🔾 No viví­a con la madre cuando era niño(a) 15

🔾 8o grado o menos 1

5030500

🔾 9o a 11o grado 2

🔾 12 o grado pero sin diploma 3

🔾 Diploma de *high school* o equivalente (por ejemplo: GED) 4

🔾 Programa vocacional/técnico después de high school pero sin obtener diploma vocacional/técnico 5

🔾 Diploma vocacional/técnico después de *high school* 6

🔾 Estudios de college o universidad pero sin grado o tí­tulo 7

🔾 Grado asociado (por ejemplo: AA, AS) 8

🔾 Título de *bachelor* (por ejemplo: BA, BS) 9

🔾 Estudios de posgrado o profesionales pero sin obtener tí­tulo 10

🔾 Maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorado (por ejemplo: Ph.D, Ed.D) 12

🔾 Tí­tulo profesional de posgrado (por ejemplo: MD, DDS, DVM, JD) 13

🔾 No sabe 14

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| IF MS1 RESPONSE=NULL  IF RESPONDENT IS IDP1 OR IDP2. IF RESPONDENT IS NOT IDP1 OR IDP2, THEN GO TO C020. |

**C015 (C06.)** ¿Cuál es el nivel de estudios más alto completado por el padre **de usted**?

*Seleccione sólo uno.*

🔾 No viví­a con el padre cuando era niño(a) 15

🔾 8o grado o menos 1

5030600

🔾 9o a 11o grado 2

🔾 12o grado pero sin diploma 3

🔾 Diploma de *high school* o equivalente (por ejemplo: GED) 4

🔾 Programa vocacional/técnico después de high school pero sin obtener diploma vocacional/técnico 5

🔾 Diploma vocacional/técnico después de high school 6

🔾 Estudios de college o universidad pero sin grado o tí­tulo 7

🔾 Grado asociado (por ejemplo: AA, AS) 8

🔾 Tí­tulo de bachelor (por ejemplo: BA, BS) 9

🔾 Estudios de posgrado o profesionales pero sin obtener tí­tulo 10

🔾 Maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA) 11

🔾 Doctorado (por ejemplo: Ph.D, Ed.D) 12

🔾 Tí­tulo profesional de posgrado (por ejemplo: MD, DDS, DVM, JD) 13

🔾 No sabe 14

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| IF IDP1 IS NOT EMPTY  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2 |
| [HH#FNAME IDP1] = NAME OF PARENT 1  [HH#NAME IDP2] = NAME OF PARENT 2  IF ASKING FOR RESPONDENT, THEN USE “usted.” IF RESPONDENT = NON-IDP, THEN USE ‘HH#NAME IDP1’ |

**C020 (B02j.)** Durante la última semana, ¿trabajó [usted/[**HH#FNAME IDP1**] en un **trabajo por pago**?

Incluya cualquier tipo de trabajo por pago, aun cuando haya sido por muy poco tiempo, como una hora. También incluya el trabajo por cuenta propia. No incluya el cuidado de sus propios hijos o de su hogar, a menos que reciba un pago por hacerlo.

🔾 Sí­ 1

5021402

🔾 No 2

NO RESPONSE M

|  |
| --- |
| IF IDP2 IS NOT EMPTY  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED, GO TO C025A |
| [HH#NAME IDP1] = NAME OF PARENT 1  [HH#FNAME IDP2] = NAME OF PARENT 2 |

**C025 (B02j).** Durante la última semana, ¿trabajó [**HH#FNAME IDP1/HH#FNAME IDP2**]] en un **trabajo por pago**?

Incluya cualquier tipo de trabajo por pago, aun cuando haya sido por muy poco tiempo, como una hora. También incluya el trabajo por cuenta propia. No incluya el cuidado de sus propios hijos o de su hogar, a menos que reciba un pago por hacerlo.

🔾 Sí­ 1

5021403

🔾 No 2

NO RESPONSE M

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “Es **usted**” |

Ahora nos gustaría saber un poco sobre la raza y el origen étnico de los miembros de su hogar.

**C026A (B02c).** [¿Es **usted**/¿Es [[**HH#NAME IDP1**]] de origen hispano(a) o latino(a)?

5020702

🔾 Sí­ 1

🔾 No 2

NO RESPONSE M

|  |
| --- |
| **Programmer Box C026A**  THE WORDS “**de origen** **hispano o latino**” SHOULD HAVE A HYPERLINK TO THE FOLLOWING HELP TEXT:  **Hispano o latino: Una persona de origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, o de otra cultura u origen (o ascendencia) español, sin importar la raza.** |

|  |
| --- |
| C026A=1 ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “**su ascendencia hispana o latina**” OTHERWISE, USE “**la ascendencia hispana o latina de HH#NAME IDP1**” |

**C026B (B02e1).** ¿Cuál de las siguientes opciones describe mejor [**su** ascendencia hispana o latina/la ascendencia hispana o latina de **HH#NAME IDP1**]?

*Seleccione todo lo que corresponda.*

🞏 Mexicano(a), mexicano(a) americano(a) o chicano(a) 1

5020931

🞏 Cubano(a) 2

5020932

5020933

🞏 Dominicano(a) 3

5020934

🞏 Puertorriqueño(a) 4

5020935

🞏 Centroamericano(a) 5

5020936

🞏 Sudamericano(a). 6

5020937

🞏 Otro . 7

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C026B  the response option “**centroamericano**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **Por centroamericano queremos decir, por ejemplo, personas que se describen a si mismas como guatemaltecos, salvadoreños, nicaragüenses, costarricenses, panameños u hondureños.**  the response option “**sudamericanos**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **Por sudamericano queremos decir, por ejemplo, personas que se describen a si mismas como colombianos, argentinos o peruanos.** |

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2. |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “**su**” IF RESPONDENT = NON-IDP1, THEN USE ‘HH#NAME IDP1’ |

**C026C (B02d.)** ¿Cuál de las siguientes opciones describe [**su** raza/la raza de [**HH#NAME IDP1**]]? Puede seleccionar más de una.

*Seleccione todo lo que corresponda.*

🞏 Blanco(a) 1

5020831

5020832

🞏 Negro(a) o afroamericano(a) 2

5020833

🞏 Asiático(a) 3

5020834

🞏 Nativo(a) de Hawái o de otras islas del Pací­fico 4

5020835

* Indí­gena de las Américas o nativo(a) de Alaska 5

|  |
| --- |
| **PROGRAMMER BOX C026C**  Add an information icon next to each of these response categories which would be the link to the help text but not activate the check box.  This would mean if the respondent clicked on the word “**Blanco(a)**” it would still check the box, but not deploy the help text.  If they clicked the information icon, it would take them to the help text but will not automatically check the response.**Blanco(a): Una persona con orí­genes en cualquiera de los pueblos originarios de Europa, el Medio Oriente o el norte de África.**  **Negro(a) o afroamericano(a): Una persona con orí­genes en cualquiera de los grupos de raza negra de África.**  **Asiático(a): Una persona con orí­genes en cualquiera de los pueblos originarios del Lejano Oriente, el sudeste de Asia o el subcontinente indio, incluyendo por ejemplo Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las islas Filipinas, Tailandia y Vietnam.**  **Nativo(a) de Hawái o de otras islas del Pací­fico: Una persona con orí­genes en cualquiera de los pueblos originarios de Hawái, Guam, Samoa u otras islas del Pací­fico.**  **Indí­gena de las Américas o nativo(a) de Alaska: Una persona con orí­genes en cualquiera de los pueblos originarios de América del Norte y América del Sur (incluyendo América Central) y que mantiene afiliación tribal o conexión con su comunidad.** |

|  |
| --- |
| IF C026C=3 |
| [HH#NAME IDP1] = NAME OF PARENT 1  IF RESPONDENT IS IDP1, THEN USE “**su ascendencia asiática**” OTHERWISE, USE “**la ascendencia asiática de HH#FNAME IDP1**”. |

**C026D (B02e2).** ¿Cuál de las siguientes opciones describe mejor [**su ascendencia asiática/la ascendencia asiática de HH#FNAME IDP1**]?

50217XX

*Seleccione todo lo que corresponda*

🞏 Indio(a) asiático(a) 1

5021732

5021731

🞏 Chino(a) 2

🞏 Filipino(a) 3

5021733

🞏 Japonés/Japonesa 4

5021734

🞏 Coreano(a) 5

5021735

🞏 Vietnamita 6

5021736

🞏 Otro 7

5021737

NO RESPONSE M

|  |
| --- |
| **C026C: ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2** |
| **[HH#NAME IDP1] = NAME OF PARENT 1**  **IF RESPONDENT IS IDP1, THEN USE “**Es **usted”** |

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO C027A |
| [HH#NAME IDP1] = NAME OF PARENT 1  HH#NAME IDP2] = NAME OF PARENT 2  IF RESPONDENT IS IDP2, THEN USE “**es usted**” OTHERWISE, USE “**es [HH#NAME]**”. |

**C027A (B02c).** [¿Es **usted**/¿Es [[**HH#NAME**]] de origen hispano(a) o latino(a)?

5020703

🔾 Sí­ 1

🔾 No 2

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX C027A**  THE WORDS “**de origen** **hispano o latino**” SHOULD HAVE A HYPERLINK TO THE FOLLOWING HELP TEXT:  **Hispano o latino: Una persona de origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, o de otra cultura u origen (o ascendencia) español, sin importar la raza**. |

|  |
| --- |
| IF C027A=1 |
| [HH#NAME IDP1] = NAME OF PARENT 1  HH#NAME IDP2] = NAME OF PARENT 2  IF RESPONDENT IS IDP2, THEN USE “**su ascendencia hispana o latina**” OTHERWISE, USE “**la ascendencia hispana o latina de HH#FNAME IDP2**”. |

**C027B (B02e1).** ¿Cuál de las siguientes opciones describe mejor [**su** ascendencia hispana o latina/la ascendencia hispana o latina de **HH#FNAME IDP2**]?

*Seleccione todo lo que corresponda.*

🞏 Mexicano(a), mexicano(a) americano(a) o chicano(a) 1

5020941

5020942

🞏 Cubano(a) 2

5020943

🞏 Dominicano(a) 3

5020944

🞏 Puertorriqueño(a) 4

5020945

🞏 Centroamericano(a) 5

5020946

🞏 Sudamericano(a) 6

5020947

🞏 Otro 7

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C027B  the response option “centrOAMERICANO” should have a HYPERLINK TO THE BELOW HELP TEXT:  **Por centroamericano queremos decir, por ejemplo, personas que se describen a si­ mismas como guatemaltecos, salvadoreños, nicaragüenses, costarricenses, panameños u hondureños.**  the response option “sUDamericanO” should have a HYPERLINK TO THE BELOW HELP TEXT:  **Por sudamericano queremos decir, por ejemplo, personas que se describen a si mismas como colombianos, argentinos o peruanos.** |

|  |
| --- |
| IF IDP MS1 RESPONSE=NULL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO C028A |
| HH#NAME IDP2] = NAME OF PARENT 2IF RESPONDENT IS IDP2, THEN USE “**su raza**” OTHERWISE, USE “**la raza de** [HH#NAME IDP2]”. |

**C027C (B02d.)** ¿Cuál de las siguientes opciones describe [**su** raza/la raza de [**HH#NAME IDP2**]? Puede seleccionar más de una.

*Seleccione todo lo que corresponda.*

5020841

🞏 Blanco(a) 1

5020842

🞏 Negro(a) o afroamericano(a) 2

5020843

🞏 Asiático(a) 3

5020844

🞏 Nativo(a) de Hawái o de otras islas del Pací­fico 4

5020845

* Indí­gena de las Américas o nativo(a) de Alaska 5

|  |
| --- |
| **PROGRAMMER BOX C027C**  Add an information icon next to each of these response categories which would be the link to the help text but not activate the check box.  This would mean if the respondent clicked on the word “**Blanco**” it would still check the box, but not deploy the help text.  If they clicked the information icon, it would take them to the help text but will not automatically check the response.  **Blanco(a): Una persona con orí­genes en cualquiera de los pueblos originarios de Europa, el Medio Oriente o el norte de África.   Negro(a) o afroamericano(a): Una persona con orí­genes en cualquiera de los grupos de raza negra de África.   Asiático(a): Una persona con orí­genes en cualquiera de los pueblos originarios del Lejano Oriente, el sudeste de Asia o el subcontinente indio, incluyendo por ejemplo Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las islas Filipinas, Tailandia y Vietnam.   Nativo(a) de Hawái o de otras islas del Pací­fico: Una persona con orí­genes en cualquiera de los pueblos originarios de Hawái, Guam, Samoa u otras islas del Pací­fico.   Indí­gena de las Américas o nativo(a) de Alaska: Una persona con orí­genes en cualquiera de los pueblos originarios de América del Norte y América del Sur (incluyendo América Central) y que mantiene afiliación tribal o conexión con su comunidad.** |

|  |
| --- |
| **C027C=3** |
| HH#NAME IDP2] = NAME OF PARENT 2  IF RESPONDENT IS IDP2, THEN USE “**su ascendencia asiática**” OTHERWISE, USE “**la ascendencia asiática de** HH#FNAME IDP2”. |

**C027D (B02e2).** ¿Cuál de las siguientes opciones describe mejor [**su** ascendencia asiática/la ascendencia asiática de **HH#FNAME IDP2**]?

*Seleccione todo lo que corresponda.*

5021741

🞏 Indio(a) asiático(a) 1

5021742

🞏 Chino(a) 2

5021743

🞏 Filipino(a) 3

5021744

🞏 Japonés/Japonesa 4

5021745

🞏 Coreano(a) 5

5021746

🞏 Vietnamita 6

5021747

🞏 Otro 7

NO RESPONSE M

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**C028A (B02c).** ¿Es [**CFNAME**] de origen hispano(a) o latino(a)?

🔾 Sí­ 1

5020701

🔾 No 2

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX C028A**  The words “**de origen** **hispano o latino**” should have a hyperlink to the following help text:  **Hispano o latino: Una persona de origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano, o de otra cultura u origen (o ascendencia) español, sin importar la raza.** |

|  |
| --- |
| IF MS1 RESPONSE=NULL AND IF C028A=1 |
| **FILL: [CFNAME]= Child’s first name** |

**C028B (B02e1).** ¿Cuál de las siguientes opciones describe mejor la ascendencia hispana o latina de **[CFNAME]**?

*Seleccione todo lo que corresponda.*

5020951

🞏 Mexicano(a), mexicano(a) americano(a) o chicano(a) 1

5020952

🞏 Cubano(a) 2

5020953

🞏 Dominicano(a) 3

5020954

🞏 Puertorriqueño(a) 4

5020955

🞏 Centroamericano(a) 5

5020956

🞏 Sudamericano(a) 6

5020957

🞏 Otro 7

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C028D  the response option “**centroamericano**” should have a HYPERLINK TO THE BELOW HELP TEXT:  **Por centroamericano queremos decir, por ejemplo, personas que se describen a si­ mismas como guatemaltecos, salvadoreños, nicaragüenses, costarricenses, panameños u hondureños.**  the response option **“sudamericano”** should have a HYPERLINK TO THE BELOW HELP TEXT:  **Por sudamericano queremos decir, por ejemplo, personas que se describen a si­ mismas como colombianos, argentinos o peruanos.** |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**C028C (B02d.)** ¿Cuál de las siguientes opciones describe la raza de **[CFNAME]**? Puede seleccionar más de una.

*Seleccione todo lo que corresponda.*

🞏 Blanco(a) 1

5020852

5020851

🞏 Negro(a) o afroamericano(a) 2

5020853

🞏 Asiático(a) 3

5020854

🞏 Nativo(a) de Hawái o de otras islas del Pací­fico 4

5020855

* Indí­gena de las Américas o nativo(a) de Alaska 5

|  |
| --- |
| **PROGRAMMER BOX C028C**  Add an information icon next to each of these response categories which would be the link to the help text but not activate the check box.  This would mean if the respondent clicked on the word “**Blanco(a**)” it would still check the box, but not deploy the help text.  If they clicked the information icon, it would take them to the help text but will not automatically check the response.  **Blanco(a): Una persona con orí­genes en cualquiera de los pueblos originarios de Europa, el Medio Oriente o el norte de África.   Negro(a) o afroamericano(a):** **Una persona con orí­genes en cualquiera de los grupos de raza negra de África.   Asiático(a): Una persona con orí­genes en cualquiera de los pueblos originarios del Lejano Oriente, el sudeste de Asia o el subcontinente indio, incluyendo por ejemplo Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las islas Filipinas, Tailandia y Vietnam.   Nativo(a) de Hawái o de otras islas del Pací­fico:** **Una persona con orí­genes en cualquiera de los pueblos originarios de Hawái, Guam, Samoa u otras islas del Pací­fico.   Indí­gena de las Américas o nativo(a) de Alaska: Una persona con orí­genes en cualquiera de los pueblos originarios de América del Norte y América del Sur (incluyendo América Central) y que mantiene afiliación tribal o conexión con su comunidad.** |

|  |
| --- |
| IF MS1 RESPONSE=NULL AND IF C028C=3 |

**C028D (B02e2).** ¿Cuál de las siguientes opciones describe mejor la ascendencia asiática de **[CFNAME]**?

*Seleccione todo lo que corresponda.*

5021751

🞏 Indio(a) asiático(a) 1

5021752

🞏 Chino(a) 2

5021753

🞏 Filipino(a) 3

5021754

🞏 Japonés/Japonesa 4

5021755

🞏 Coreano(a) 5

5021756

🞏 Vietnamita 6

5021757

🞏 Otro 7

NO RESPONSE M

|  |
| --- |
| All |

Ahora quisiéramos saber qué idiomas se usan en su hogar.

**C030 (C01.)** ¿Es inglés el idioma principal que se usa en su hogar?

🔾 Sí­ 1 C035

5030100

🔾 No 2 C045

NO RESPONSE M C035

|  |
| --- |
| IF C030=1 OR M |

**C035 (C02a.)** ¿Hay algún otro idioma, aparte del inglés, que se use en su hogar?

🔾 Sí­ 1 C040

5030201

🔾 No 2 D001

NO RESPONSE M D001

|  |
| --- |
| IF C035=1 |

**C040 (C02B.)** En la lista en orden alfabético que aparece a continuación, por favor seleccione el idioma o los idiomas que se usan en su hogar, aparte del inglés. Puede seleccionar más de un idioma.

*Seleccione todo lo que corresponda.*

5032201

🞏 a. Árabe 1

5032202

🞏 b. Un idioma o dialecto chino 2

5032203

🞏 c. Farsi 3

5032204

🞏 d. Un idioma filipino 4

5032205

🞏 e. Francés 5

5032206

🞏 f. Alemán 6

5032207

🞏 g. Griego 7

5032208

🞏 h. Hmong 8

5032209

🞏 i. Italiano 9

5032214

5032212

5032211

5032210

🞏 j. Japonés 10

🞏 k. Coreano 11

🞏 l. Polaco 12

5032213

🞏 m. Portugués 13

🞏 n. Lenguaje de signos/señas 14

5032215

🞏 o. Español 15

5032216

🞏 p. Vietnamita 16

5032217

🞏 q. Algún otro idioma 99

NO RESPONSE M D001

|  |
| --- |
| IF C030=2 |

**C045 (C03C.)** En la lista en orden alfabético que aparece a continuación, por favor seleccione el idioma o los idiomas que se usan en su hogar. Puede seleccionar más de un idioma.

5033301-5033318

To

|  |
| --- |
| PROGRAMMER BOX  USE LIST FROM C040, BEING SURE TO INCLUDE ENGLISH. |

|  |
| --- |
| IF C030=2 AND C045 = more than one language |

**C050 (C03A).** ¿Cuál es el idioma principal que se usa en su hogar?

*Seleccione sólo uno.*

🔾 a. Árabe 1

5033100

🔾 b. Un idioma o dialecto chino 2

🔾 c. Inglés 3

🔾 d. Farsi 4

🔾 e. Un idioma filipino 5

🔾 f. Francés 6

🔾 g. Alemán 7

🔾 h. Griego 8

🔾 i. Hmong 9

🔾 j. Italiano 10

🔾 k. Japonés 11

🔾 l. Coreano 12

🔾 m. Polaco 13

🔾 n. Portugués 14

🔾 o. Lenguaje de signos/señas 15

🔾 p. Español 16

🔾 q. Vietnamita 17

🔾 r. Algún otro idioma 99

🔾 s. Más de un idioma utilizado igualmente 18

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C050  display languages that were selected in c045 as response options here. |

**D. CHILD'S SCHOOL EXPERIENCES**

|  |
| --- |
| All |

¡Excelente! Realmente apreciamos que se haya tomado el tiempo para contestar todas nuestras preguntas sobre su hogar. Sin usted no podrí­amos llevar a cabo el estudio. Continuemos.

**D001 (E01.)**

Pensando en el año escolar actual, ¿qué tan de acuerdo o en desacuerdo está usted con cada una de las afirmaciones siguientes?  
  
En nuestro hogar…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea. | Muy de acuerdo | De acuerdo | Un poco de acuerdo | Un poco en desacuerdo | En desacuerdo | Muy en desacuerdo |
| 5050101 | 1. Nos aseguramos de estar al tanto de las cosas que pasan en la escuela. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050102 | 1. Cuando podemos, nos gusta pasar algo de tiempo en la escuela de [CFNAME]. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050103 | 1. Es importante que nosotros comuniquemos a los maestros cuestiones relacionadas con [CFNAME]. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050104 | 1. Nos resulta útil hablar con los maestros de [CFNAME]. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050105 | 1. Los maestros de [CFNAME] nos conocen. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

**D005 (E02.)** Durante este año escolar, ¿con qué frecuencia ha hecho usted o alguien más en su hogar las siguientes cosas?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea*.* | Nunca | Una o dos veces | Una vez al mes | Una vez cada dos semanas | Una vez a la semana | Diariamente |
| 5050201 | 1. Nos comunicamos con los maestros de [CFNAME] para preguntar acerca del trabajo escolar. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050202 | 1. Hablamos por teléfono o nos comunicamos a través de notas con los maestros de [CFNAME] para asuntos no relacionados al trabajo escolar. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |
| FILL “**o su esposo, esposa o pareja**” IF B020a (B03a) OR B025 (B04a) = 1 |

**D007 (E02.)** ¿Con qué frecuencia usted [o su esposo, esposa o pareja] usa una computadora o cualquier otro aparato electrónico de las siguientes formas?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Por favor seleccione una respuesta en cada línea.* | Nunca | Menos de una vez al año | Una o dos veces al año | Varias veces al año | Al menos una vez al mes | Semanalmente |
| 5050211 | a. Para comunicarse por email con los maestros y el personal administrativo de la escuela de [CFNAME] sobre asuntos relacionados a [CFNAME]. Como, por ejemplo, acerca del desempeño, ausencias o llegadas tarde de [CFNAME] en la escuela. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050212 | b. Para averiguar sobre las tareas y otros trabajos o asignaciones escolares y proyectos. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5050213 | c. Para averiguar sobre las notas o calificaciones de [CFNAME]. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

**D010 (E03.)**   
Ahora quisiéramos saber con qué frecuencia usted o algún otro miembro de su hogar habló con personal de

la escuela de [CFNAME].¿Cuántas veces usted o alguien más en su hogar estuvo en contacto con la escuela este año escolar acerca de…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea*.* | Nunca | Una o dos veces | Tres o cuatro veces | Más de cuatro veces |
| 5050301 | 1. El horario escolar de [CFNAME] para este año? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050302 | 1. Demasiadas ausencias de [CFNAME]? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050303 | 1. El comportamiento positivo o bueno de [CFNAME] en la escuela? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050304 | 1. Información acerca de cómo ayudar a [CFNAME] en la casa con habilidades o tareas escolares especí­ficas? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050305 | 1. Planes para [CFNAME] después que termine high school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5050306 | 1. Selección de cursos para entrar en la universidad o escuela vocacional/técnica después de completar high school? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| All |

**D015 (E03A.)**   
  
Para cada una de las siguientes afirmaciones, por favor dígame qué tan bien la escuela de [CFNAME] ha

hecho cada actividad durante este año escolar...

|  | Por favor seleccione una respuesta en cada lí­nea*.* | Lo hace muy bien | Lo hace más o menos bien | No lo hace para nada |
| --- | --- | --- | --- | --- |
| 5050321 | 1. La escuela le informa cómo le está yendo a [CFNAME] en la escuela en el tiempo entre una entrega de calificaciones y la siguiente. | 1 🔾 | 2 🔾 | 3 🔾 |
| 5050322 | 1. La escuela le ayuda a entender cómo son los muchachos de la edad de [CFNAME]. | 1 🔾 | 2 🔾 | 3 🔾 |
| 5050323 | 1. La escuela organiza talleres, proporcione materiales o consejos acerca de cómo ayudar a [CFNAME] a aprender en casa. | 1 🔾 | 2 🔾 | 3 🔾 |
| 5050324 | 1. La escuela proporciona información sobre servicios comunitarios para ayudar a [CFNAME] o a su familia. | 1 🔾 | 2 🔾 | 3 🔾 |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

Las siguientes preguntas son acerca de acciones disciplinarias que la escuela de [CFNAME] pudo haber tomado.

**D020 (E04.)** Desde que empezó kindergarten, ¿cuántas veces [CFNAME] ha sido suspendido(a) o expulsado(a) de la escuela? No cuente las detenciones (en que [CFNAME] tuvo que quedarse después de clases como castigo).

PROGRAMMER: INSERT DROPDOWN FIELDS

5050400

▼

NO RESPONSE M D021

|  |
| --- |
| PROGRAMMER BOX  INSERT DROPDOWN: R=0-10 o más, No Sabe  IF D020=0 OR MISSING GO TO D035. |

|  |
| --- |
| IF D020 NE 0, OR IF RETURNING MS1 RESPONDENT AND D020 WAS SKIPPED |
| IF RETURNING MS1 RESPONDENT AND D020 WAS SKIPPED, DISPLAY INTRO TEXT “**Las siguientes preguntas son acerca de acciones disciplinarias que la escuela de [CFNAME] pudo haber tomado.”** |

**D021 (E04.)** [Las siguientes preguntas son acerca de acciones disciplinarias que la escuela de [CFNAME] pudo haber tomado.] **Desde que [CFNAME] comenzó sexto grado en el otoño del 2017**, ¿cuántas veces [CFNAME] ha sido suspendido(a) o expulsado(a) de la escuela? No cuente las detenciones (en que [CFNAME] tuvo que quedarse después de clases como castigo).

PROGRAMMER: INSERT DROPDOWN FIELDS

5050410

▼

NO RESPONSE M D035

|  |
| --- |
| PROGRAMMER BOX  INSERT DROPDOWN: R=0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more, Don’t know  IF D020=0 OR MISSING GO TO D035. |

|  |
| --- |
| IF D020>0 OR D021>0 |
| IF D020>1 OR D021>1 FILL “**más reciente**” |

**D025 (E05A.)** ¿Cuál fue la razón de la suspensión o expulsión [más reciente]?

*Seleccione todo lo que corresponda.*

5050501

🞏 a. Violaciones repetidas de las reglas escolares 1

5050502

🞏 b. Uso de malas palabras 2

5050503

🞏 c. Amenazas a estudiantes o maestros 3

5050504

🞏 d. Daño o destrucción de propiedad de la escuela 4

5050505

🞏 e. Traer un arma a la escuela 5

5050506

🞏 f. Pelear con otro estudiante 6

5050507

🞏 g. Agruparse (con uno u otros más estudiantes) en contra de otro estudiante 7

5050508

🞏 h. Amenazar con poner una bomba en la escuela o dar una falsa alarma de una bomba

8

5050509

🞏 i. Atacar a un maestro, director u otro miembro del personal de la escuela 9

5050510

🞏 j. Otro 10

🞏 k. No sabe 11

5050511

NO RESPONSE M

|  |
| --- |
| IF D020>0 OR D021>0 |
| IF D020>1 OR D021>1 FILL“**más reciente**” |

**D030 (E06.)** ¿Por cuántos dí­as fue la suspensión o expulsión [más reciente]?

Dí­as de duración de la suspensión o expulsión [más reciente]

5050600

🞏 Marque este cuadrito si [CFNAME] fue expulsado(a) permanentemente 2

|  |
| --- |
| **PROGRAMMER BOX D030**  PROGRAMMER NOTE: PROGRAM HARD check if respondent both enters text in “**Dí­as de duración de la suspensión o expulsión más reciente**” and selects check box.:  **Si usted ha puesto una respuesta en “días de duración de la suspensión o expulsión más reciente”, usted no puede seleccionar “[CFNAME] fue expulsado(a) permanentemente.”** |

|  |
| --- |
| All |
| IF MS1 RESPONSE=NULL, FILL “**desde que entró a la escuela.**” OTHERWISE, FILL “**desde que [CFNAME] comenzó sexto grado en el otoño del 2017.**” |

Las siguientes preguntas son acerca de los grados escolares que [CFNAME] tal vez haya repetido o se haya saltado.

**D035 (E07.)** ¿Qué grados o años escolares ha **repetido** [CFNAME] [desde que entró a la escuela/desde que comenzó sexto grado en el otoño del 2017], si es que repitió alguno?

*Seleccione todo lo que corresponda.*

5050701/5050711

🞏 No ha repetido ningún grado o año escolar 1

🞏 Kindergarten 2

5050702

🞏 Grado 1 3

5050703

🞏 Grado 2 4

5050704

5050705

🞏 Grado 3 5

5050706

🞏 Grado 4 6

5050707

🞏 Grado 5 7

5050708/5050716

🞏 Grado 6 8

5050709/5050717

🞏 Grado 7 9

50507185050719

🞏 Grado 8 10

NO RESPONSE M

|  |
| --- |
| **ROGRAMMER BOX D035**  if ms1=null, display “**desde que entró a la escuela**.” OTHERWISE, display “**desde que [CFNAME] comenzó sexto grado en el otoño del 2017**” AND only response options “**No ha repetido ningún grado o año escolar,” “Grado 6,” “Grado 7,**” AND “**Grado 8**,” storING under qids 5050711, 5050716, 5050717, 5050719 respectively |

|  |
| --- |
| **All** |
| IF MS1 RESPONSE=NULL, FILL “**desde que entró a la escuela**.” OTHERWISE, FILL “**desde que [CFNAME] comenzó sexto grado en el otoño del 2017**.” |

**D040 (E08.)** ¿Qué grados o años escolares se ha **saltado** [CFNAME] [desde que entró a la escuela/desde que comenzó sexto grado en el otoño del 2017], si es que se ha **saltado** alguno?

*Seleccione todo lo que corresponda.*

5050801/5050811

🞏 No se ha saltado ningún grado o año 1

5050802

🞏 Kindergarten 2

5050803

🞏 Grado 1 3

5050804

🞏 Grado 2 4

5050805

🞏 Grado 3 5

5050806

🞏 Grado 4 6

🞏 Grado 5 7

5050808

5050807

🞏 Grado 6 8

5050809/5050817

🞏 Grado 7 9

5050810/5050818

🞏 Grado 8 10

5050819/5050820

🞏 Grado 9 o más alto 11

NO RESPONSE M

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX D040**  IF MS=-NULL, DISPLAY “**desde que entró a la escuela**.”  OTHERWISE, DISPLAY “**desde que [CFNAME] comenzó sexto grado en el otoño del 2017**” AND RESPONSE OPTIONS FOR “**no se ha saltado ningún grado o año escolar,” “Grado 7,**” “**Grado 8**,” AND “**Grado 9** **o más alto,”** STORING UNDER qids 5050811, 5050817, 5050818, 5050820, RESPECTIVELY. |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

Las siguientes preguntas son acerca de programas en que [CFNAME] tal vez participa en la escuela.

**D045 (E09.)** ¿Alguna vez ha estado [CFNAME] inscrito(a) en un programa para estudiantes que están aprendiendo inglés, tal como Inglés como Segundo Idioma o ESL, inmersión en inglés o educación bilingüe?

🔾 Sí­ 1 D050

5050900

🔾 No 2 D055

NO RESPONSE M D055

|  |
| --- |
| IF D045 = 1 OR IF MS1 D045=1 |

**D050 (E10.)** ¿Está [CFNAME] inscrito(a) actualmente en un programa para estudiantes que están aprendiendo inglés, tal como Inglés como Segundo Idioma o ESL, inmersión en inglés o educación bilingüe?

🔾 Sí­ 1

5051000

🔾 No 2

|  |
| --- |
| All |

**D055 (E11.)** ¿Recibe [CFNAME] comidas gratuitas o a precio reducido en la escuela?

🔾 Sí­ 1 D060

5051100

🔾 No 2 D065

🔾 No sabe 3 D065

NO RESPONSE M D065

|  |
| --- |
| IF D055 = 1 |

**D060 (E12.)** ¿Estas comidas son gratuitas o a precio reducido?

🔾 Gratuitas 1 D065

5051200

🔾 A precio reducido 2 D065

|  |
| --- |
| All |

**D065 (E13a).** Durante el año escolar actual, ¿ha hecho [CFNAME] una excursión escolar enfocada en las ciencias, por ejemplo, a un museo o un centro de ciencias, un laboratorio cientí­fico, un planetario o un centro de naturaleza?

🔾 Sí­ 1 D070

5051301

🔾 No 2 D075

🔾 No sabe 3 D075

NO RESPONSE M D075

|  |
| --- |
| IF D065=1 |

**D070 (E13b.)** Durante el año escolar actual, ¿**cuántas veces** ha hecho [CFNAME] una excursión escolar enfocada en las ciencias, por ejemplo, a un museo o un centro de ciencias, un laboratorio cientí­fico, un planetario o un centro de naturaleza?

PROGRAMMER: INSERT DROPDOWN FIELDS

5051302

NÚMERO DE VECES D075

|  |
| --- |
| **PROGRAMMER BOX D070**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 o más, No sabe** |

|  |
| --- |
| All |

**D075 (E13c.)** Aparte de excursiones escolares, ¿cuántas veces ha visitado [CFNAME] un museo o un centro de ciencias, un laboratorio cientí­fico, un planetario o un centro de naturaleza durante el año escolar actual?

PROGRAMMER: INSERT DROPDOWN FIELDS

5051303

NÚMERO DE VECES D080

|  |
| --- |
| **PROGRAMMER BOX D075**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 o más, No sabe** |

|  |
| --- |
| All |

**D080 (E14a.)** Durante el año escolar actual, ¿ha hecho [CFNAME] una excursión escolar enfocada en arte, por ejemplo, una visita a un museo o centro de arte, o ido a ver un espectáculo de música, danza o teatro en vivo?

🔾 Sí­ 1 D085

5051304

🔾 No 2 D085

🔾 No sabe 3 D085

|  |
| --- |
| All |

**D085 (E14b).** Aparte de excursiones escolares, ¿usted o alguien más en su hogar ha llevado a [CFNAME] a una visita a un museo o centro de arte, o a ver un espectáculo de música, danza o teatro en vivo durante el año escolar actual?

🔾 Sí­ 1 E001

5051305

🔾 No 2 E001

🔾 No sabe 3 E001

**E. PARENTAL DISCUSSIONS WITH CHILD**

|  |
| --- |
| DISPLAY E INTRO TEXT FOR ABBREVIATED SURVEY ONLY |

Las siguientes preguntas son acerca de lo que usted espera sobre el futuro de [CFNAME].

|  |
| --- |
| All |

Esta sección tiene preguntas sobre lo que usted espera para el futuro de [CFNAME] y sobre las conversaciones que usted pueda haber tenido con [CFNAME] sobre sus estudios o sus planes futuros.

**E001 (I01.)** Desde que empezó este año escolar, ¿con qué frecuencia ha hablado de lo siguiente con [CFNAME]?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Por favor seleccione una respuesta en cada línea.* | Nunca | Rara vez | Algunas veces | Con frecuencia | Con mucha frecuencia |
| 5090101 | 1. Seleccionar un curso de matemáticas para que tome en el siguiente año escolar | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090102 | 1. Seleccionar cursos que no sean de matemáticas para que tome en el siguiente año escolar | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090103 | 1. Prepararse para los exámenes de admisión a universidades, como el ACT, SAT o ASVAB | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090104 | 1. Enviar solicitudes para entrar al college o universidad u otros centros de estudios después de high school | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5090105 | 1. Las carreras en las que [CFNAME] pueda estar interesado(a) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| All |

**E005 (I02.)**   
  
¿Hasta dónde piensa que [CFNAME] llegará en sus estudios? ¿Dirí­a que usted piensa que [CFNAME]…

Seleccione sólo uno.

🔾 No terminará high school? 1

5090200

🔾 Se graduará de high school, pero no continuará sus estudios? 2

🔾 Irá a una escuela técnica o de oficios después de high school? 3

🔾 Irá a un college o universidad? 4

🔾 Se graduará del college o universidad? 5

🔾 Seguirá sus estudios en un nivel más alto después de graduarse del college o universidad? 6

🔾 Usted no sabe. 7

|  |
| --- |
| ALL |

**E010** Si [CFNAME] continúa con sus estudios después de *high school*, ¿usted o alguien más en la familia de [CFNAME] le ayudará a pagarlos?

*Seleccione sólo uno.*

🔾 Sí 1

5090300

🔾 No 2

🔾 No ha pensado en esto todavía 3

**F. CHILD HEALTH AND WELL-BEING**

Ahora nos gustarí­a preguntarle acerca de la salud de [CFNAME].

|  |
| --- |
| All |

**F001 (F01.)** En general, ¿dirí­a que la salud de [CFNAME] es...

*Seleccione sólo uno.*

🔾 Excelente 1

5060100

🔾 Muy buena 2

🔾 Buena 3

🔾 Regular 4

🔾 Mala 5

|  |
| --- |
| ALL |

**F005.** ¿Tiene [CFNAME] dificultad para ver objetos de lejos, letras en papel o la pizarra en clase?

Por favor conteste considerando cómo es la vista de [CFNAME]sin usar anteojos o lentes de contacto.

🔾 Sí­ 1

5060200

🔾 No 2

🔾 No sabe 3

|  |
| --- |
| All |

**F010.** ¿Alguna vez un profesional de la vista le ha examinado la vista a [CFNAME]?

5060210

🔾 Sí­ 1 F015

🔾 No 2 F025

🔾 No sabe 3 F025

NO RESPONSE M F025

|  |
| --- |
| IF F010=1, ELSE GO TO F021 |

**F015.** ¿Le han recetado a [CFNAME] anteojos o lentes de contacto para mejorar la vista de [CFNAME]?

🔾 Sí­ 1 F020

5060211

🔾 No 2 F021

🔾 No sabe 3 F021

NO RESPONSE M F021

|  |
| --- |
| IF F015=1, ELSE GO TO F025 |

**F020**. ¿Con qué frecuencia usa [CFNAME] anteojos o lentes de contacto para ayudar a [CFNAME] a ver mejor?

🔾 Siempre 1 F021A

5060212

🔾 La mayor parte del tiempo 2 F021A

🔾 Con frecuencia 3 F021A

🔾 Algunas veces 4 F021A

🔾 Rara vez 5 F021A

🔾 Nunca 6 F021A

|  |
| --- |
| ALL |

**F021A.** Antes de que [CFNAME] cumpliera 2 años (o 24 meses de edad), ¿alguna vez tuvo [CFNAME] 3 o más infecciones de oído en un periodo de 12 meses?

5060260

🔾 Sí 1 F021B

🔾 No 2 F021B

🔾 No sabe 3 F021B

|  |
| --- |
| ALL |

**F021B.** Después del segundo cumpleaños de su hijo(a) (24 meses o más), ¿alguna vez tuvo [CFNAME] 3 o más infecciones de oído en un periodo de 12 meses?

5060261

🔾 Sí 1 F021C

🔾 No 2 F022

🔾 No sabe 3 F022

|  |
| --- |
| IF F022B=1 |

**F021C.** ¿Cuándo tuvo [CFNAME] 3 o más infecciones de oído en un periodo de 12 meses? Marque todo lo que corresponda.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | *Seleccione todo lo que corresponda.* | |
| 5060262 | 🞏 | 1. Entre las edades de 2 a 4 años |
| 5060263 | 🞏 | 1. Entre las edades de 5 a 7 años |
| 5060264 | 🞏 | 1. A los 8 años o más |

|  |
| --- |
| ALL |

**F022.** ¿Alguna vez ha tenido [CFNAME] una cirugía para ponerle tubos en los oídos para tratar infecciones del oído?

🔾 Sí 51 F023

5060270

🔾 No 2 F023

🔾 No sabe 3 F023

|  |
| --- |
| ALL |

**F023.**      Por favor indique si las siguientes declaraciones describen qué tan bien oye [CFNAME]. Si [CFNAME] tiene un aparato auditivo u otro dispositivo que le ayuda a oír, por favor conteste qué tan bien oye [CFNAME] sin el aparato auditivo u otro dispositivo de ayuda. [CFNAME] puede oír y entender generalmente lo que dice una persona sin verle la cara si esa persona…

               Por favor seleccione una respuesta en cada línea.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Sí | No |
| 5060280 | Le susurra a [CFNAME] desde el otro extremo de un cuarto donde no hay ruido. | 1  | 2  |
| 5060281 | Le habla con voz normal a [CFNAME] desde el otro extremo de un cuarto donde no hay ruido. | 1  | 2  |
| 5060282 | Le grita a [CFNAME] desde el otro extremo de un cuarto donde no hay ruido. | 1  | 2  |
| 5060283 | Le habla en voz alta a los oídos de [CFNAME] o a su mejor oído. | 1  | 2  |

|  |
| --- |
| **PROGRAMMER BOX F024**  DISPLAY ONE ROW AT A TIME. IF RESPONDENT SELECTS ‘**Sí**’, DISPLAY NEXT ROW. AT FIRST “**No**” RESPONSE, GO TO F025. |

|  |
| --- |
| ALL |

**F024.** ¿Cuál de las siguientes opciones describe mejor cómo oye [CFNAME]? Si [CFNAME] usa un aparato auditivo u otro dispositivo para ayudarle a oír, por favor conteste sobre qué tan bien oye sin el aparato auditivo ni otro dispositivo de ayuda. ¿Diría usted que [CFNAME] oye...

🔾 De manera excelente, 1 F025

5060250

🔾 Bien, 2 F025

🔾 Con muy poca dificultad para oír, 3 F025

🔾 Con algo de dificultad para oír, 4 F025

🔾 Con mucha dificultad para oír, o 5 F025

🔾 [CFNAME] es sordo(a)? 6 F025

|  |
| --- |
| ALL |
| IF MS1 RESPONSE=NULL, FILL “A**lguna vez**” AND STORE UNDER QID 5060300  OTHERWISE FILL “**Desde [MONTH OF MS1 INTERVIEW] 2018**” AND STORE UNDER QID 5060310 |

**F025 (F03.)** ¿Alguna vez/ [¿Desde [MONTH OF MS1 INTERVIEW] del 2018] un doctor, una enfermera u otro profesional médico le ha dicho a usted que [CFNAME] había tenido una conmoción cerebral?

🔾 Sí­ 1 F030

5060300/5060310

🔾 No 2 F035

NO RESPONSE M F035

|  |
| --- |
| IFF025 = 1 |
| IF MS1 RESPONSE=NULL, DO NOT FILL AND USE QID 5060400  OTHERWISE FILL “**Desde [MONTH OF MS1 INTERVIEW] del 2018,** ¿cuántas” AND USE QID 5060410 |

**F030 (F04.)** [Desde [MONTH OF MS1 INTERVIEW] del 2018, ¿cuántas]/[¿Cuántas] veces ha sido diagnosticado(a) [CFNAME] por un doctor, una enfermera u otro profesional médico con una conmoción cerebral?

5060400

|\_|\_| Cantidad de veces

(RANGE: 1- 20)

|  |
| --- |
| **PROGRAMMER BOX F030**  If number outside of range is entered:  Por favor ponga un número entre 1 y 20. |

|  |
| --- |
| All |
| IF MS1 RESPONSE=NULL, FILL “**Alguna vez**” AND USE QID 5060500  OTHERWISE FILL “**Desde [MONTH OF MS1 INTERVIEW] 2018**” AND USE QID 5060510 |

**F035 (F05.)** ¿Alguna vez/ [¿Desde [MONTH OF MS1 INTERVIEW] del 2018] un doctor, una enfermera u otro profesional médico le ha dicho que [CFNAME] tiene asma?

🔾 Sí­ 1 F040

5060500

🔾 No 2 F045

NO RESPONSE M F045

|  |
| --- |
| IF F035= 1 |
| IF MS1 RESPONSE=NULL, FILL “**Alguna vez**” AND USE QID 5060600  OTHERWISE FILL “**Desde [MONTH OF MS1 INTERVIEW] 2018**” AND USE QID 5060610 |

**F040 (F06.)** ¿Alguna vez/ [¿Desde [MONTH OF MS1 INTERVIEW] del 2018] [CFNAME] fue llevado(a) a la sala de emergencias o le han hospitalizado al menos por una noche, debido a asma?

🔾 Sí­ 1

5060600

🔾 No 2

|  |
| --- |
| All |

El siguiente grupo de preguntas es acerca de evaluaciones profesionales que le hayan hecho a [CFNAME] en el pasado.

**F045 (F07.)** ¿[Desde [MONTH OF MS1 INTERVIEW] del 2018] “¿alguna vez/ ¿Alguna vez] ha sido evaluado(a) [CFNAME] por un profesional debido a un problema con...

|  |  | *Seleccione todo lo que corresponda.* |
| --- | --- | --- |
| 5060701/5061701 | 🞏 | 1. Hacerse cargo independientemente de sí­ mismo(a)? |
| 5060702/5061702 | 🞏 | 1. Prestar atención? |
| 5060703/5061703 | 🞏 | 1. Leer, aprender, pensar o resolver problemas? |
| 5060704/5061704 | 🞏 | 1. Coordinar o mover el cuerpo **entero**, brazos o piernas de [CFNAME]? |
| 5060705/5061705 | 🞏 | 1. Comportarse o relacionarse con otros muchachos? |
| 5060706/5061706 | 🞏 | 1. Comportarse o relacionarse con adultos? |
| 5060707/5061707 | 🞏 | 1. Su nivel de actividad? |
| 5060708/5061708 | 🞏 | 1. La salud emocional o mental de [CFNAME]? |
| 5060710/5061710 | 🞏 | 1. Ansiedad o temor? |
| 5060709/5061709 | 🞏 | 1. Hacerse daño a sí­ mismo(a)? |
| 5060711/5061711 | 🞏 | 1. Mucha o muy poca sensibilidad al contacto fí­sico, al sonido o a la temperatura? |
| 5060712/5061712 | 🞏 | 1. Comunicarse o entender lo que se dice en su idioma principal? |
| 5060714/5061714 | 🞏 | 1. Comer demasiado o comer muy poco? |
| 5060715/5061715 | 🞏 | 1. Dormir demasiado o dormir muy poco? |
| 5060713/5061713 | 🞏 | 1. Problemas de salud crónicos (por ejemplo, asma, convulsiones, anemia falciforme)? |
| 5060716/5061716 | 🞏 | 1. No ha sido evaluado(a) por un profesional |

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| PROGRAMMER BOX  IF MS1 RESPONSE=NULL, FILL **“¿Alguna vez**” AND STORE UNDER QIDS 5060701-5060716  OTHERWISE FILL “**Desde [MONTH OF MS1 INTERVIEW] 2018, ¿alguna vez**” AND STORE UNDER QIDS 5061701-5061716  IF ANY OF F045a-o=1, GO TO F050.  ELSE IF NONE OF F045a-o=1, GO TO F085. |

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| PROGRAMMER BOX F045  PLEASE MAKE THE ITEM TEXT “'**profesional**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Profesional: Esto incluye a los profesionales de salud y salud mental como doctores, pediatras, enfermeras con práctica médica, optometristas, oftalmólogos, psicólogos escolares o de otro tipo, psiquiatras, trabajadores sociales, patólogos del habla y del lenguaje, fisioterapistas, etc. No incluye a maestros, directores de escuela o principales, ni a consejeros académicos.** |

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| IF ANY OF F045A-O = 1. |
| FILL TEXT FROM ITEMS IN F045A-O=1 |

**F050 (F08.)** Usted dijo que [CFNAME] fue evaluado(a) por un profesional a causa de **[**TEXT FROM FP0F07a-FP0F07o**]** ¿El profesional le dio a usted uno o más diagnósticos de un problema?

🔾 Sí­ 1 F055

5060800

🔾 No 2 F085

NO RESPONSE M F085

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| PROGRAMMER BOX F050  **[TEXT FROM F045A-O]** :If 1-3 options were selected on F045, insert ALL options selected from F045 as a list (IF ANY OF F045A-O= 1). Only display F50 once. If more than 3 items were selected on F045, fill should remain blank so that question reads: **“Usted dijo que [CFNAME] fue evaluado(a) por un professional. ¿El profesional le dio a usted uno o más diagnósticos de un problema?”**  PLEASE MAKE THE ITEM TEXT “**Profesional**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Profesional: Esto incluye a los profesionales de salud y salud mental como doctores, pediatras, enfermeras con práctica médica, optometristas, oftalmólogos, psicólogos escolares o de otro tipo, psiquiatras, trabajadores sociales, patólogos del habla y del lenguaje, fisioterapistas, etc. No incluye a maestros, directores de escuela o principales, ni a consejeros académicos.** |

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| IF F050=1 |

**F055 (F09.)** ¿Cuál fue el diagnóstico o diagnósticos?   
  
Si no ve el diagnóstico o diagnósticos de [CFNAME] en la siguiente lista, por favor seleccione "Otro" y llene el cuadro "Por favor especifique".

*Seleccione todo lo que corresponda.*

🞏 a. Discapacidad de aprendizaje (LD) - Discapacidad para el aprendizaje de lectura (o dislexia)…………………………………………………………………………………………………………... 1 F060

5060902

🞏 b. Discapacidad de aprendizaje (LD) - Discapacidad para el aprendizaje de matemáticas 2 F060

5060903

🞏 c. Discapacidad de aprendizaje (LD) - de otro tipo 3 F060

5060901

🞏 d. Trastorno por Déficit de Atención (TDA [o ADD por sus siglas en inglés]) o Trastorno de Déficit de Atención con Hiperactividad (TDAH [o ADHD por sus siglas en inglés]) 4 F060

5060904

* e. Trastorno del espectro autista (TEA [o ASD por sus siglas en inglés]); Trastorno autí­stico/Sí­ndrome de Asperger/Trastorno generalizado del desarrollo (TGD [o PDD por sus siglas en inglés]) 5 F060

5060905

* f. Trastorno del habla o lenguaje 6 F060

5060906

🞏 g. Discapacidad intelectual (discapacidad cognitiva severa) 7 F060

5060907

🞏 h. Impedimento de salud (como ataques, asma, diabetes) 8 F060

5060908

🞏 i. Discapacidad fí­sica (como parálisis cerebral, espina bí­fida, amputación, contracturas) 9 F060

5060909

🞏 j. Discapacidad sensorial (como hipersensibilidad; problemas de procesamiento sensorial; problemas de integración sensorial; déficit sensorial, o problemas de organización sensorial) 10 F060

5060910

🞏 k. Trastorno emocional 11 F060

5060911

🞏 l. Trastorno de conducta o Trastorno de Oposición Desafiante 12 F060

5060912

🞏 m. Trastorno de Estrés Postraumático (TEPT [o PTSD por sus siglas en inglés]) 13 F060

5060923

🞏 n. Trastorno o fobia de ansiedad 14 F060

5060914

🞏 o. Trastorno obsesivo-compulsivo (TOC) 15 F060

5060915

🞏 p. Trastorno de la alimentación 16 F060

5060916

🞏 q. Depresión 17 F060

5060917

🞏 r. Trastorno bipolar 18 F060

5060918

🞏 s. Sí­ndrome de Tourette 19 F060

5060919

🞏 t. Lesión cerebral traumática 20 F060

5060920

🞏 u. Todaví­a no se ha determinado el diagnóstico 21 F085

5060922

5060921

🞏 v. Otro 99 F060   
 NO RESPONSE M F08

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| PROGRAMMER BOX F055  PLEASE MAKE THE RESPONSE CATEGORY "**Discapacidad de aprendizaje** " CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Una discapacidad de aprendizaje consiste en problemas con uno o más de los procesos básicos usados para la comprensión o el uso del lenguaje (hablado o escrito), para escuchar, pensar, leer, escribir, deletrear o resolver problemas matemáticos. A esto también se le llama discapacidad de lectura o discapacidad matemática. En algunos casos, un muchacho con una discapacidad de aprendizaje puede desempeñarse a su nivel escolar con ayuda especial.**  PLEASE MAKE THE RESPONSE CATEGORY "**Discapacidad para el aprendizaje de lectura** " CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Una discapacidad para lectura es una discapacidad de aprendizaje que afecta la habilidad del muchacho para leer y a menudo también afecta la escritura.**  PLEASE MAKE THE RESPONSE CATEGORY " **Discapacidad para el aprendizaje** **de las matemáticas** " CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Una discapacidad para las matemáticas es una discapacidad de aprendizaje que afecta la habilidad del muchacho para comprender y resolver problemas matemáticos.**   PLEASE MAKE THE RESPONSE CATEGORY " **Trastorno por Déficit de Atención (ADD) o Trastorno de Déficit de Atención con Hiperactividad (ADHD)** ” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **El Trastorno por Déficit de Atención (TDA [o ADD por sus siglas en inglés]) o Trastorno de Déficit de Atención con Hiperactividad (TDAH [o ADHD por sus siglas en inglés]: El TDA/ADD y el TDAH/ADHD son deficiencias de salud que le dificultan al muchacho concentrarse y prestar atención. Un muchacho con TDAH/ADHD también es a menudo** **hiperactivo (siempre inquieto) y puede tener problemas para tener paciencia. Un muchacho así­ puede actuar sin pensar y tener problemas para estar sentado quieto (más de lo esperado para su edad).**   PLEASE MAKE THE RESPONSE CATEGORY "**Autismo**" CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **El Trastorno del Espectro Autista (TEA [o ASD por sus siglas en inglés]) o autismo: El TEA/ASD o autismo afecta la habilidad del muchacho para comunicarse (verbal y no verbalmente) e interactuar socialmente. Un muchacho con autismo tiene dificultad para comprender las emociones y la perspectiva de los demás. Las caracterí­sticas pueden incluir: falta de respuesta a otras personas, expresiones faciales que no parecen adecuadas para la situación, otras maneras de responder socialmente inapropiadas, así­ como actividades y movimientos repetitivos (tales como aletear las manos o mecerse). Un muchacho con autismo puede mostrar resistencia a los cambios. También puede mostrar hipersensibilidad a experiencias sensoriales como la producida por la textura de la ropa. Un muchacho con autismo puede estar muy adelantado o tener mucho talento en alguna o más áreas. El Trastorno del Espectro Autista (TEA/ASD) incluye a los muchachos con el sí­ndrome de Asperger y el Trastorno generalizado del desarrollo (TGD [o PDD por sus siglas en inglés]).**   PLEASE MAKE THE RESPONSE CATEGORY "**Trastorno del habla o lenguaje** CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Un trastorno del habla o lenguaje se refiere a un trastorno de la comunicación. Un muchacho con un trastorno del habla puede tener trastornos de la voz, tartamudear o tener problemas para distinguir sonidos. La variedad de los trastornos del habla va desde la dificultad al usar un sonido en particular (por ejemplo, el sonido "rr" en "carro") hasta la dificultad para hablar con voz fuerte. Un muchacho con un impedimento del lenguaje puede tener dificultad para entender y formar oraciones, para usar las palabras correctamente y para encontrar palabras que él o ella quiere decir. También puede tener dificultad para repetir información que acaba de oí­r.**   PLEASE MAKE THE RESPONSE CATEGORY "**Discapacidad intelectual** " CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Una discapacidad intelectual (discapacidad cognitiva severa): El desarrollo mental de un muchacho está notoriamente retrasado con respecto a lo esperado para un muchacho de su edad. Un muchacho con una discapacidad intelectual también tiene dificultad para desempeñar por sí­ mismo algunas actividades o funciones diarias. El aprendizaje escolar del muchacho es muy lento y bastante retrasado con relación a otros muchachos de la misma edad. Anteriormente esto se llamaba "retraso mental.**  PLEASE MAKE THE RESPONSE CATEGORY “**Impedimento de salud**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Un impedimento de salud incluye cuestiones de salud que le ocasionan problemas con la fuerza física, la vitalidad y la agilidad mental.  Un muchacho con un problema de salud puede funcionar intelectual y cognitivamente tan bien como sus compañeros, pero** **generalmente tiene dificultad para “mantenerse a la par de los demás”. Los impedimentos de salud incluyen problemas tales como la epilepsia u otros trastornos compulsivos, asma, diabetes, anemia falciforme o hemofilia.**  PLEASE MAKE THE RESPONSE CATEGORY “**Discapacidad física**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Una discapacidad física afecta la habilidad del muchacho para moverse o mantener el equilibrio. Problemas de discapacidad física pueden incluir parálisis cerebral, amputaciones, tuberculosis de los huesos, polio, y contracturas (dificultad para extender las articulaciones como las rodillas, codos, y dedos).**  PLEASE MAKE THE RESPONSE CATEGORY “**Discapacidad** **sensoria**l” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Las discapacidades sensoriales consisten en ser hipersensible (demasiado sensible) al contacto físico, al sonido, al movimiento, o a la temperatura; o muy poco sensible a dichas cosas. Las discapacidades sensoriales también pueden consistir en una falta de control sobre a qué información sensorial le deben prestar atención. Un muchacho puede tener un mayor estado de alerta a cambios muy pequeños en su entorno que le hacen difícil mantener la atención sobre lo que debería estar aprendiendo.**  PLEASE MAKE THE RESPONSE CATEGORY **“Trastorno emocional”** CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Los trastornos emocionales (ED por sus siglas en inglés) consisten en dificultades con las emociones durante un largo periodo de tiempo que perjudica el rendimiento escolar de un muchacho. ED puede incluir (a) una dificultad de aprendizaje que no puede ser explicada por otros factores; (b) dificultad en las relaciones interpersonales (es decir, en llevarse bien) con sus compañeros y maestros; (c) comportamiento o sentimientos que no tienen que ver con lo que está sucediendo; d) un estado de ánimo general de infelicidad o depresión; y/o (e) una tendencia a desarrollar síntomas físicos o temores asociados con problemas personales o escolares. Los trastornos emocionales incluyen trastorno bipolar y esquizofrenia. No se aplica a un muchacho que es socialmente inadaptado (problemas de comportamiento extremos), a menos que él o ella también tenga un trastorno emocional.**  PLEASE MAKE THE RESPONSE CATEGORY “**Trastorno de conducta** **o Trastorno de Oposición Desafiante**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Un trastorno de conducta o Trastorno de Oposición Desafiante** **consiste en un patrón de comportamiento que es con frecuencia desafiante, enojado, hostil e irrespetuoso, e interrumpe el funcionamiento normal del muchacho. Antes de los diez años de edad, un muchacho que exhibe estos comportamientos negativos es generalmente diagnosticado con trastorno de oposición desafiante. Si los síntomas de comportamiento después de los diez años no son graves, un muchacho también puede ser diagnosticado con trastorno de oposición desafiante.**  PLEASE MAKE THE RESPONSE CATEGORY “**Trastorno de** **de Estrés Postraumático**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Trastorno de estrés postraumático, también conocido como PTSD (por sus siglas en inglés), es un trastorno que algunas personas desarrollan después de pasar por un evento que les causa un shock, los aterra o que es peligroso. PTSD puede causar extremada ansiedad, pesadillas, traer a la mente imágenes del evento y puede interferir con la capacidad de funcionamiento del muchacho.**  PLEASE MAKE THE RESPONSE CATEGORY “**Trastorno o fobia de ansiedad**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Trastorno o fobia de ansiedad: Un muchacho que tiene un trastorno o fobia de ansiedad se preocupa mucho más que otros muchachos y puede preocuparse todo el tiempo. Él puede preocuparse por nada en particular o por sí mismo, por la seguridad de otros, por su propia salud y/o por el mundo. Él tiene a menudo signos físicos de ansiedad, tales como dolor de cabeza, dolor abdominal, calambres, diarrea, vómitos y mareos. Los trastornos de ansiedad incluyen  trastorno de ansiedad generalizados, trastorno de ansiedad social (también llamado fobia social) y otras fobias específicas que interfieren con la capacidad del muchacho para funcionar.**  PLEASE MAKE THE RESPONSE CATEGORY “**Trastorno obsesivo-compulsivo**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Trastorno obsesivo-compulsivo (TOC): Un muchacho debe tener obsesiones o compulsiones o ambas cosas para tener este trastorno, y estas obsesiones y/o compulsiones debe impedir el funcionamiento normal del muchacho. Las obsesiones son pensamientos que se producen una y otra vez y causan angustia.  Un muchacho dedica tanto tiempo a los pensamientos que eso le causa dificultad para cuidar de sí mismo o relacionarse con los demás. Las compulsiones son actos que un muchacho se ve obligado a repetir una y otra vez, tal como una necesidad de limpiar u organizar en exceso, para mantener todo igual.**  PLEASE MAKE THE RESPONSE CATEGORY “**Trastornos de la alimentación**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Los trastornos de la alimentación pueden consistir en comer muy poco y una obsesión por mantenerse delgado (anorexia) o comer sin parar (atracarse de comida).  Un muchacho puede obligarse a vomitar después de los atracones y/o tomar laxantes (bulimia), o un muchacho puede vomitar sin intentarlo después de comer en exceso.**  PLEASE MAKE THE RESPONSE CATEGORY “**Depresión**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **La depresión es un estado de ánimo, de tristeza o infelicidad penetrante. Incluye el sentirse inútil, desesperanzado y despreciable. La depresión dura muchos días o hasta semanas, impidiendo que el muchacho funcione de manera normal.**  PLEASE MAKE THE RESPONSE CATEGORY “**Trastorno bipolar**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **El trastorno bipolar (también conocido como trastorno maniaco depresivo o depresión maniaca) causa cambios inusuales cambios de humor, energía y niveles de actividad en un muchacho.  Este trastorno puede hacer difícil que se hagan las actividades diarias y puede llevar a que se tomen malas decisiones. Esos cambios emocionales intensos generalmente no están relacionados a eventos de la vida.**  PLEASE MAKE THE RESPONSE CATEGORY “**Síndrome de Tourette**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **El síndrome de Tourette es un trastorno del sistema nervioso que consiste en movimientos o vocalizaciones repetitivos e involuntarios (que el muchacho no controla). A estos movimientos y vocalizaciones involuntarias se les llama tics. Algunos ejemplos incluyen muecas faciales, parpadeo de ojos, carraspeos o gruñidos. Estos tics a menudo empeoran si el muchacho está emocionado o ansioso.  Los síntomas tempranos generalmente se notan entre 3 y 9 años de edad.**  PLEASE MAKE THE RESPONSE CATEGORY “**Lesión cerebral traumática**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Lesión cerebral traumática (LCT [o TBI por sus siglas en inglés]) es una lesión en el cerebro debido a un impacto o golpe en la cabeza, debido a una caída seria o un accidente automovilístico. LCT se aplica a una lesión abierta o cerrada en la cabeza que conlleva a dificultades en una o más áreas, como la comprensión; memoria; atención; razonamiento; pensamiento abstracto; juicio; solución de problemas; lenguaje; habilidades sensoriales, de percepción y motoras; comportamiento social; funciones físicas; procesamiento de información; y el habla. El término no se aplica a lesiones cerebrales que ya están ahí o que ocurren al nacer, o que empeoran con el tiempo.** |

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| IF MS1 RESPONSE=NULL.  IF F055=1-20 OR IF F055=99, AND MORE THAN ONE RESPONSE IS SELECTED. |
| IF F055=1-20 INSERT ITEM TEXT; IF F055 = 99 INSERT TEXT ENTERED AT F055\_SPECIFY |

**F060.** ¿Cuál fue el **primer** diagnóstico de [CFNAME]?

🔾 [RESPONSE FROM F055] # F065

5061304

🔾 [RESPONSE FROM F055] # F065

🔾 [RESPONSE FROM F055] # F065

🔾 [RESPONSE FROM F055] # F065

🔾 Recibió más de un diagnóstico al mismo tiempo # F065

Otro (por favor especifique) (STRING (50))

5061305

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| PROGRAMMER BOX F060  PROGRAMMER NOTE: PROGRAM RESPONse OPTIONS TO CORRESPOND WITH responses selected in f055, i.e., IF F055=1-20 INSERT ITEM TEXT; IF F055 = 99 INSERT TEXT ENTERED AT F055\_specify.  INCLUDE AN “OTRO” FIELD THAT WILL ALLOW RESPONDENTS TO FILL IN OTHER RESPONSE IF RESPONDENT WANTS TO ADD AN ADDITIONAL DIAGNOSIS THAT WAS NOT ORIGINALLY LISTED IN F055. IF “**Otro**” IS SELECTED FROM THE DROPDOWN DISPLAY “**por favor especifique**” OPEN RESPONSE OPTION. |

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| IF MS1 RESPONSE=NULL.  IF F055=1-20 OR IF F055=99 |
| FIll diagnosis based on the following criteria:  if only one diagnosis selected in f055, fill in diagnosis  if one diagnosis selected in f060, fill in diagnosis  if “**más de un diagnóstico al mismo tiempo”** SELECTED IN F060, FILL “**diagnósticos múltiples**” IN DIAGNOSIS. |

**F065 (F13B.)** ¿Qué edad tení­a [CFNAME] cuando fue diagnosticado(a) con [DIAGNOSIS]?

▼

EDAD CUANDO FUE DIAGNOSTICADO(A)

5061303

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| PROGRAMMER BOX F065  Age dropdown goes from Less than 1 to 18 with Don’t know (99). |

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| IF F055=4 |

**F070 (F14a.)** ¿Está tomando [CFNAME] actualmente algún medicamento recetado para TDA (o ADD por sus siglas en inglés) o TDAH (o ADHD por sus siglas en inglés)?

🔾 Sí­ 1 F075

5061401

🔾 No 2 F080

NO RESPONSE M F080

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| IF F070= 1 |

**F075 (F14b.)** ¿Toma [CFNAME] los medicamentos para el déficit de atención (TDA [o ADD por sus siglas en inglés]) o déficit de atención con hiperactividad (TDAH [o ADHD por sus siglas en inglés]) en la escuela, en casa o en ambos lugares?

🔾 En la escuela 1

5061500

🔾 En casa 2

🔾 En ambos lugares 3

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| IF F055=1-3 OR 5-20 OR 99 |

**F080 (F14.)** ¿Está tomando [CFNAME] actualmente algún medicamento recetado para cualquier [otro] [diagnóstico o diagnósticos]?

🔾 Sí­ 1

5061400

🔾 No 2

NO RESPONSE M

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| PROGRAMMER BOX F080  PROGRAMMER NOTE:   * If only one diagnosis is selected in f055 (i.e., within the range of f055=1-3 or 5-20 or 99, excluding 21 or Missing), then autofill “**diagnóstico**” * If multiple diagnoses are selected in f055 (i.e., within the range of f055=1-3 or 5-20 or 99, excluding 21 or Missing), then autofill “**diagnósticos**” * IF F055=4 IS SELECTED IN ADDITION TO OTHER DIAGNOSIS, FILL “**otro**” |

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| All |

Ahora nos gustarí­a preguntarle acerca de las experiencias que [CFNAME] y su familia puedan haber tenido con servicios de educación especial.

**F085 (F16.)** ¿Tiene actualmente [CFNAME] un plan 504 basado en la sección 504 del Acta de Rehabilitación que describe las adaptaciones para facilitarle el aprendizaje a [CFNAME]?

🔾 Sí­ 1 F090

5061600

🔾 No 2 F090

🔾 No sabe 3 F090

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| PROGRAMMER BOX F085  PLEASE MAKE THE ITEM TEXT “**plan 504**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Plan 504: Un plan por escrito para proporcionar servicios apropiados a un estudiante con una discapacidad, independientemente de si esta discapacidad afecta o no el desempeño escolar del estudiante. A menudo se puede especificar la provisión de servicios de terapia del habla como parte de un plan de la Sección 504.** |

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| IF MS1 RESPONSE=NULL. |

**F090 (F17.)** ¿Alguna vez ha tenido [CFNAME] un Programa Educativo Individualizado (IEP)?

🔾 Sí­ 1 F095

5061700

🔾 No 2 G001

🔾 No sabe 3 G001

NO RESPONSE M G001

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| PROGRAMMER BOX F090  PLEASE MAKE THE ITEM TEXT “**Programa Educativo Individualizado (IEP)**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Programa Educativo Individualizado (IEP) es una declaración por escrito para cada estudiante con discapacidad que fija las metas escolares para el estudiante, indica cómo se medirá su progreso, describe los servicios de educación especial y servicios relacionados que la escuela proporcionará, qué tanto tiempo estará el estudiante en clases regulares con estudiantes no discapacitados, y que enumera las adaptaciones o modificaciones necesarias para medir mediante pruebas lo que el estudiante sabe.**  IF F090 = 2, 3, or M GO TO SECTION G. |

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| IF MS1 RESPONSE=NULL AND F090=1 OR IF MS1 RESPONDENT AND MS1 F095=1  IF MS1 RESPONDENT AND MS1 F095=1, DISPLAY: “**Nuestros registros indican que [CFNAME] recibió servicios de educación especial en sexto grado.**” |

**F095 (F18.)** [Nuestros registros indican que [CFNAME] recibió servicios de educación especial en sexto grado.] ¿Todaví­a tiene [CFNAME] un IEP?

🔾 Sí­ 1 F105

5061800

🔾 No 2 F100

🔾 No sabe 3 F105

NO RESPONSE M F105

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| PROGRAMMER BOX F095  PLEASE MAKE THE ITEM TEXT “**IEP**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Programa Educativo Individualizado (IEP) es una declaración por escrito para cada estudiante con discapacidad que fija las metas escolares para el estudiante, indica cómo se medirá su progreso, describe los servicios de educación especial y servicios relacionados que la escuela proporcionará, qué tanto tiempo estará el estudiante en clases regulares con estudiantes no discapacitados, y que enumera las adaptaciones o modificaciones necesarias para medir mediante pruebas lo que el estudiante sabe.** |

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| IF F095=2 |

**F096.** ¿Cuándo dejó [CFNAME] de recibir servicios de educación especial?

🔾 En algún momento entre *kindergarten* y 5° grado 1 F100

5061801

🔾 Cuando estaba en 6° grado 2 F100

🔾 En algún momento entre 6° grado y 7° grado 3 F100

🔾 Cuando estaba en 7° grado 4 F100

🔾 En algún momento entre 7° grado y 8° grado 5 F100

🔾 Cuando estaba en 8° grado 6 F100

🔾 No sabe 7 F100

NO RESPONSE M F100

|  |
| --- |
| IF F095=2 |

**F100 (F19.)** ¿Por qué [CFNAME] ya no tiene un IEP?

*Seleccione todo lo que corresponda.*

🞏 a. [CFNAME] ya no necesita servicios de educación especial. 1

5061901

5061902

🞏 b. [CFNAME] cumplió las metas del IEP. 2

5061903

🞏 c. [CFNAME] fue desclasificado(a); la escuela dice que ya no necesita los servicios. 3

5061904

🞏 d. [CFNAME] ya no es elegible, no califica. 4

5061905

🞏 e. La escuela no tiene los programas que [CFNAME] necesita. …………………………... 5

5061906

🞏 f. No quiero que [CFNAME] esté en educación especial. 6

5061907

🞏 g. [CFNAME] no quiso estar en educación especial. 7

5061908

🞏 h. [CFNAME] tiene un plan 504. 8

🞏 i. Otro 99

5061909

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER:**  **GO TO SECTION G.**  PLEASE MAKE THE ITEM TEXT “**IEP**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Programa Educativo Individualizado (IEP) es una declaración por escrito para cada estudiante con discapacidad que fija las metas escolares para el estudiante, indica cómo se medirá su progreso, describe los servicios de educación especial y servicios relacionados que la escuela proporcionará, qué tanto tiempo estará el estudiante en clases regulares con estudiantes no discapacitados, y que enumera las adaptaciones o modificaciones necesarias para medir mediante pruebas lo que el estudiante sabe.** |

|  |
| --- |
| IF F095=2 |

**F102.** Desde que dejó de recibir servicios de educación especial, ¿cómo le va a [CFNAME] en la escuela, en las siguientes áreas?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Por favor seleccione una respuesta en cada línea.* | Mejor | Más o menos igual | Peor | No sabe |
| 5061911 | a. Áreas académicas (lectura, matemáticas, ciencias) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5061912 | b. Comportamiento en la escuela | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| **PROGRAMMER BOX F102**  GO TO SECTION G. |

|  |
| --- |
| IF F095 NE 2 |

**F105 (F20.)** En los últimos 12 meses, ¿ha habido una reunión de IEP acerca del programa o servicios de educación especial de [CFNAME]?

🔾 Sí­ 1 F110

5062000

🔾 No 2 F120

🔾 No sabe 3 F120

NO RESPONSE M F120

|  |
| --- |
| IF F105=1 |

**F110 (F21.)** ¿Fue usted u otro adulto en el hogar a la reunión?

🔾 Sí­ 1

5062100

🔾 No 2

🔾 No sabe 3

|  |
| --- |
| IF F105=1 |

**F115 (F22.)** ¿Fue [CFNAME] a la reunión?

🔾 Sí­ 1

5062200

🔾 No 2

🔾 No sabe 3

|  |
| --- |
| IF F095=1 |

**F120 (F25.)** ¿Qué tan activamente participó [CFNAME] en la creación de su IEP? Por ejemplo, ¿participó [CFNAME] en las discusiones sobre su discapacidad, sus fortalezas, sus necesidades, las acomodaciones que le ayudarí­an a desempeñarse bien en clase, sus metas para el futuro, y las metas en las que le parece más importante concentrarse?

*Seleccione sólo uno.*

🔾 Muy activo(a); jugo un papel principal en el desarrollo del IEP 1

5062500

🔾 Activo(a); participó con regularidad en el desarrollo del IEP 2

🔾 Algo activo(a); participó ocasionalmente en el desarrollo del IEP 3

🔾 No activo; no participó en el desarrollo del IEP 4

🔾 No sabe 5

|  |
| --- |
| IF F095=1 |

**F125 (F26.)** En general, ¿qué tan satisfecho(a) está usted con el progreso que ha hecho [CFNAME] para alcanzar las metas de su IEP este año? ¿Está...

*Seleccione sólo uno.*

🔾 Muy satisfecho(a) 1

5062600

🔾 Satisfecho(a) 2

🔾 Algo satisfecho(a) 3

🔾 Algo insatisfecho(a) 4

🔾 Insatisfecho(a) 5

🔾 Muy insatisfecho(a) 6

|  |
| --- |
| IF F095=1 |

**F130 (F27.)** Durante los últimos 12 meses, ¿ha recibido [CFNAME] algún servicio para ayudarle con actividades académicas (tarea escolar), habilidades sociales y emocionales, o con su conducta, que no fue pagado por la escuela sino por usted o alguien más?

🔾 Sí­ 1

5062800

🔾 No 2

🔾 No sabe 3

|  |
| --- |
| **PROGRAMMER BOX (F130)**  PLEASE CREATE HELP TEXT HYPERLINK FOR “**no fue pagado por la escuela**”  HYPERLINK TO THE BELOW HELP TEXT:**No fue pagado por la escuela podrí­a incluir servicios comunitarios de salud mental, su seguro médico, clí­nicas gratuitas, otros familiares, o las fuerzas armadas.** |

|  |
| --- |
| IF F095=1 |

**F135 (F28.)** El siguiente grupo de preguntas trata acerca de la frecuencia con que usted habló con el personal de la escuela de [CFNAME] acerca de cómo desarrollar las habilidades de [CFNAME] en distintas áreas.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea. | Nunca | Rara vez | Algunas veces | Con frecuencia | Con mucha frecuencia |
| 5062801 | 1. ¿Con qué frecuencia habló usted con la escuela sobre cómo puede [CFNAME] aprender a defender sus intereses y decidir sobre sus propias metas futuras? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062802 | 1. ¿Con qué frecuencia habló usted sobre cómo [CFNAME] puede expandir las redes que le brindan apoyo social y comunitario? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062803 | 1. ¿Con qué frecuencia habló usted sobre cómo [CFNAME] puede aprender habilidades "básicas" para poder tener un empleo (por ejemplo vestirse apropiadamente, trabajar bien en grupo, seguir instrucciones)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062804 | 1. ¿Con qué frecuencia habló usted sobre cómo [CFNAME] puede practicar habilidades de cómo administrar dinero, por ejemplo, contar dinero, dar vuelto, ahorrar para algo que quiere o para ir a un evento? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5062805 | 1. ¿Con qué frecuencia habló usted sobre cómo [CFNAME] puede prepararse para cambios (por ejemplo, un cambio de escuela; graduación; y pasar a ser adulto(a))? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| **Programmer Box F135**  The following help text should link to **“Defender sus intereses”:**  **Decirle a otros qué se necesita para tener éxito y explicar la discapacidad del estudiante.**  SOFT CHECK: If one or more items are left blank: "**Una o varias partes de esta pregunta no han sido respondidas. Por favor, seleccione "Cambiar respuesta" para dar las respuestas que faltan o seleccione "Guardar la respuesta y continuar" para continuar sin dar respuestas adicionales.**" |

**G. HOME LIFE**

|  |
| --- |
| All |

Ahora tenemos algunas preguntas sobre qué tanto los padres y guardianes están pendientes de los hijos más o menos a esta edad.

**G001 (D00a.)** ¿A cuántos de los amigos de [CFNAME] conoce usted?

*Seleccione sólo uno.*

🔾 Ninguno 1

5040001

🔾 Algunos 2

🔾 Como la mitad 3

🔾 La mayorí­a 4

🔾 Todos o a casi todos 5

🔾 [CFNAME] no tiene ningún amigo 6

|  |
| --- |
| IF G001 NE 6 |

**G005 (D00b.)** Por favor piense en **todos** los amigos o amigas de [CFNAME]. Más o menos, ¿con cuántos padres de amigos de [CFNAME] habla o se comunica usted con regularidad a través de textos, en persona, por Internet, o por teléfono?

Número de padres o madres

5040002

|  |
| --- |
| **PROGRAMMER BOX (G005)**  IF RESPONDENT ENTERS SOMETHING OTHER THAN A WHOLE NUMBER, PLEASE HAVE A HARD CHECK: Por favor ponga un número entero.  soft check if G005>50  SOFT CHECK MESSAGE: **Usted ha señalado que habla o se comunica por mensajes de texto de manera regular con más de 50 padres. Por favor presione el botón “Continuar” si eso es correcto o presione el botón “Volver” para cambiar su respuesta.** |

|  |
| --- |
| All |

**G010 (D00c.)** Ahora, por favor piense en los muchachos o muchachas con los cuales [CFNAME] **va a la escuela**. Más o menos, ¿con cuántos padres de muchachos en la escuela de [CFNAME] habla o se comunica usted con regularidad a través de textos, en persona, por Internet, o por teléfono?

5040003

Número de padres o madres

|  |
| --- |
| **PROGRAMMER BOX (G010)**  IF RESPONDENT ENTERS SOMETHING OTHER THAN A WHOLE NUMBER, PLEASE HAVE A HARD CHECK: Por favor ponga un número entero.  soft check if G010>50  SOFT CHECK MESSAGE: **Usted ha señalado que habla o se comunica por mensajes de texto de manera regular con más de 50 padres. Por favor presione el botón “Continuar” si eso es correcto, o presione el botón “Volver” para cambiar su respuesta.** |

|  |
| --- |
| All |

**G015 (D01.)** ¿Con qué frecuencia usted:

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea. | Nunca | Rara vez | Algunas veces | Con frecuencia | Con mucha frecuencia | Siempre |
| 5040101 | 1. Sabe lo que está haciendo [CFNAME] durante el tiempo que tiene libre? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040102 | 1. Sabe qué tipo de tarea escolar tiene [CFNAME]? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040104 | 1. Sabe cuándo [CFNAME] tiene un examen o tiene que entregar un trabajo académico? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040105 | 1. Sabe qué notas o calificaciones tiene [CFNAME] en sus diferentes materias en la escuela? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040106 | 1. Sabe a dónde va [CFNAME] después de la escuela? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040103 | 1. Sabe en qué gasta dinero [CFNAME]? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

PROGRAMMER: CODE ONE PER ROW

**G020.**  Durante este año escolar, ¿con qué frecuencia...

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea. | Nunca | Rara vez | Algunas veces | Con frecuencia | Con mucha frecuencia | Siempre |
| 5040107 | a. ¿Hace [CFNAME] tarea escolar en el hogar? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040108 | b. ¿Usted o alguien más en su hogar ayuda a [CFNAME] con la tarea escolar? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040109 | c. ¿Se asegura usted de que [CFNAME] haya completado toda la tarea escolar? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

**G025 (D01.)** ¿Con qué frecuencia [CFNAME] le habla a usted sobre…

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea. | Nunca | Rara vez | Algunas veces | Con frecuencia | Con mucha frecuencia | Siempre |
| 5041101 | a. sus amigos sin que usted le pregunte (por ejemplo, con qué amigos anda y qué opinan sus amigos sobre distintas cosas)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5041102 | b. la escuela sin que usted le pregunte (por ejemplo, qué está pasando en diferentes clases o cómo van sus relaciones con sus maestros)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

**G030 (D01i.)** ¿Con qué frecuencia [CFNAME] mantiene en secreto y no le cuenta lo que hace durante su tiempo libre?

*Seleccione sólo uno.*

🔾 Nunca 1

5041201

🔾 Rara vez 2

🔾 Algunas veces 3

🔾 Con frecuencia 4

🔾 Con mucha frecuencia 5

🔾 Siempre 6

🔾 No sabe 7

|  |
| --- |
| All |

**G035 (D01j.)** ¿Tiene su familia reglas sobre...

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea. |  | Sí­ | No |
| 5040111 | 1. A **quién** puede [CFNAME] enviar textos, mensajes, hablar por video (video chat), enviar emails o con quién puede jugar juegos por Internet? | | 1 🔾 | 2 🔾 |
| 5040112 | 1. A **cuándo** puede [CFNAME] enviar textos, mensajes, hablar por video (video chat), enviar emails o jugar juegos por Internet? | | 1 🔾 | 2 🔾 |
| 5040113 | 1. A **cuánto tiempo** puede usar aparatos electrónicos [CFNAME] (por ejemplo, un lí­mite de horas de "tiempo en pantalla" al dí­a)? | | 1 🔾 | 2 🔾 |

|  |
| --- |
| **PROGRAMMER BOX G035**  PLEASE MAKE THE question text “**reglas**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Si su familia tiene reglas sobre uso de la tecnología, por favor seleccione "sí", aún en caso de que su hijo(a) no tenga acceso en su casa a un teléfono, a un televisor, a una computadora o a Internet.** |

|  |
| --- |
| All |
| IF MS1 RESPONSE=NULL, FILL “**Le ha pasado**” AND STORE UNDER QIDS 5040201-5040207  OTHERWISE, FILL “**Desde [MONTH OF MS1 INTERVIEW] del 2018, ¿le ha pasado”** AND STORE UNDER QIDS 50404211-5040217 |

Ahora quisiéramos hacerle algunas preguntas sobre las cosas que a veces hacen los muchachos más o menos a esta edad.

**G040 (D02.)** [Desde [MONTH OF MS1 INTERVIEW] del 2018, ¿le ha pasado/ ¿Le ha pasado] alguna de las siguientes cosas a [CFNAME]? ¿[CFNAME]...

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Seleccione todo lo que corresponda.* |  |  |
| 5040201/5040211 | 1. Se ha juntado con malas compañí­as de alrededor de su misma edad? | | 🞏 |
| 5040202/5040212 | 1. Alguna vez ha usado drogas (como marihuana, cocaí­na, éxtasis, o 'sales de baño')? | | 🞏 |
| 5040203/5040213 | 1. Alguna vez ha consumido alcohol? | | 🞏 |
| 5040204/5040214 | 1. Se metió en problemas con la policí­a? | | 🞏 |
| 5040207/5040217 | 1. Se escapó de la casa? | | 🞏 |

|  |
| --- |
| All |

**G045.** Durante este año escolar, ¿con qué frecuencia otros muchachos o muchachas...

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Por favor seleccione una respuesta en cada lí­nea. | Nunca | Rara vez | Algunas veces | Con frecuencia | Con mucha frecuencia | Siempre |
| 5040205 | 1. Se han burlado o se han reí­do de [CFNAME], o lo/la han insultado? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040206 | 1. Han dicho mentiras o contado cosas que no eran ciertas sobre [CFNAME]? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 5040208 | 1. Han empujado, pegado, golpeado o pateado a [CFNAME]? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

El siguiente grupo de preguntas es acerca del vecindario en que usted vive.

**G050 (D03.)** ¿Qué tan ciertas son las siguientes afirmaciones acerca de su vecindario?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Por favor seleccione una respuesta en cada línea.* | Nada cierta | Un poco cierta | Más o menos cierta | Cierta | Muy cierta |
| 5040301 | 1. Me preocupan personas con armas de fuego y cuchillos en este vecindario. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040302 | 1. Las personas en este vecindario no se llevan bien. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040303 | 1. Los vendedores de droga son un problema en este vecindario. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040304 | 1. Me preocupa el tipo de gente que mis hijos conocerán en este vecindario. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040305 | 1. Este vecindario es seguro para los niños durante el dí­a. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040306 | 1. Este vecindario es seguro para los niños durante la noche. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5040307 | 1. Hay muchas casas en mal estado en este vecindario. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| PROGRAMMER BOX G050  PLEASE MAKE THE ITEM TEXT **“casas en mal estado”** CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Al decir "casas en mal estado" nos referimos a casas que están en muy malas condiciones porque son viejas o por falta de cuidado**. |

**H. EMPLOYMENT AND INCOME**

|  |
| --- |
| **ALL** |

Ahora tenemos algunas preguntas acerca de los empleos que tienen los miembros del hogar de [CFNAME] y los trabajos que realizan para ganarse la vida.

|  |
| --- |
| **Programmer Box section H**  LOOP FIRST FOR RESPONDENT IF RESPONDENT=IDP1 OR IDP2. ELSE LOOP FOR IDP1. If C020 NE 1, begin with h001  else go to h025  AFTER LOOPING THROUGH SECTION H, if RESPONDENT=IDP2 LOOP FOR IDP1 OR IF RESPONDENT NE IDP2 AND idp2 identified LOOP FOR IDP2. FOR BOTH, IF c025 ne 1, LOOP THROUGH SECTION H beginning with h001  else go to h025 |
| Fill: idp1 and idp2 will be filled according to full names as used in c020 (IDP1) and c025 (IDP2). |
| FOR SECTION H: [IDP1] and [IDP2] WHEN FIRST DISPLAYED IS BOTH FIRST AND LAST NAME, ALL FOLLOWING TIMES FIRST NAME ONLY |

|  |
| --- |
| H001 FILL: When the respondent is answering about himself, FILL "**usted**", ELSE FILL **"[IDP1]”** or **“[IDP2]”** |

**H001 (G02.)** Durante la última semana, ¿estuvo [T\_SP\_PROV] con permiso o licencia, o de vacaciones de un trabajo?

🔾 Sí­ 1 H025

5070200

🔾 No 2 H005

NO RESPONSE M H005

|  |
| --- |
| IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), IF C020 NE 1 AND H001 NE 1; IF ITERATION 2 (IDP2), IF C025 NE 1 AND H001 NE 1 |
| H005 FILL: When the respondent is answering about himself, FILL **"usted",** ELSE FILL **" [IDP1]”** or **“[IDP2]”** |

**H005 (G03.)** ¿Ha estado [T\_SP\_PROV] buscando trabajo activamente durante las últimas 4 semanas?

🔾 Sí­ 1 H015

5070300

🔾 No 2 H015

NO RESPONSE M H015

|  |
| --- |
| IF H005 NE 1 |
| H010 FILL: When the respondent is answering about himself, FILL "**usted**", ELSE FILL **“[IDP1]”** or **“[IDP2]”** |

**H015 (G05.)** ¿Podrí­a haber aceptado [usted/[IDP1]/[IDP2]] un trabajo la semana pasada si le hubieran ofrecido uno?

🔾 Sí­ 1 H020

5070510

🔾 No 2 H020

NO RESPONSE M H020

|  |
| --- |
| H020 FILL: When the respondent is answering about himself, FILL **"usted**", ELSE FILL **"[IDP1]** or **“[IDP2]”** |

**H020 (G06.)** ¿Qué estuvo haciendo [usted/[IDP1]/[IDP2]] la mayor parte de la semana pasada? ¿Dirí­a que estuvo

🔾 Cuidando del hogar o atendiendo a los niños u otros miembros de la familia 1 H040

5070500

🔾 Yendo a la escuela/universidad 2 H040

🔾 Jubilado(a) 3 H040

🔾 Sin poder trabajar 4 H040

🔾 Haciendo alguna otra cosa? 91 H020\_Other

NO RESPONSE M H040

|  |
| --- |
| IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), ASK IF C020 = 1 OR H001=1; IF ITERATION 2 (FOR IDP2), ASK IF C025=1 OR H001=1.  ELSE GO TO H040. |
| H025 FILL: When the respondent is answering about himself, FILL "**usted**", ELSE FILL " **[IDP1]**” or **“[IDP2]"** |

**H025 (G07.)** ¿Cuántos trabajos tiene [usted/[IDP1]/[IDP2]] actualmente?

5070700

|\_\_\_|\_\_\_| Número de trabajos H030

NO RESPONSE M H040

|  |
| --- |
| IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), IF (C020 = 1 OR H001=1) AND H025 NE MISSING; IF ITERATION 2 (FOR IDP2), IF (C025=1 OR H001=1) AND H025 NE MISSING. |
| H030 FILL: When the respondent is answering about himself, FILL "**usted**", ELSE FILL " **[IDP1]”** or **“[IDP2]"** |

**H030 (G08.)** ¿Más o menos cuántas horas en total a la semana trabaja [usted/[IDP1]/[IDP2]] normalmente por pago [contando [ambos trabajos/los [# of jobs from H025 IF MORE THAN TWO] trabajos?

5070800

|\_\_\_|\_\_\_| Ponga el número de horas a la semana H035

NO RESPONSE M H035

|  |
| --- |
| IF MS1 H035 IS NOT EMPTY  JOB TITLE=JOB TITLE FROM MS1 H035  JOB DUTIES=JOB DUTIES FROM MS1 H035  IF PARENT HAD ONE JOB IN MS1, FILL “**este trabajo**,” ELSE FILL “**estos trabajos**”  **FILL DATE OF INTERVIEW IN DD/MM/YYY FORMAT.** |

**H031.** Desde el [DATE OF INTERVIEW/SURVEY], ¿ha cambiado el puesto o cargo, el lugar de trabajo, o el tipo de empleo de [usted/[IDP1/IDP2]] para [este trabajo/estos trabajos]?

[DISPLAY JOB TITLE AND JOB DUTIES]

Iteration 1: 5071102 Iteration 2: 5071103

🔾 Sí 1

🔾 No 2

|  |
| --- |
| IF MS1 RESPONSE=NULL, OR IF H031=1.  IF H031=1, DISPLAY MS1 JOB TITLE AND JOB DUTIES AND DISPLAY “**Por favor actualice la información**.”  H035: IF ITERATION 1 (SECTION H QUESTIONS FOR IDP1), IF (C020 = 1 OR H001=1) AND H025 NE MISSING; IF ITERATION 2 (FOR IDP2), IF (C025=1 OR H001=1) AND H025 NE MISSING. |

**H035 (G09, G11.)** **[Por favor actualice la información:/**¿Cuál es el tí­tulo [de su puesto de trabajo/del puesto de trabajo de [IDP1/IDP2] y cuáles son sus responsabilidades? Si [usted/IDP1/IDP2] tiene más de un trabajo, por favor conteste esta pregunta con respecto al trabajo donde [usted/IDP1/IDP2] trabaja más cantidad de horas.]

PROGRAMMER: INSERT TEXT BOX

5071101

A. Ponga el tí­tulo del puesto  (STRING (100))

PROGRAMMER: INSERT TEXT BOX

5071111

B. Ponga sus responsabilidades en el trabajo   (STRING (100))

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF H035A = MISSING, THEN DISPLAY “**Por favor ponga el título del puesto en la caja de texto y luego haga clic en el botón de *enter***.” |

|  |
| --- |
| PROGRAMMER BOX H035  AFTER THE RESPONDENT ENTERS THEIR JOB TITLE AND/OR DUTIES AND CLICKS THE “Siguiente” BUTTON, A LIST OF AVAILABLE OCCUPATIONAL CODING OPTIONS WILL APPEAR IN A POPUP WINDOW. NEXT TO EACH OPTION IS A “SELECcione” BUTTON THAT WILL ENABLE A POPUP MODAL. THIS MODAL BOX WILL ASK THE USER TO CONFIRM THEIR RESPONSE BY CLICKING THE “Guardar la respuesta y continuar” BUTTON. ONCE THAT IS CLICKED THE SURVEY WILL CONTINUE WHILE THE “cambiar la respuesta” BUTTON WILL JUST CLOSE THE MODAL BOX. |

|  |
| --- |
| ALL |
| H040 FILL: When the respondent is answering about himself, FILL "**usted**", ELSE FILL **"[IDP1]”** or **“[IDP2]"** |

**H040 (G12a.)** Desde que nació [CFNAME], ¿ha estado [usted/[IDP1]/[IDP2]] en servicio activo en las Fuerzas Armadas de los Estados Unidos, en la reserva militar o en la Guardia Nacional?

🔾 Sí­ 1 H045

5071203

🔾 No 2 See box H040

NO RESPONSE M See box H040

|  |
| --- |
| Programmer Box H040  **The following help text should link to “servicio activo”:**  Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero sí­ incluye pasar al servicio activo, por ejemplo, para la guerra de Afganistán.  **IF H040=1 then go to H045;**  **else if iteration 1 and IDP2 is identified, go to PROGRAMMER BOX at beginning of SECTION H;**  **else go to H050.** |

|  |
| --- |
| IF H040=1 |
| H045 FILL: When the respondent is answering about himself, FILL "**usted**", ELSE FILL "[**IDP1**] or “[**IDP2**]" |

**H045 (G12b.)** ¿Está [usted/[IDP1]/[IDP2]] actualmente en servicio activo en las Fuerzas Armadas de los Estados Unidos, en la reserva militar o en la Guardia Nacional?

🔾 Sí­ 1 See box H045

5071204

🔾 No 2 See box H045

NO RESPONSE M See box H045

|  |
| --- |
| Programmer Box H045  The following help text should link to **“servicio activo”:**  **Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero sí­ incluye pasar al servicio activo, por ejemplo, para la guerra de Afganistán.**  if iteration 1 and IDP2 is identified, go to PROGRAMMER BOX at beginning of SECTION H;  else go to H050. |

|  |
| --- |
| ALL |

En estudios como éste, algunas veces se agrupan los hogares según sus ingresos.

**H050 (G13.)** ¿Cuánto fueron los ingresos totales de todas las personas de su hogar durante el último año, incluyendo los salarios u otros ingresos, intereses, jubilación, y demás para todos los miembros del hogar?

PROGRAMMER: INSERT DROPDOWN MENU

5071300

▼

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX H050  INSERT DROPDOWN MENU WITH THE FOLLOWING CATEGORIES:  0 Seleccione total de los ingresos  1 $5,000 o menos  2 $5,001 a $10,000  3 $10,001 a $15,000  4 $15,001 a $20,000  5 $20,001 a $25,000  6 $25,001 a $30,000  7 $30,001 a $35,000  8 $35,001 a $40,000  9 $40,001 a $45,000  10 $45,001 a $50,000  11 $50,001 a $55,000  12 $55,001 a $60,000  13 $60,001 a $70,000  14 $70,001 a $80,000  15 $80,001 a $90,000  16 $90,001 a $100,000  17 $100,001 a $110,000  18 $110,001 a $120,000  19 $120,001 a $130,000  20 $130,001 a $140,000  21 $140,001 a $150,000  22 $150,001 a $160,000  23 $160,001 a $170,000  24 $170,001 a $180,000  25 $180,001 a $190,000  26 $190,001 a $200,000  27 $200,001 a $225,000  28 $225,001 a $250,000  29 $250,001 a $275,000  30 $275,001 a $300,000  31 $300,001 o más |

**I. MORE QUESTIONS ABOUT CHILD’S HOUSEHOLD**

|  |
| --- |
| **PROGRAMMER BOX SECTION I**  FOR ALL QUESTIONS CONCERNING IDP1 and idp2:  Order of questions will be determined by whether respondent is idp1, idp2, or neither. if respondent is idp2, questions concerning idp2 will be asked before questions about idp1. if respondent is idp1, or neither idp1 Nor idp2, questions concerning idp1 will be asked first. |

|  |
| --- |
| IF MS1 RESPONSE=NULL  ASK FOR IDP1 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP2 IF RESPONDENT= IDP2 |
| [HH#NAME IDP1]= NAME OF PARENT 1 |
| FILL: IF ASKING FOR RESPONDENT, THEN USE “**usted**.” IF RESPONDENT = NON-IDP, THEN USE ‘**HH#NAME IDP1’** |
| FOR SECTION I: [HH#NAME IDP1] AND [HH#NAME IDP2] WHEN FIRST DISPLAYED IS BOTH FIRST AND LAST NAME, ALL FOLLOWING TIMES FIRST NAME ONLY |

**I001A (B02k).** Ahora tenemos algunas preguntas más sobre los miembros de su hogar.

¿En qué **paí­s nació** [usted/ HH#NAME IDP1]?

PROGRAMMER: INSERT DROPDOWN MENU

5021502

▼

|  |
| --- |
| **PROGRAMMER BOX I001A**  A DROPDOWN list will be generated detailing a presumably exhaustIve list of countries and territories from around the world. The list will be searchable by typing in the first few letters, although “**Estados Unidos**” should appear at the top of the list, along with the response option “**No sabe**”, and at the bottom of the list should be the option “**Otro**” |

|  |
| --- |
| IF MS1 RESPONSE=NULL  IF I001A NE “**Estados Unidos**” OR “**No sabe**” OR MISSING |
| [HH#NAME IDP1]= NAME OF PARENT 1 |
| FILL: Use **“usted”** if asking for respondent |

**I001B (B02l).** ¿En qué año se mudó [usted/IDP1] a los Estados Unidos por primera vez?

PROGRAMMER: INSERT DROPDOWN MENU

5021602

▼

|  |
| --- |
| **PROGRAMMER BOX I001B**  Dropdown Response options will be populated with the first response option equalling the value reported in row a and all years between then and the current year will be options, with the final category being “**No sabe**”. If row a is MISSING, populate row e with values of year starting with 1950 through to the current year and the final response option “**No sabe**”. |

|  |
| --- |
| IF MS1 RESPONSE=NULL  ASK FOR IDP2 IF RESPONDENT=IDP1 OR IF RESPONDENT=NON-IDP; ASK FOR IDP1 IF RESPONDENT= IDP2; IF NO IDP2 IDENTIFIED GO TO I003A |
| [HH#NAME IDP1]= NAME OF PARENT 1  [HH#NAME IDP2]= NAME OF PARENT 2 |

**I002A (B02k).** ¿En qué **paí­s nació** [usted/ HH#NAME IDP2]?

PROGRAMMER: INSERT DROPDOWN MENU

5021503

▼

|  |
| --- |
| **PROGRAMMER BOX I002A**  DROPDOWN will provide A list will be generated detailing a presumably exhaustIve list of countries and territories from around the world. The list will be searchable by typing in the first few letters, although “**Estados Unidos**” should appear at the top of the list, along with the response option “**No sabe**”, and at the bottom of the list should be the option “**Otro**” |

|  |
| --- |
| IF MS1 RESPONSE=NULL  ASK IF I002A NE “**Estados Unidos**” OR “**No sabe**” OR MISSING |
| [HH#NAME IDP2]= NAME OF PARENT 2 |

**I002B (B02l).** ¿En qué año se mudó [usted/I HH#NAME IDP2] a los Estados Unidos por primera vez?

PROGRAMMER: INSERT DROPDOWN MENU

5071603

▼

|  |
| --- |
| **PROGRAMMER BOX I002B**  Dropdown Response options will be populated with the first response option equalling the value reported in row a and all years between then and the current year will be options, with the final category being “**No Sabe**”. If row a is MISSING, populate row e with values of year starting with 1950 through to the current year and the final response option “**No Sabe**”. |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**I003A (B02k).** ¿En qué **paí­s nació** [CFNAME]?

PROGRAMMER: INSERT DROPDOWN MENU

5021501

▼

|  |
| --- |
| **PROGRAMMER BOX I003A**  A DROPDOWN list will be generated detailing a presumably exhaustIve list of countries and territories from around the world. The list will be searchable by typing in the first few letters, although “**Estados Unidos**” should appear at the top of the list, along with the response option “**No sabe**”, and at the bottom of the list should be the option “**Otro**” |

|  |
| --- |
| MS1 RESPONSE=NULL  **IF I003A NE “Estados Unidos” OR “No sabe” OR MISSING** |

**I003B (B02l).** ¿En qué año se mudó [CFNAME] a los Estados Unidos por primera vez?

PROGRAMMER: INSERT DROPDOWN MENU

5021601

▼

|  |
| --- |
| **PROGRAMMER BOX I003B**  Dropdown Response options will be populated with the first response option equalling the value reported in row a and all years between then and the current year will be options, with the final category being “**No sabe**”. If row a is MISSING, populate row e with values of year starting with 1950 through to the current year and the final response option “**No sabe**”. |

|  |
| --- |
| IF A066=2 AND MS1 I010 IS NOT EMPTY |

**I004A** Desde [LAST INTERVIEW DATE], ¿en cuántos lugares diferentes ha vivido [CFNAME]?

5080215

▼

Seleccione el número de lugares

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX I004A**  Insert dropdown menu including options from 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 o MÁS, No SÉ  **DISPLAY DATE IN DD/MM/YYYY FORMAT.** |

|  |
| --- |
| IF A066=2 |

**I004B** ¿Por qué se mudó [CFNAME]?

*Seleccione todo lo que corresponda.*

🞏 Para que [CFNAME] pudiera asistir a una escuela mejor 1 I005

5080201

5080202

🞏 Compraron una casa 2 I005

5080203

🞏 Se mudaron más cerca de un trabajo; por motivos de trabajo 3 I005

5080204

🞏 Se mudaron a un apartamento más bonito/ una casa más bonita 4 I005

5080205

🞏 Se mudaron a un barrio más seguro; por la delincuencia 5 I005

5080206

🞏 Se mudaron a una vivienda menos costosa 6 I005

5080207

🞏 El banco se quedó con la casa (mediante embargo) 7 I005

5080208

🞏 Fueron desalojados, no pudieron pagar la renta o el alquiler de su vivienda anterior 8 I005

5080209

🞏 La casa/el apartamento anterior estaba dañado(a) 9 I005

5080210

🞏 Se mudaron por un cambio de relación conyugal (o de pareja); se casó, se divorció, se separó, murió alguien en su familia 10 I005

🞏 La casa se vendió y no ha comprado una casa nueva 11 I005

5080211

🞏 El contrato de alquiler se venció 12 I005

5080213

5080212

🞏 Se mudaron de la casa de su pariente o familiar/Se mudaron para vivir solos 13 I005

5080214

🞏 Para poder estar más cerca de su familia 14 I005

NO RESPONSE M I005

|  |
| --- |
| IF MS1 RESPONSE=NULL |

Las siguientes preguntas son acerca de la frecuencia con que [CFNAME] se ha mudado desde que empezó kindergarten.

**I005 (H01.)** ¿Cuánto tiempo hace que [CFNAME] ha vivido en su hogar actual?

5080100

▼

|  |
| --- |
| **PROGRAMMER BOX I005**  Insert dropdown menu including options from < 1 years to 18 years and “**No sabe**.” Hide any years greater than the child’s age (as calculated from A055 or A065). |

|  |
| --- |
| IF MS1 RESPONSE=NULL  IF I005< 5, ASK I010, ELSE GOTO I015 |

**I010 (H02.)** Desde que [CFNAME] empezó kindergarten, ¿en cuántos lugares diferentes ha vivido [CFNAME] por cuatro meses o más?

5080200

▼

Seleccione el número de lugares

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX I010**  Insert dropdown menu including options from 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 o MÁS, No SÉ |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**I015 (H03A.)** Desde que empezó *kindergarten*, ¿cuántas veces cambió de escuela [CFNAME] debido a que pasó de grado?

5080301

▼

Seleccione la cantidad de veces

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX I015  PLEASE MAKE THE ITEM TEXT “**pasó de grado**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Pasar de grado incluirí­a cambiarse a una escuela diferente porque la escuela anterior no enseñaba a los estudiantes en los grados siguientes, como un cambio de una escuela primaria a una escuela intermedia o de una escuela intermedia a una high school en el mismo distrito.**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 o MÁS, No SÉ** |

|  |
| --- |
| IF MS1 RESPONSE=NULL |

**I020 (H03B.)** Desde que empezó kindergarten, ¿cuántas veces cambió de escuela [CFNAME] por **otra razón** que no fuera pasar de grado?

5080302

▼

Seleccione la cantidad de veces

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX I020  PLEASE MAKE THE ITEM TEXT “**pasó de grado**” CONTAIN THE HYPERLINK TO THE BELOW HELP TEXT:  **Pasar de grado incluirí­a cambiarse a una escuela diferente porque la escuela anterior no enseñaba a los estudiantes en los grados siguientes, como un cambio de una escuela primaria a una escuela intermedia o de una escuela intermedia a una high school en el mismo distrito.**  Insert dropdown menu including options from **0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 o MÁS, No SÉ** |

|  |
| --- |
| All |

**I025 (H04.)** [ABBREV\_FILL: A continuación tengo algunas preguntas sobre a qué escuela asiste [CFNAME].]

¿Está asistiendo [CFNAME] este año a una escuela diferente de la que asistió el año escolar pasado?

🔾 Sí­ 1

5080400

🔾 No 2

|  |
| --- |
| **PROGRAMMER BOX I025**  DISPLAY ABBREV\_FILL FOR ABBREVIATED SURVEY ONLY. |

|  |
| --- |
| All |
| FILL: SCHNAME= School name as taken from school rostering materials. |

**I030 (H05.)** ¿Asistirá [CFNAME] a [Y\_SCHOOL\_NAME] el próximo año?

🔾 Sí­ 1 I040

5010056

🔾 No 2 I035

|  |
| --- |
| IF I030=2 |

**I035 (H06.)** ¿Cómo se llama la escuela a la que usted piensa que [CFNAME] asistirá el próximo año? Si usted está en espera de que le notifiquen si su estudiante ha sido aceptado(a) en una escuela, por favor proporcione el nombre de la escuela a la que es más probable que su hijo(a) asista, de acuerdo con lo que usted sabe en este momento.

5010057

Nombre de la escuela: [ ] (STRING 255)

5010061

Estado de la escuela: [DROPDOWN]

5010060

Ciudad de la escuela: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 255)

Finalmente, haga clic [INTRO]

5010069

🞏 Recibe educación escolar en la casa/*homeschool*

5010063

🞏 No sabe

|  |
| --- |
| ALL |

**I040 (I03.) Relative or Close Friend Contact.**

Finalmente, una parte muy importante de este estudio es saber cómo se desempeñan los estudiantes con el paso del tiempo, de manera que queremos asegurarnos de poder contactarles a usted y a su familia si tenemos algo que preguntarles en el futuro. Por ejemplo, tal vez le contactemos para pedirle ayuda para obtener información en los próximos años sobre cursos e información administrativa de los grados intermedios. Para ayudarnos con eso, por favor [confirme/proporcione] el nombre, email o dirección electrónica, la dirección de la casa y el número de teléfono **de un pariente o amigo cercano que no viva con usted**, pero que sabrá cómo ponerse en contacto con usted.

5010041

**a. Nombre**

5010042

**b. Apellido(s)**

5010043

**c. Email o dirección electrónica principal**

5010044

**d. Teléfono principal**

5010045

**e. Lí­nea 1 de la dirección**

5010046

**f. Lí­nea 2 de la dirección**

5010047

**g. Ciudad**

5010048

**h. Estado**

5010049

**i. Código postal**

|  |
| --- |
| PROGRAMMER BOX I040  IF MS1 RESPONDENT, DISPLAY “**confirme**” AND PREFILL MS1 RESPONSES. |

|  |
| --- |
| IF INCENTIVE\_FILL= $0, GO TO THANK |
| IF INCENTIVE FILL > $0, GO TO INCENTIVE\_ADDRESS. |
| FILL “$20” FOR ALL INITIAL CASES. FILL “$30” AFTER INCENTIVE BOOST IS APPLIED IN LATER DATA COLLECTION WEEKS. |

**INCENTIVE\_ADDRESS.**

¡Ya terminó! Lo último que necesitamos saber es adónde desea que le enviemos el cheque por $[20/$30] por completar la encuesta. Si la siguiente dirección es correcta, haga clic en Siguiente. Si la dirección no es correcta, por favor corrí­jala y luego haga clic en Siguiente. Si usted no desea recibir este cheque por favor presione el cuadrito que está a continuación y después presione Siguiente.   
(Lo recibirá en unas 4 semanas.)

5010050

1 Nombre y Apellido(s): [ ] (STRING 255)

5010051

2 Lí­nea 1 de la dirección: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 255)

5010052

3 Lí­nea 2 de la dirección:: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 255)

5010053

4 Ciudad: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 255)

5010054

5 Estado: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (STRING 2)

5010055

5010055

6 Código postal: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](STRING 9)

5010064

🞏 No quiero recibir ningún dinero por completar la encuesta.

|  |
| --- |
| INCENTIVE\_ADDRESS PROGRAMMER BOX  If at least one of field 1-6 has an entry and box is checked: “**Usted ha indicado que no quiere recibir ningún dinero por completar la encuesta. Si quiere recibir dinero por completar la encuesta, por favor seleccione “Editar”. Luego quite la marca en “No quiero recibir ningún dinero por completar esta encuesta” y proporcione información de contacto completa”.**  If zip code is false**: “Por favor ponga un código postal (zip code) válido. El código postal que puso es “[zip entered].”**  If all fields 1-6 are missing: “**Necesitamos su dirección para mandarle el incentive.”**  If field 1 is missing**: “Por favor proporcione su nombre completo. Necesitamos esta información para mandarle su incentivo.”**  If field 2 and 3 is missing: “**Usted no proporcionó la calle y número.”**  If field 2 is missing and field 3 is not missing**: “Usted proporcionó información en la línea 2 de la dirección, pero no puso la calle y número.”**  If field 4 is missing: **“Usted no puso el nombre de la ciudad.”**  If field 5 is missing: **“Usted no puso el nombre del estado.”**  If field 6 is missing: **“Usted no puso el código postal.”**  If any of field 1-6 is missing, display message(s) above and also: **“Sin tener una dirección completa, tal vez no podamos enviarle el cheque por su incentivo. Si usted tiene esa información, por favor seleccione ‘Editar.’”** |

|  |
| --- |
| All |

**THANK.** ¡Muchas gracias por participar en el estudio MGLS:2017! Apreciamos que se haya tomado el tiempo para completar la encuesta. Haga clic en "Terminar" para completar y cerrar la encuesta.

**(FINISH)**

## Appendix MS2-U2c. Mini Parent Interview Survey

A

*PLEASE NOTE: This letter will be stapled to the front of the Mini Survey.*

<DATE>

<parentname>

<address>

<city, state zip>

**Study ID: «parentID»**

**Password: «passwd»**

Dear <Parent or Guardian>:

There is still time for you to participate in the [**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017)**](https://surveys.nces.ed.gov/MGLS/)! Data collection is ending soon, and we really need your help to learn about «studentFName»’s educational experiences. The information you provide will help improve education for students now and in the future. If you have already completed the survey, thank you for your participation.

Enclosed is a shortened version of the parent survey for your convenience.

To complete the survey and **receive a check for $<incentive>**, you have a few options:

* You may **log-in to our secure website** at <https://surveys.nces.gov/mgls/> using the study ID and password provided above.
* You may **call us toll-free** at 1-855-500-1432 to complete over the phone.
* If you prefer, you may use the **enclosed paper form** and return it in the postage-paid envelope provided.

**Please take a few minutes to fill out this brief questionnaire and return it in the enclosed envelope by <DATE> to receive $<incentive>.**

Thank you in advance for making MGLS:2017 a success!

Complete this survey today!

Sincerely,

James L. Woodworth

NCES Commissioner

*NCES is authorized to conduct the MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543), and to collect students’ education records from educational agencies or institutions for the purpose of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form, for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical records.*

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to average 20 minutes for the electronic form or 5 minutes for the paper form, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.*

**Middle Grades Longitudinal Study of 2017-18**

1. Does your child who was in 6th grade two years ago have biological, adoptive, step- or foster parents who live in your household?

1   Yes, one parent in household

2  Yes, two parents in household

3  No

1. What is your relationship to your child who was in 6th grade two years ago?

1  Biological or birth mother

2  Biological or birth father

3  Adoptive mother

4  Adoptive father

5  Stepmother

6  Stepfather

7  Foster mother or female legal guardian

8  Foster father or male legal guardian

9  Other female parent or guardian

10  Other male parent or guardian

11  Girlfriend or partner of middle-schooler’s parent/guardian

12  Boyfriend or partner of middle-schooler’s parent/guardian

13  Grandmother

14  Grandfather

15  Other female relative

16  Other male relative

17  Other non-relative

1. What is the highest level of education you have completed?

1  Less than high school

2  High school diploma or equivalent/GED

3  Vocational/technical diploma after high school

4  Associate’s degree (for example: AA, AS)

5  Bachelor’s degree (for example: BA, BS)

6  Master’s degree (for example: MA, MS, MBA)

7  Doctorate or other high level professional degree (for example: Ph.D, Ed. D, MD,DDS, DVM, JD)

1. What are the title and duties of your current job? *If you have more than one job, describe the job where you work the most hours. If you do not work for pay, check this box:*  

Job title:

Job duties:

1. Do you have a spouse or partner who lives in the same household as you and your child who was in 6th grade two years ago?

1  Yes, I am married to someone in the household

2  Yes, I am in a domestic partnership or civil union with someone in the household

3  No ***Go to Question 9***

1. What is your spouse or partner’s relationship to your child who was in 6th grade two years ago?

1  Biological or birth mother

2  Biological or birth father

3  Adoptive mother

4  Adoptive father

5  Stepmother

6  Stepfather

7  Foster mother or female legal guardian

8  Foster father or male legal guardian

9  Other female parent or guardian

10  Other male parent or guardian

11  Girlfriend or partner of middle-schooler’s parent/guardian

12  Boyfriend or partner of middle-schooler’s parent/guardian

13  Grandmother

14  Grandfather

15  Other female relative

16  Other male relative

17  Other non-relative

***Please continue on the other side.***

1. What is the highest level of education your spouse or partner has completed?

1  Less than high school

2  High school diploma or equivalent/GED

3  Vocational/technical diploma after high school

4  Associate’s degree (for example: AA, AS)

5  Bachelor’s degree (for example: BA, BS)

6  Master’s degree (for example: MA, MS, MBA)

7  Doctorate or other high level professional degree (for example: Ph.D, Ed.D, MD, DDS, DVM, JD)

1. What are the title and duties of your spouse or partner’s current job? *If your spouse/partner has more than one job, describe the job where he/she works the most hours. If your spouse/partner does not work for pay, check this box:* 

Job title:

Job duties:

1. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

1  $10,000 or less

2  $10,001 – $20,000

3  $20,001 – $30,000

4  $30,001 – $40,000

5  $40,001 – $50,000

6  $50,001 – $60,000

7  $60,001 – $70,000

8  $70,001 – $80,000

9  $80,001 – $90,000

10  $90,001 – $100,000

11  $100,001 – $125,000

12  $125,001 – $150,000

13  $150,001 – $175,000

14  $175,001 – $200,000

15  More than $200,000

1. How far in school do you expect your child who was in 6th grade two years ago to go? Would you say you expect your child who was in 6th grade two years ago …

1  Won’t finish high school?

2  Will graduate from high school, but won’t go any further?

3  Will go to a technical or trade school after high school?

4  Will attend college?

5  Will graduate from college?

6  Will attend a higher level of school after graduating from college?

7  You don’t know

**You're finished!** The last thing we need to know is where you want us to send the check for completing the survey.

Name:

Street   
 Address:

City:

State:

Zip Code:

Thank you very much for participating in MGLS:2017! We appreciate you taking the time to complete the survey.

Please return the completed form in the enclosed postage-paid envelope. Or mail to:

MGLS Data Capture

RTI Research Operations Center

5265 Capital Blvd

Raleigh, NC 27616

## Appendix MS2-U2d. Spanish Translation of Mini Parent Interview Survey

*PLEASE NOTE: This letter will be stapled to the front of the Mini Survey.*

<DATE>

<parentname>

**ID del estudio (número de identificación del estudio): «parentID»**

**Password (contraseña): «passwd»**

<address>

<city, state zip>

Estimado(a) « Parent or Guardian »:

Todavía tiene tiempo de participar en el **Estudio Longitudinal de los Grados Intermedios de 2017-18** (MGLS:2017, por sus siglas en inglés). Ya está por terminar la recolección de datos y realmente necesitamos su ayuda para conocer las experiencias educativas de <<student Name>>. La información que usted proporcione nos ayudará a mejorar la educación para los estudiantes ahora y en el futuro. Si usted ya completó la encuesta, muchas gracias por su participación.

Para su conveniencia, junto con esta carta le estamos enviando una versión abreviada de la encuesta para padres.

Paracompletar este cuestionario y **recibir un cheque for $<incentive> usted tiene diferentes opciones:**

* **Puede ingresar a nuestro sitio electrónico** **seguro** en <https://surveys.nces.ed.gov/mgls/> usando el ID del estudio y la contraseña que aparecen más arriba.
* Puede **llamarnos al número gratuito** 1-855-500-1432 para completar la encuesta por teléfono.
* Si prefiere, puede usar el **cuestionario impreso adjunto** y devolverlo en el sobre prepagado que le estamos enviando.

**Por favor tome unos minutos para completar este breve cuestionario y devolverlo en el sobre adjunto antes del <DATE> para recibir $<incentive>.**

¡Gracias de antemano por hacer de MGLS:2017 todo un éxito!



¡Complete esta encuesta hoy!

Atentamente,

James L. Woodworth

Comisionado de NCES

Anexo: Encuesta para padres

*NCES está autorizado a hacer el estudio MGLS:2017 por el Acta de Reforma de las Ciencias de la Educación de 2002 (ESRA 2002, 20 U.S.C. §9543) y a obtener récords educativos de los estudiantes de agencias o instituciones educativas para propósitos de evaluación de programas de educación con fondos federales, bajo la Ley de Derechos Educativos y Privacidad Familiar (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35).  RTI International, una organización sin fines de lucro que realiza estudios y está basada en los Estados Unidos, está recopilando los datos para NCES. Toda la información que usted proporcione podrá usarse solamente para propósitos estadísticos y no podrá divulgarse ni usarse de manera que permita identificar a los participantes para ningún otro propósito, salvo que lo requiera la ley (20 U.S.C. §9573 y 6 U.S.C. §151). La información obtenida se combinará con la de los demás participantes para producir reportes estadísticos..*

*De conformidad con la Ley de Reducción del Papeleo de 1995 no se puede pedir a ninguna persona que responda a un pedido de información a menos que éste cuente con un número de control de OMB válido (Office of Management and Budget por sus siglas en inglés). El número de control de OMB válido para este pedido de recolección de información voluntaria es 1850-0911. La aprobación expira el DD/MM/2022. El tiempo requerido para completar esta recolección de información es en promedio 5 minutos incluyendo el tiempo para revisar las instrucciones, reunir la información necesaria y completar y revisar la información solicitada. Si usted tiene algún comentario concerniente a la precisión del tiempo estimado, sugerencias para mejorar la encuesta, o cualquier comentario relacionado al estatus del envío de su información por favor escriba directamente a: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St, SW, Room 4002, Washington, DC 20202.*

**Estudio Longitudinal de los Grados Intermedios de 2017-18**

1. Piense en su niño que estaba en 6o grado hace dos años. ¿Viven en su hogar con usted y el niño alguno de los padres biológicos o adoptivos del niño, el padrastro o la madrastra, o el padre o la madre *foster* del niño?

1   Sí, uno de ellos vive en el hogar

2  Sí, dos de ellos viven en el hogar

3  No

1. ¿Qué relación o parentesco tiene usted con su niño que estaba en 6o grado hace dos años? ¿Usted es...?

1  Madre biológica o madre de nacimiento

2  Padre biológico o padre de nacimiento

3  Madre adoptiva

4  Padre adoptivo

5  Madrastra

6  Padrastro

7  Madre 'foster' o tutora o guardiana legal

8  Padre 'foster' o tutor o guardián legal

9  Otra figura materna o tutora

10  Otra figura paterna o tutor

11  Novia o pareja de uno de los padres o tutores o guardianes del niño que estaba en 6o grado hace dos años

12  Novio o pareja de uno de los padres o tutores o guardianes del niño que estaba en 6o grado hace dos años

13  Abuela

14  Abuelo

15  Otra parienta

16  Otro pariente

17  Otro no pariente

1. ¿Cuál es el nivel de estudios más alto que usted ha completado?

1  Menos de *high school*

2  Diploma de *high school* o equivalente/GED

3  Diploma vocacional/técnico después de *high school*

4  Grado asociado (por ejemplo: AA, AS)

5  Título de bachelor (por ejemplo: BA, BS)

6  Maestría (por ejemplo: MA, MS, MBA)

7  Doctorado u otro título alto de estudios profesionales (por ejemplo: Ph.D, Ed.D, MD, DDS, DVM, JD)

1. ¿Cuál es el título de su puesto y cuáles son sus responsabilidades en su trabajo actual? Si tiene más de un trabajo, describa el trabajo para el cual trabaja más horas. Si no trabaja por pago, marque este cuadrito: 

Título del puesto de trabajo:

Responsabilidades en

el trabajo:

1. ¿Tiene usted un esposo(a) o pareja que vive en el mismo hogar que usted y su niño que estaba en 6o grado hace dos años?

1  Sí, estoy casado(a) con alguien en este hogar

2  Sí, estoy viviendo en una unión doméstica o unión civil con alguien en este hogar

3  No 🡪**Pase a la pregunta 9**

1. ¿Qué relación o parentesco tiene su esposo(a) o pareja con su niño que estaba en 6o grado hace dos años?

1  Madre biológica o madre de nacimiento

2  Padre biológico o padre de nacimiento

3  Madre adoptiva

4  Padre adoptivo

5  Madrastra

6  Padrastro

7  Madre 'foster' o tutora o guardiana legal

8  Padre 'foster' o tutor o guardián legal

9  Otra figura materna o tutora

10  Otra figura paterna o tutor

11  Novia o pareja de uno de los padres o tutores o guardianes del niño que estaba en 6o grado hace dos años

12  Novio o pareja de uno de los padres o tutores o guardianes del niño que estaba en 6o grado hace dos años

13  Abuela

14  Abuelo

15  Otra parienta

16  Otra pariente

17  Otro no pariente

***Por favor continúe en el otro lado.***

1. ¿Cuál es el nivel de estudios más alto que su esposo(a) o pareja ha completado?

1  Menos de *high school*

2  Diploma de *high school* o equivalente/GED

3  Diploma vocacional/técnico después de *high school*

4  Grado asociado (por ejemplo: AA, AS)

5  Título de *bachelor* (por ejemplo: BA, BS)

6  Maestría (por ejemplo: MA, MS, MBA)

7  Doctorado u otro título alto de estudios profesionales (por ejemplo: Ph.D, Ed.D, MD, DDS, DVM, JD)

1. ¿Cuál es el título del puesto y cuáles son las responsabilidades de su esposo(a) o pareja en su trabajo actual? Si su esposo(a) o pareja tiene más de un trabajo, describa el trabajo para el cual él/ella trabaja más horas. Si su esposo(a)/pareja no trabaja por pago, marque este cuadrito: 

Título del puesto de trabajo:

Responsabilidades en

el trabajo:

1. En estudios como éste, algunas veces se agrupan los hogares según sus ingresos. ¿Cuánto fueron los ingresos totales de todas las personas de su hogar durante el último año, incluyendo los salarios u otros ingresos, intereses, jubilación, y demás para todos los miembros del hogar?

1  $10,000 o menos

2  $10,001 – $20,000

3  $20,001 – $30,000

4  $30,001 – $40,000

5  $40,001 – $50,000

6  $50,001 – $60,000

7  $60,001 – $70,000

8  $70,001 – $80,000

9  $80,001 – $90,000

10  $90,001 – $100,000

11  $100,001 – $125,000

12  $125,001 – $150,000

13  $150,001 – $175,000

14  $175,001 – $200,000

15  Más de $200,000

1. ¿Hasta dónde piensa que llegará en sus estudios su niño que estaba en 6o grado hace dos años? ¿Diría que piensa que …

1  no terminará high school?

2  se graduará de high school, pero no continuará sus estudios?

3  irá a una escuela técnica o de oficios después de high school?

4  irá a un college o universidad?

5  se graduará del college o universidad?

6  seguirá sus estudios en un nivel más alto después de graduarse del college o universidad?

7  Usted no sabe.

**¡Ya terminó!** Lo último que necesitamos saber es adónde desea que le enviemos el cheque por completar la encuesta.

Nombre:

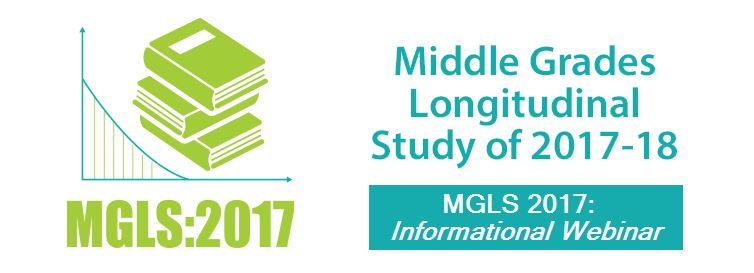
Línea de la

dirección:

Ciudad:

Estado:

Código postal:

¡Muchas gracias por participar en el estudio MGLS:2017! Apreciamos que se haya tomado el tiempo para completar la encuesta.

Por favor devuelva la encuesta completada en el sobre prepagado que está incluido. O envíela por correo a:

MGLS Data Capture

RTI Research Operations Center

5265 Capital Blvd

Raleigh, NC 27616

## Appendix MS2-U3. Mathematics Teacher Survey Specifications

**Note: OFT1 item numbers are shown in parentheses.**

|  |
| --- |
| *NCES is authorized to conduct the MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543), and to collect students’ education records from educational agencies or institutions for the purpose of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form, for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical records.*  *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to average 20 minutes for the teacher-level information and 7 minutes per study student, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.* |

**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017)**

**MS2 Math Teacher Survey**

|  |
| --- |
| ALL  IF SCHOOL DOES NOT ALLOW CHECK INCENTIVE, DO NOT FILL “**You will receive $20 for completing the parts about you and your classroom, plus an additional $7 for each individual student about whom you answer questions.”** |

**A001. (A00a.) SURVEY INFORMATION**

**You have received an invitation to complete this questionnaire because one or more students you teach have been selected to participate in the MGLS:2017 Main Study. To enhance the information provided by your students and their parents, we need you to complete this survey.**

6000001

**After confirming whether you teach the students selected for MGLS:2017, the survey will ask some background questions about yourself and your school. The survey will also ask questions about your classroom(s) and about specific student(s) who are participating in our study. Some classroom- and student-specific portions of the survey will be repeated if you teach multiple study students.**

**Taking part in the study is voluntary, and you can skip questions you do not want to answer. We realize you are very busy, but urge you to complete the questionnaire as completely and accurately as possible. Your answers are very important to the study’s success. [You will receive $20 for completing the parts about you and your classroom, plus an additional $7 for each individual student about whom you answer questions.]**

**NOTE: There [is/are] [FILL NUMBER OF STUDENTS] MGLS:2017 student[s] that we will ask you to confirm you teach math to.**

Please click below to start the survey.

|  |
| --- |
| PROGRAMMER BOX A001  “**Log out**” should be visible in the top left corner of each screen. |

**A. Introduction**

|  |
| --- |
| ALL |

Notes to programmers:

1. Question numbers appear in the specs for programming purposes (i.e., routing, skip logic, etc.) but will be displayed in small font in upper right corner of screen.
2. All questions will generally have the same soft check message.

AFTER 8 MINUTES OF NO ACTIVITY, DISPLAY:

Due to inactivity, your session will close in 2 minutes. Press Continue if you need more time.

[AFTER 10 MINUTES OF NO ACTIVITY, DISPLAY:]

Your session has timed out. We’re very sorry! Your session has been idle for more than 10 minutes. Please click below to log back into the survey.

**Click below to return to the login page.**

6000010

**(Welcome back)**

**[if respondent returning to survey for second or higher order time]:**

PROGRAMMER: THE MESSAGE BELOW WILL APPEAR ON A TRANSITION POP-UP BETWEEN THE EXISTING LOGIN SCREEN AND THE RETURNING USER’S SCREEN LAST LEFT OFF AT. SO, THE PAGE ORDER FOR RETURNING USERS IS:

1. LOG IN PAGE
2. WELCOME BACK TRANSITION PAGE
3. PAGE RETURNING USER’S LAST LEFT OFF

Welcome back, [TEACHER’S FIRST NAME]! Thanks for participating in our survey. Here are a few things to remember before you begin…

Please don’t click your back button during the survey.

Please use the navigation buttons at the bottom of the survey.

When you have finished or if you need to take a break before finishing, please click the LOG OUT button and CLOSE ALL browser windows to keep your responses secure. For example, if you used Chrome or Safari to open the survey, make sure no Chrome or Safari windows are open after you end the survey. Not closing all browsers may allow someone else to see your responses.

*When you log in again, you can resume where you left off.*

**Need more help?**   
If you have any questions about logging in or about the survey questions, please use the “Help” button at the top of your screen or call our help desk at 1-855-500-1432.

Click the arrow button below to get started.

**(COMPLETED SURVEY)**

**[IF RESPONDENT ATTEMPTS TO LOGIN TO A COMPLETED SURVEY]**

6000015

Our records indicate that you have finished your survey. Thank you for your participation; you do not need to log in again.

If you think you are receiving this message in error, or have questions about the study, please call 1-855-500-1432 or send an email to [MGLSstaff@rti.org](mailto:MGLSstaff@rti.org) and reference the Study ID you were provided.

[CLOSE BUTTON]

|  |
| --- |
| ALL |

**A005. (A00c.) How to Complete the Survey**

**Thank you very much for participating! Before you get started, here are a few helpful hints.**

6000020

* **To answer the questions, select the answer on the screen that matches your response.**
* **Answer each question as accurately as possible; if you need to estimate an answer that is okay.**
* **Press the "Next" button to save your responses and move forward.**
* **Press the "Previous" button to go back.**
* **Some questions offer text to help you understand the question or the response options. Click on the HELP icon at the top of the screen or the help icon https://hatteras4stage.rti.org/MGLSMathTeacher/icons/help.png in the survey to see the help text.**
* **If you need to take a break and leave the survey at any time, click the "LOG OUT" button in the top left-hand corner of your screen. When you log back in, the survey will start from the screen you were on when you logged out.**
* **To protect your data, you will be logged off if you are idle for more than 10 minutes.**

**Please click on the “Next” button below to continue with the survey.**

**A010. (A00C2.) Welcome to the Middle Grades Longitudinal Study of 2017-18 (MGLS:2017) Math Teacher Questionnaire. This is the information we have on record about your school, your name, and the math class(es) you teach that have MGLS students. You will be able to correct your name at the end of the survey, if needed. Press “Next” to continue.**

6000025

**School: [SCHOOL NAME PREFILL]**

**Teacher: [TEACHER NAME PREFILL]**

**Class(es): [CLASS NAME(S) PREFILL, PERIOD(S) PREFILL]**

|  |
| --- |
| ALL |

SCINTRO

**This first section will ask you to confirm whether you teach math to the [student/students] selected for MGLS:2017.**

|  |
| --- |
| ALL |
| B001 (SC01) WILL BEGIN A SHORT CONFIRMATION LOOP WHICH IS TO INCLUDE AN ITERATION FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT. |

**B001. (SC01.) Do/did you teach math to [FILL PRELOADED STUDENT NAME] during this school year (2019-2020)?**

🔾 Yes, and I am the current math teacher for   
[FILL PRELOADED STUDENT NAME] 1 [SKIP TO B010 (SC01B)]

6000100

🔾 Yes, although I am not the current math teacher for   
[FILL PRELOADED STUDENT NAME] 2 [SKIP TO B005 (SC01A)]

🔾 No 3 [SKIP TO B020 (SC02)]

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF B001 (SC01)=NO RESPONSE; **Please provide an answer to this question and then click the “Next” button.** |

|  |
| --- |
| B001 (SC01) = 2 |

**B005. (SC01a.) In what month and year did you last teach math to [FILL PRELOADED STUDENT NAME]?**

* Month

6000101

* Year

|  |
| --- |
| SOFT CHECK: If future date is selected: **You selected a date in the future. Please select a month and year when you last taught math to this student. Press “Next” to continue.** |

|  |
| --- |
| B001 (SC01) = 1,2 |

**B010. (SC01b.) Do/did you teach [FILL PRELOADED STUDENT NAME] in [FILL PRELOADED CLASS/PERIOD]?**

🔾 Yes 1 [SEE BELOW]

6000102

🔾 No 2 [SKIP TO B015 (SC01C)]

NO RESPONSE M [SKIP TO B015 (SC01C)]

|  |
| --- |
| SOFT CHECK: IF B010 (SC01B)=NO RESPONSE, “**Please provide an answer to this question and then click the “Next” button.**  IF B010 (SC01B)=1 then do:  IF B001 (SC01) HAS NOT YET BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, LOOP BACK TO B001 (SC01) AND ADMINISTER FOR THE NEXT PRELOADED STUDENT.  ELSE IF B001 (SC01) HAS BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, AND B001 (SC01) in (1,2) FOR AT LEAST ONE STUDENT, GO TO THE PROGRESS SUMMARY SCREEN (IMMEDIATELY PRECEDING C001 (D01)).  ELSE TEACHER IS INELIGIBLE; GO TO B030 (SC05). |

|  |
| --- |
| B010 (SC01B) IN (2,M) |
| EACH PRELOADED CLASS/PERIOD ASSOCIATED WITH THE TEACHER RESPONDENT WILL BE LISTED AS A RESPONSE OPTION FOR THIS QUESTION.  EACH CLASS/PERIOD SELECTED BY THE RESPONDENT WILL THEN BE ASKED ABOUT IN SECTION F. |

**B015. (SC01c.) In which of the following classes do/did you teach [FILL PRELOADED STUDENT NAME]?**

* First preloaded class/period

6000103

* Second preloaded class/period
* Third preloaded class/period
* Etc.
* Etc.

6000106

* Other (specify)

|  |
| --- |
| PROGRAMMER BOX B015  IF B001 (SC01) HAS NOT YET BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, LOOP BACK TO B001 (SC01) AND ADMINISTER FOR THE NEXT PRELOADED STUDENT.  ELSE IF B001 (SC01) HAS BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, AND B001 (SC01) in (1,2) FOR AT LEAST ONE STUDENT, GO TO THE PROGRESS SUMMARY SCREEN (IMMEDIATELY PRECEDING C001 (D01)).  ELSE TEACHER IS INELIGIBLE; GO TO B030 (SC05). |

|  |
| --- |
| SOFT CHECK: IF B015 (SC01C)=NO RESPONSE, “**Please provide an answer to this question and then click the “Next” button.”** |
| HARD CHECK: IF B015 (SC01C) OTHER IS SELECTED AND NO TEXT STRING ENTERED, “**You have selected “Other” but have not specified a class and period in the text box. Please provide a complete answer to this question and then click the ‘Next’ button.”** |
| B001 (SC01) = 3,2 |
| FILL PRELOADED STUDENT FIRST NAME AND LAST NAME |

**B020. (SC02.) Does/Did anyone else at your school teach math to [FILL PRELOADED STUDENT NAME] during this school year (2019-2020)?**

🔾 Yes 1 [SKIP TO B025 (SC03)]

6000104

🔾 No 2 [SEE BELOW]

NO RESPONSE M [SEE BELOW]

|  |
| --- |
| PROGRAMMER BOX B020  If B020 (SC02) in (2, M) then do:  IF B001 (SC01) HAS NOT YET BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, LOOP BACK TO B001 (SC01) AND ADMINISTER FOR THE NEXT PRELOADED STUDENT.  ELSE IF B001 (SC01) HAS BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, AND B001 (SC01) in (1,2) FOR AT LEAST ONE STUDENT, GO TO THE PROGRESS SUMMARY SCREEN (IMMEDIATELY PRECEDING C001 (D01)).  ELSE TEACHER IS INELIGIBLE; GO TO B030 (SC05). |

|  |
| --- |
| SOFT CHECK: IF B020 (SC02) = NO RESPONSE;  **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| B020 (SC02) = 1 |
| FILL PRELOADED STUDENT FIRST NAME AND LAST NAME |

**B025. (SC03.) You indicated that [FILL PRELOADED STUDENT NAME] has a different math teacher. What is the name of this student’s math teacher?**

6000105

NAME (STRING (50))

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF B025 (SC03)=NO RESPONSE; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| IF B001 (SC01) HAS NOT YET BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, LOOP BACK TO B001 (SC01) AND ADMINISTER FOR THE NEXT PRELOADED STUDENT.  ELSE IF B001 (SC01) HAS BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, AND B001 (SC01) in (1,2) FOR AT LEAST ONE STUDENT, GO TO THE PROGRESS SUMMARY SCREEN (IMMEDIATELY PRECEDING C001 (D01)).  ELSE TEACHER IS INELIGIBLE; GO TO B030 (SC05). |

**B030. (SC05.) Thank you for taking the time to answer our questions! Since you are not the math teacher for any MGLS:2017 students, it is not necessary for you to answer any other questions.**

6000030

**Press “Finish” to finish.**

**PROGRAMMER NOTE: EXIT AND UPDATE STATUS.**

|  |
| --- |
| PROGRESS SUMMARY SCREEN |
| THIS SCREEN APPRISES THE RESPONDENT OF THEIR PROGRESS BY LISTING THE CLASSES/STUDENTS FOR WHOM THE RESPONDENT HAS ALREADY ANSWERED QUESTIONS (IF APPLICABLE), AS WELL AS THE REMAINING CLASSES/STUDENTS FOR WHOM THE RESPONDENT WILL STILL BE ASKED QUESTIONS.  **First, we have some questions about your background and then we have some questions about the classes and students you are currently teaching or have taught this school year (2019-2020).**  **We have some questions for you about the following:**  **You have answered questions about the following:**  **We still have some questions for you about the following:**  **Now we have some questions about the [class\_name] and [student\_name] you are currently teaching or have taught this school year (2019-2020).**  **Class:** [CLASS NAME 1]  **Student:** [STUDENT NAME FILL 1]  **Class:** [CLASS NAME 2]  **Student:** [STUDENT NAME FILL 2]  **Class:** [CLASS NAME 3]  **Student:** [STUDENT NAME FILL 3]  **Student:** [STUDENT NAME FILL 4] |

|  |
| --- |
| ALL |

**The next several questions ask about your educational background and teaching experience.**

**C001. (D01.) What is the highest level of education you have completed?**

6040100

🔾 Did not complete high school 1

🔾 High school diploma or equivalent (for example: GED) 2

🔾 Some college or technical or vocational school 3

🔾 Associate’s degree (for example: AA, AS) 4

🔾 Bachelor’s degree (for example: BA, BS) 5

🔾 Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) 6

🔾 Doctorate or an advanced professional degree beyond a Master's degree (for example: Ph.D, Ed.D, MD, DDS, DVM, JD) 7

NO RESPONSE M

|  |
| --- |
| IF C001 (D01) = 2 or =3 or =4 or =5 or =6 or=7, go to C005 (D02); Else go to C020 (D05). |
| FILL = C001 (D01) RESPONSE if C001 (D01)=2 or =4 or =5 or =6 or =7; FILL “**college or technical or vocational school training**” if C001 (D01)=3 |

**C005. (D02.) In what year did you receive your [FILL WITH HIGHEST DEGREE LISTED IN C001 (D01)]?**

6040200

YEAR HIGHEST DEGREE RECEIVED

(1940-2020)

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C005  format C005 (D02) as drop-down ranging from 1940 to 2020. Note the upper range of year may need to be updated accordingly. |

|  |
| --- |
| IF C001 (D01) >= 3, GO TO C010 (D03); ELSE GO TO C020 (D05). |

**C010. (D03.) Did you have a major, minor, or special emphasis in any of the following areas as part**

**of your undergraduate or graduate coursework?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Yes, a major | Yes, a minor, or special emphasis | No |
| --- | --- | --- | --- | --- |
| 6040301 | a. Elementary education | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040303 | b. Middle grades education | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040302 | c. Secondary education | 1 🔾 | 2 🔾 | 3 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK: **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| IF C001 (D01) >= 3 |

**C015. (D04.) How many college-level classes have you taken in the following branches of mathematics?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | None | One or two | Three or four | Five or more |
| --- | --- | --- | --- | --- | --- |
| 6040401 | a. Algebra such as abstract algebra, linear algebra, or groups, rings, and fields | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040402 | b. Applied mathematics such as dynamical systems, game theory, information theory, mathematical modeling, or mathematical physics | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040403 | c. Calculus, analysis, or differential equations | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040404 | d. Discrete mathematics, combinatorics, or graph theory | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040405 | e. Foundations, philosophy, history of mathematics, or logic | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040406 | f. Geometry, trigonometry, or topology | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040407 | g, Number theory | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040408 | h. Probability or statistics | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| 6040409 | i. Teaching mathematics | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |

SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK: **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.**

|  |
| --- |
| ALL |

**C020. (D05.) Including this school year, how many years have you taught the following grades at any school...**

**Please estimate to the nearest year.**

**If you have been working for less than one year, enter 1.**

|  |  | NUMBER OF YEARS |
| --- | --- | --- |
| 6040501 | a. Grade K-12 in any subject? | (RANGE 0.0-50.0) |
| 6040502 | b. Grade K-5 math? | (RANGE 0.0-50.0) |
| 6040503 | c. Grade 6-8 math? | (RANGE 0.0-50.0) |
| 6040504 | d. Grade 9-12 math? | (RANGE 0.0-50.0) |

|  |
| --- |
| HARD CHECK: IFC020 (D05) a, b, c, or d ARE NON-NUMERIC; **Please enter a numeric value that is 0 or greater.** |
| HARD CHECK: IF C020 (D05) < 0; **Please enter a value that is 0 or greater.** |
| SOFT CHECK: IF ANY C020 (D05) >40; **You entered [C020 (D05) a, b, c, or d] years teaching [QUESTION TEXT]. Select “Edit” to adjust the number of years or select “Next" if this is correct.** |
| SOFT CHECK: IF C020 (D05)a < C020 (D05) b, c, or d, OR THEIR SUM; **You entered [C020 (D05)a RESPONSE] years as the number of years you taught grade K-12 in any subject, which is less than the [C020 (D05) b, c, or d RESPONSE] years you taught [C020 (D05)b, c, d QUESTION TEXT]. Select “Edit” to adjust the number of years or select “Next” if this is correct.** |

|  |
| --- |
| PROGRAMMER BOX C020  Omit blanks from soft check (do not display when any of the items are left unanswered). |

|  |
| --- |
| ALL |

**C025. (D06.) Which of the following best describes the teaching certificate you currently hold?**

🔾 Regular or standard state certificate or advanced professional certificate 1

6040600

🔾 Certificate issued after satisfying all requirements except the completion of a probationary teaching period 2

🔾 Certificate that requires some additional coursework or passing a test 3

🔾 Certificate issued to persons who must complete a certification program in   
order to continue teaching 4

🔾 I do not hold any of these certifications 5

NO RESPONSE M

|  |
| --- |
| C025 (D06) NE 5 OR NE M |

**C030. (D07.) In which grades does this certificate allow you to teach math?**

*Select all that apply.*

🞏 n. This certificate does not allow me to teach math 14

6040714

6040704

6040711

6040702

6040701

6040703

🞏 a. Kindergarten 1

🞏 b. Grade 1 2

🞏 c. Grade 2 3

🞏 d. Grade 3 4

🞏 e. Grade 4 5

6040705

🞏 f. Grade 5 6

6040706

🞏 g. Grade 6 7

6040707

🞏 h. Grade 7 8

6040708

🞏 i. Grade 8 9

6040709

🞏 j. Grade 9 10

6040710

🞏 k. Grade 10 11

🞏 l. Grade 11 12

6040712

🞏 m. Grade 12 13

6040713

NO RESPONSE M

|  |
| --- |
| ALL |

**C035. (D08.) Have you taken the exam for National Board Certification?**

🔾 Not taken 1

6040800

🔾 Taken and passed 2

🔾 Taken and awaiting results 3

🔾 Taken and have not yet passed 4

NO RESPONSE M

|  |
| --- |
| C035 (D08)=2 |

**C040. (D09.) In what content area(s) do you hold a National Board for Professional Teaching certificate?**

*Select all that apply.*

🞏 a. Generalist, Early Childhood 1

6040901

🞏 b. Generalist, Middle Childhood 2

6040902

🞏 c. Mathematics, Early Adolescence 3

6040903

🞏 d. Mathematics, Adolescence and Young Adulthood 4

6040904

🞏 e. Exceptional Needs Specialist 5

6040907

🞏 f. Other 99

6040905

NO RESPONSE M

|  |
| --- |
| ALL |

**C045. (D10.) Did you enter teaching through an alternative certification program? An alternative certification program is a program that is designed to expedite the transition of non-teachers to a teaching career, for example, a state, district, or university alternative certification program.**

🔾 Yes 1

6041000

🔾 No 2

NO RESPONSE M

|  |
| --- |
| ALL |

**The next set of questions asks about you and your background.**

**C050. (D11.) In what year were you born?**

6041100

YEAR BORN

(RANGE 1925-2003)

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C050  format C050 (D11) as drop-down ranging from 1925 to 2003. Note the upper range of year may need to be updated accordingly. |

|  |
| --- |
| ALL |

**C055. (D12.) What is your sex?**

🔾 Male 1

6041200

🔾 Female 2

NO RESPONSE M

|  |
| --- |
| ALL |

**C060. (D13.) Are you of Hispanic or Latino origin?**

🔾 Yes 1

6041300

🔾 No 2

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C060  Help text for C060 (D13) QUESTION TEXT (hyperlink the words “**Hispanic or Latino origin**” in question text):  **Hispanic or Latino origin**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race. |

|  |
| --- |
| ALL |

**C065. (D14.) Which of the following best describes your race?**

*Select all that apply.*

🞏 a. American Indian or Alaska Native 1

6041401

6041402

🞏 b. Asian 2

6041403

🞏 c. Black or African American 3

6041404

🞏 d. Native Hawaiian or other Pacific Islander 4

🞏 e. White 5

6041405

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX C065  each response option should include an information icon to its corresponding definition. ONE HELP TEXT BOX CURRENTLY DISPLAYS WITH INFORMATION ABOUT ALL OF THE RACES WHEN ANY OF THE ABOVE RACES ARE CLICKED ON.  Help text for C065 (D14) QUESTION TEXT:  **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  **Asian:**A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  **Black or African American**: A person having origins in any of the black racial groups of Africa.  **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

|  |
| --- |
| ALL |

**The next questions ask about professional development and interactions with your colleagues.**

**D001. (C03A.) How many hours of professional development did you receive this school year that was focused on math?**

**Please enter whole numbers only.**

NUMBER OF HOURS

6030310

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF DECIMAL IS ENTERED; **Please enter a whole number.** |

|  |
| --- |
| ALL |

D005. (C03AC.) How many times this school year were you observed as part of a teacher evaluation?

6030313

🔾 Never 1

🔾 Once 2

🔾 2 times 3

🔾 3 or 4 times 4

🔾 More than 4 times 5

NO RESPONSE M

|  |
| --- |
| ALL |

**D010. (C03AB.) How many times this school year were you observed by a coach, mentor, or peer?**

6030312

🔾 Never 1

🔾 Once 2

🔾 2 times 3

🔾 3 or 4 times 4

🔾 More than 4 times 5

NO RESPONSE M

|  |
| --- |
| ALL |

**D015. (C03AA.) As part of your professional development, how many times this school year did you observe another teacher?**

6030311

🔾 Never 1

🔾 Once 2

🔾 2 times 3

🔾 3 or 4 times 4

🔾 More than 4 times 5

NO RESPONSE M

|  |
| --- |
| ALL |

**D020. (C03B.) How often do you communicate with the special education provider about the students in your math classes?**

6030331

🔾 Daily 1

🔾 Weekly 2

🔾 Monthly 3

🔾 Rarely. 4

🔾 Never. 5

🔾 Not applicable. 6

NO RESPONSE M

|  |
| --- |
| ALL |

**E001. (B01.) This section focuses on the content you cover in your math classes, as well as your teaching practices this school year.**

**The curriculum used for your math classes this school year is...**

*Select all that apply.*

🞏 a. Locally or district-designed 1

6020101

🞏 b. State-designed 2

6020103

6020102

🞏 c. Nationally-designed 3

NO RESPONSE M

|  |
| --- |
| Help text for E001(B01) QUESTION TEXT (hyperlink the words “**Locally or district-designed**” in question text):  **If you or your school designed your curriculum, or if you put together portions of other curricula, for example, to meet the needs of a specific course or students with an IEP, check “Locally or district-designed”.** |

|  |
| --- |
| ALL |

**E010. (B12.) Next we would like to know about how you use technology in your teaching.**

**Please indicate if the following technology devices are available for your use in one or more of your math classes this school year.**

*Select all that apply.*

🞏 a. Desktop or laptop 1

6021201

6021202

🞏 b. Tablet 2

🞏 c. Smartboard, or interactive whiteboard 3

6021203

🞏 d. Interactive TV monitor 4

60212041

🞏 e. LCD or DLP projector 5

6021206

6021205

🞏 f. Smartphone 6

🞏 g. Apps 7

6021207

🞏 h. Digital camera 8

6021208

🞏 i. Digital video recorder 9

6021209

🞏 j. Graphing calculators 10

6021210

🞏 k. Student or audience response system for polling 11

6021211

🞏 q. No technology devices are available for **teacher** use in the classroom 12

6021217

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX E010  IF OPTION 12 IS SELECTED, DO NOT ALLOW SELECTION OF ANY OTHER OPTIONS. |

|  |
| --- |
| ALL |

**E015. (B13.) Please indicate if the following technology devices are available for student use in one or more of your math classes this school year.**

*Select all that apply.*

🞏 a. Desktop or laptop 1

6021301

6021302

🞏 b. Tablet 2

6021303

🞏 c. Smartboard, or interactive whiteboard 3

6021304

🞏 d. Interactive TV monitor 4

6021305

🞏 e. LCD or DLP projector 5

6021306

🞏 f. Smartphone 6

6021307

🞏 g. Apps 7

6021308

🞏 h. Digital camera 8

6021309

🞏 i. Digital video recorder 9

🞏 j. Graphing calculators 10

6021311

6021310

🞏 k. Student or audience response system for polling 11

🞏 q. No technology devices are available for **student** use in the classroom 12

6021317

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX E015  IF SELECT OPTION 12, SHOULD NOT BE ABLE TO SELECT OTHER RESPONSES. |

|  |
| --- |
| IF E015 (B13)=1-11, GO TO E020 (B14); IF E015 (B13)=12 OR “M” NO RESPONSE AND E010 (B12)=1-11 GO TO E030 (B15); ELSE IF E015 (B13)=12 OR “M” NO RESPONSE, AND E010 (B12) = 12 OR “M” NO RESPONSE GO TO E060 (B20). |

**E020. (B14.) In your math classes this school year, how often do your students use technological resources to do each of the following? If the frequency is different for different math classes that you teach, please respond with an average across all math classes.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Monthly | Weekly | Daily |
| --- | --- | --- | --- | --- | --- | --- |
| 6021401 | a. Practice or review mathematics topics | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021402 | b. Show work to the class in real time | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021403 | c. Research a mathematics topic | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021404 | d. Play games | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021405 | e. Create projects | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021406 | f. Collect and analyze data | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021407 | g. Conduct or watch simulations | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021408 | h. Submit assignments online | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021410 | j. Share or post their work for others to view at any time | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021411 | k. Extend mathematics learning with enrichment activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021412 | l. Participate in online discussions | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021413 | m. Fill free time | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| PROGRAMMER BOX E020  PLEASE INCLUDE THE FOLLOWING AS HELP TEXT via a hyperlink in the words “**technological resources**”:  **Examples of technological resources would be tablets, e-readers, computers, smartphones, digital cameras, Smartboards and interactive whiteboards, as well as websites such as Khan Academy, Moodle, Dropbox, or Study Island and apps such as Edmodo, Poll Everywhere, or Remind 101**. |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK: **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| E010 (B12)=1-11 |

**E030. (B15.) In your math classes this school year, how often do you use technological resources to do each of the following? If the frequency is different for different math classes that you teach, please respond with an average across all math classes.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Monthly | Weekly | Daily |
| --- | --- | --- | --- | --- | --- | --- |
| 6021510 | a. Collaborate with other teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021520 | b. Encourage student participation in class | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021530 | c. Collect and analyze data for classroom examples and activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021540 | d. Collect and analyze assessment data for grading | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021541 | e. Other assessment activities such as formative assessments, documenting student work | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021550 | f. Send reminders or class information to students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021560 | g. Provide homework help or learning support outside of class | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021570 | h. Develop videos of classroom instruction | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021580 | i. Compile links to external resources | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021590 | j. Distribute study tools and self-assessments | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| PROGRAMMER BOX E030  PLEASE INCLUDE THE FOLLOWING AS HELP TEXT via a hyperlink in the words “**technological resources**”:  **Examples of technological resources would be tablets, e-readers, computers, smartphones, digital cameras, Smartboards and interactive whiteboards, as well as websites such as Khan Academy, Moodle, Dropbox, or Study Island and apps such as Edmodo, Poll Everywhere, or Remind 101.** |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK: **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |

**E040. (B16.) How easily can you access the internet in your math classes this school year?**

6021561

🔾 Cannot access 1

🔾 Inconsistently, often a poor connection 2

🔾 Easily, usually a good connection 3

🔾 Very easily, a strong and consistent connection 4

NO RESPONSE M

|  |
| --- |
| ALL |

**E045. (B17.) How easily can your students access the internet in your math classes this school year?**

6021562

6021562

🔾 Cannot access 1

🔾 Inconsistently, often a poor connection 2

🔾 Easily, usually a good connection 3

🔾 Very easily, a strong and consistent connection 4

NO RESPONSE M

|  |
| --- |
| E040 (B16) = 2, 3, or 4 |

**E050. (B18.) How often do you connect to the internet in your math classes this school year?**

6021563

🔾 Not at all 1

🔾 Rarely 2

🔾 Sometimes 3

🔾 Often 4

NO RESPONSE M

|  |
| --- |
| E045 (B17) = 2, 3, or 4 |

**E055. (B19.) How often do your students connect to the internet in your math classes this school year?**

6021564

🔾 Not at all 1

🔾 Rarely 2

🔾 Sometimes 3

🔾 Often 4

NO RESPONSE M

|  |
| --- |
| ALL |

**E060. (B20.) In your math classes this school year, how often do you assign homework that requires your students to connect to the internet? If the frequency is different for different math classes that you teach, please respond with an average across all math classes.**

6021565

🔾 Not at all 1

🔾 Rarely 2

🔾 Sometimes 3

🔾 Often 4

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX E060  STATUS HERE FOR CLASSROOM LEVEL QUESTIONS. CONTINUE TO F001 (A01). |

**[ClassName, Period]**

|  |
| --- |
| ALL ELIGIBLE RESPONDENTS (B001 (SC01) = 1 or 2 FOR AT LEAST ONE STUDENT) |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C)] |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F001. (A01.) [This section asks specific questions]/ [Now we would like to know] about your [CLASS NAME, PERIOD] class.**

**How many students are enrolled in this class?**

STUDENTS

6010101

(RANGE 1-50)

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF F001 (A01) = 0. **You entered that 0 students are in this class. Adjust the number of students and then click the “Next” button.** |
| SOFT CHECK: IF F001 (A01) > 50; **You entered that [F001 (A01) RESPONSE] students are in this class. Select “Edit” to adjust the number of students or select “Next” if this is correct.** |

|  |
| --- |
| PROGRAMMER BOX F001  If this is the first iteration for the class, display: “**This section asks specific questions about your** [class name, PERIOD] **class**.  if this is a subsequent class, display “**Now we would like to know about your** [class name, PERIOD] **class**”  RANGE (1-50)  TEACHERS SHOULD COMPLETE SURVEY ITEMS F005 (A01A), F010 (A02), F015 (B02), F020 (B04), F030 (B03a), F035 (B09), F040 (B10) and f045 (b11). THEN TSR ITEMS FOR STUDENTS IN THE CLASS FOR WHICH THEY JUST ANSWERED items F001 (A01), F005 (A01A), F010 (A02), F015 (B02), F020 (B04), F030 (B03a), F035 (B09), F040 (B10) and f045 (b11) in the survey. IF MORE THAN ONE CLASSROOM, THEN after last TSR for the previous class, LOOP SURVEY items F001 (A01), F005 (A01A), F010 (A02), F015 (B02), F020 (B04), F030 (B03a), F035 (B09), F040 (B10) and f045 (b11). FOR Next CLASSROOM with TSRs for students WITHIN that CLASSROOM in the LOOP, Repeat for each classroom. After all classrooms and tsrs within are complete, move to section “Your school and your teaching”. |

|  |
| --- |
| ALL |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F005. (A01a.) Please provide some information about your [CLASS NAME, PERIOD] class.**

6010102

**Which of the following best describes this mathematics course?**

🔾 Grade 6 general mathematics 1

🔾 Grade 7 general mathematics 2

🔾 Grade 7 honors mathematics 3

🔾 Grade 7 basic/remedial mathematics 4

🔾 Grade 8 general mathematics 5

🔾 Grade 8 honors mathematics 6

🔾 Grade 8 basic/remedial mathematics 7

🔾 Introduction to algebra/ pre-algebra 8

🔾 Algebra I, 1a or 1b 9

🔾 Algebra II 10

🔾 Geometry 11

🔾 Trigonometry 12

🔾 Applied Math 13

🔾 Other 99

6010103

Specify (STRING (120))

NO RESPONSE M

|  |
| --- |
| ALL |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F010. (A02.) What percentage of students in this [CLASS NAME, PERIOD] class…**

**If none, enter “0.”**

PROGRAMMER: RANGE FOR GRID IS 0 – 100 for each.

|  |  | PERCENTAGE |
| --- | --- | --- |
| 6010201 | a. Are below grade level in their mathematics skills? |  |
| 6010202 | b. Are about on grade level in their mathematics skills? |  |
| 6010203 | c. Are above grade level in their mathematics skills? |  |

|  |
| --- |
| SOFT CHECK: IF F010 (A02)a+F010 (A02)b+F010 (A02)c NE 100; **Please make sure your answers add to 100 percent.** |

|  |
| --- |
| HARD CHECK: IF LETTER, DECIMAL, OR SPECIAL CHARACTER ENTERED; **Please only enter whole numbers between 1-100.** |

**[Class Name, Period]: Content and teaching practices**

|  |
| --- |
| ALL |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F015. (B02.) What do you use as your primary basis for instruction for this [CLASS NAME, PERIOD] class?**

6020200

🔾 Textbook (Print) 1

🔾 E-book 2

🔾 District or state educational content repository 3

🔾 Open educational resources 4

🔾 Online commercial curriculum 5

🔾 Both textbook and online resources equally 6

🔾 Other 99

NO RESPONSE M

|  |
| --- |
| ALL |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F020. (B04.) In addition to your primary math curriculum, which of the following do you use as a supplement for this [CLASS NAME, PERIOD] class?**

*Select all that apply.*

🞏 a. Textbook (Print) 1

6020401

🞏 b. E-book 2

6020403

6020402

🞏 c. District or state educational content repository 3

🞏 d. Open educational resources 4

6020409

6020404

🞏 e. Online commercial curriculum 5

🞏 f. Both textbook and online resources equally 6

6020410

6020405

🞏 g. Other 99

🞏 h. I do not use additional resources to supplement instruction 7

6020406

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX F020  IF SELECT OPTION 7, SHOULD NOT BE ABLE TO SELECT OTHER RESPONSEDS. |

|  |
| --- |
| IF F015 (B02) = 1, 2 OR 6 |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |

**F030. (B03a.) Please indicate the publication year of your primary textbook or e-book.**

🔾 2011 or earlier 1

6020302

🔾 2012 2

🔾 2013 3

🔾 2014 4

🔾 2015 5

🔾 2016 6

🔾 2017 7

🔾 2018 8

🔾 2019 9

🔾 2020 10

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX F030  format F030 (B03A.) as drop-down ranging from 2011 or earlier to 2020. Note the upper range of year may need to be updated accordingly. |

|  |
| --- |
| ALL |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F035. (B09.)** **The purpose of this item is to obtain a description of the specific mathematics content areas you covered or plan to cover in your course this school year.**

**Following is a list of content areas covering materials that may be taught. Please respond to the entire list so that we may obtain an indication of the topics covered in your class that is as complete and accurate as possible. (Note: Not all areas are necessarily appropriate for your class).**

**For each listed content area, indicate the approximate number of class periods during this school year when the content area was or will be a primary focus for your [CLASS NAME, PERIOD] class.**

**How many full class periods have you or will you teach the following topics in this course during this school year? Indicate the number of class periods.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | None | One or less than one full class | 2 to 5 | 6 to 10 | 11 to 15 | More than 15 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6020901 | a. Understand ratio concepts and use ratio reasoning to solve problems | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020902 | b. Analyze proportional relationships and use them to solve real-world and mathematical problems | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020903 | c. Apply and extend previous understandings of multiplication and division to divide fractions by fractions | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020904 | d. Compute fluently with multi‐digit numbers and find common factors and multiples | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020905 | e. Apply and extend previous understandings of numbers to the system of rational numbers | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020906 | f. Apply and extend previous understandings of operations with fractions to add, subtract, multiply, and divide rational numbers | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020907 | g. Know that there are numbers that are not rational and approximate them by rational numbers | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020908 | h. Define, evaluate, and compare functions | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020909 | i. Use functions to model relationships between quantities | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**F035 (B09.) (continued)**

**The purpose of this item is to obtain a description of the specific mathematics content areas you covered or plan to cover in your course this school year.**

**Following is a list of content areas covering materials that may be taught. Please respond to the entire list so that we may obtain an indication of the topics covered in your class that is as complete and accurate as possible. (Note: Not all areas are necessarily appropriate for your class).**

**For each listed content area, indicate the approximate number of class periods during this school year when the content area was or will be a primary focus for your [CLASS NAME, PERIOD] class.**

**How many full class periods have you or will you teach the following topics in this course during this school year? Indicate the number of class periods.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | None | One or less than one full class | 2 to 5 | 6 to 10 | 11 to 15 | More than 15 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6020910 | j. Apply and extend previous understandings of arithmetic to algebraic expressions | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020911 | k. Reason about and solve one‐variable equations and inequalities | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020912 | l. Represent and analyze quantitative relationships between dependent and independent variables | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020913 | m. Use properties of operations to generate equivalent expressions | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020914 | n. Solve real‐life and mathematical problems using numerical and algebraic expressions and equations | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020915 | o. Work with radicals and integer exponents | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020916 | p. Understand the connections between proportional relationships, lines, and linear equations | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6020917 | q. Analyze and solve linear equations and pairs of simultaneous linear equations | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| ALL |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F040. (B10.) These next questions ask about the teaching practices you use in this classroom.**

How often do the students in this [CLASS NAME, PERIOD] class...

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Almost every day | Once or twice a week | Once or twice a month | Never or hardly ever |
| --- | --- | --- | --- | --- | --- |
| 6021001 | a. Explain how to solve a mathematics problem (either verbally or in writing)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 6021002 | b. Work on problems for which there is no immediate solution? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 6021003 | c. Practice solving routine items to develop or maintain fluency? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| ALL |
| ASK ONCE FOR EACH CLASSROOM SELECTED IN B010 (SC01B)/B015 (SC01C) |
| CLASS NAME, PERIOD = FILL FROM PRELOAD |

**F045. (B11.) Please indicate the extent to which the following statements are true for students in this [CLASS NAME, PERIOD] class.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all true | A little bit true | Somewhat true | Mostly true | Very true |
| --- | --- | --- | --- | --- | --- | --- |
| 6021101 | a. I try to give students a lot of choices about classroom assignments. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021102 | b. I have to lead students through their schoolwork step by step. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021103 | c. I can't afford to let students decide too many things about schoolwork for themselves. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021104 | d. I let students make a lot of their own decisions regarding schoolwork. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021105 | e. It's better not to give too many choices to students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021106 | f. I find myself telling students every step to make when it comes to schoolwork. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021107 | g. I can't let students do things their own way. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021108 | h. When it comes to assignments, I'm always having to tell students what to do. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6021109 | i. My general approach with students is to give them as few choices as possible. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**Student information**

|  |
| --- |
| ALL |
| FILL CLASS NAME, PERIOD FROM B010 (SC01B) OR B015 (SC01C). |

**G001. (SC00a.) Those are all of the questions we have about your [CLASS NAME, PERIOD] class.**

**Now we would like to ask some questions about the [student who is participating in MGLS:2017 and is / individual students who are participating in MGLS:2017 and are] in your [CLASS NAME, PERIOD] class. This section includes questions about [the/each] student's math skills, social skills, and other behaviors at school.**

6110100

**Press the "Next" button to proceed.**

**Class: [FILL PRELOADED CLASS NAME] --**

**Student: [FILL PRELOADED STUDENT NAME]:**

**Student skills and behaviors**

|  |
| --- |
| ALL |
| ADMINISTER THE FOLLOWING SET OF QUESTIONS FOR EACH PRELOADED STUDENT WHERE B001 (SC01) IN (1,2). |

[FOR SECOND AND FOLLOWING STUDENTS IN A GIVEN CLASS, IF MORE THAN ONE STUDENT IN THAT CLASS]

**Now** **we have questions about [FILL PRELOADED STUDENT NAME].** **The following questions ask about the skills and abilities [FILL PRELOADED STUDENT NAME] demonstrates in your [CLASS NAME, PERIOD] class.**

**G005. (A01aTSR.) Please rate [FILL PRELOADED STUDENT NAME]'s skills in the following areas, as exhibited in your class.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Outstanding | Very good | Good | Fair | Poor | Not applicable or not observed |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6110101 | a. Ability to apply mathematical concepts to "real world" problems | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6110102 | b. Ability to complete or conduct proofs or demonstrations of [his/her] mathematical reasoning | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6110103 | c. Ability to talk about [his/her] reasoning or thinking in solving a problem | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6110104 | d. Ability to explain [his/her] reasoning in solving a problem in writing | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6110105 | e. Ability to use representations to model mathematical ideas | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6110106 | f. Ability to use a calculator to solve problems | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6110107 | g. Ability to fluently apply math facts and procedures | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.**

|  |
| --- |
| ALL |

**G010. (A02aTSR.) Have you taught [FILL PRELOADED STUDENT NAME] math before this school year?**

6110110

🔾 Yes 1

🔾 No 2

NO RESPONSE M

|  |
| --- |
| ALL |

**G015. (A03aTSR.) Have you taught [FILL PRELOADED STUDENT NAME] in other academic areas before this school year?**

🔾 Yes 1

6110111

🔾 No 2

NO RESPONSE M

|  |
| --- |
| ALL |
| FILL: STUDENT NAME= FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01)  FILL: HIS OR HER FROM SEX IN PRELOAD |

**G020. (A04aTSR.) How often does [FILL PRELOADED STUDENT NAME] wear eyeglasses or contact lenses to improve [his/her] vision?**

🔾 All/Most of the time 1

6110201

🔾 Sometimes/Rarely 2

🔾 Never/May not need correction 3

🔾 Don’t know 3

NO RESPONSE M

|  |
| --- |
| ALL |
| FILL: STUDENT NAME= FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01) |

**G025. (B01aTSR.) For each item below, please think about [FILL PRELOADED STUDENT NAME]’s behavior during the past month.**

**Describe how often [FILL PRELOADED STUDENT NAME]’s demonstrates the behavior.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Sometimes | Often | Very often | Always | No opportunity to observe this behavior |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6120101 | a. Organizes work | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6120102 | b. Appears motivated to learn new things | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6120103 | c. Works well independently | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6120104 | d. Adapts to changes in plans, requirements, or routines | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6120105 | e. Persists in completing tasks | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6120106 | f. Pays attention well | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |
| FILL: STUDENT NAME= FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01)  FILL: HIS OR HER FROM SEX IN PRELOAD |

**G030. (B02aTSR.) The following are some statements that describe behaviors many students exhibit. For each item below, please think about [FILL PRELOADED STUDENT]’s behavior during the past three months.**

**Describe how often [FILL PRELOADED STUDENT NAME]’s demonstrates the behavior.**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- |
| 6120201 | a. Manipulates others or lies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120202 | b. Bullies or is cruel or mean to others | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120203 | c. Disobeys rules | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120204 | d. Has sudden changes in mood or feeling | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120205 | e. Argues too much | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120206 | f. Is stubborn, sullen, or irritable | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120207 | g. Has a strong temper or loses [his/her] temper easily | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |
| FILL: STUDENT NAME = FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01) |

**G035. (B03aTSR.) Next are some questions about [FILL PRELOADED STUDENT NAME]'s interactions with other students.**

**During this school year, how often have other students...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Sometimes | Often | Very often | Always |
| --- | --- | --- | --- | --- | --- | --- |
| 6120301 | a. Teased, made fun of, or called [STUDENT FIRST NAME] names | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120302 | b. Pushed, shoved, slapped, hit, or kicked [STUDENT FIRST NAME] | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120303 | c. Told lies or untrue stories about [STUDENT FIRST NAME] | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120304 | d. Intentionally excluded or left out [STUDENT FIRST NAME] from socializing with them | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |
| FILL: STUDENT NAME = FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01)  FILL: HIS OR HER FROM SEX IN PRELOAD |

**G040. (B04aTSR.) Please rate each of the listed behaviors according to how well it describes [FILL PRELOADED STUDENT NAME].**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all | A little | Moderately well | Well | Very well |
| --- | --- | --- | --- | --- | --- | --- |
| 6120401 | a. Resolves peer problems on [his/her] own | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120402 | b. Is helpful to others | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120403 | c. Can give suggestions and opinions without being bossy | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120404 | d. Acts friendly toward others | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6120405 | e. Understands others | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |
| FILL: STUDENT FIRST NAME = FIRST NAME SELECTED FROM B001 (SC01)  FILL: STUDENT LAST NAME = LAST NAME SELECTED FROM B001 (SC01)  FILL: HE OR SHE FROM SEX IN PRELOAD |

**These questions ask about how [FILL PRELOADED STUDENT NAME] behaves in your classroom.**

**H001. (C01aTSR.) Please indicate the extent to which each of the following statements is true for [FILL PRELOADED STUDENT NAME].**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all true | A little bit true | Somewhat true | Mostly true | Very true |
| --- | --- | --- | --- | --- | --- | --- |
| 6130101 | a. In my class, [STUDENT FIRST NAME] works as hard as [he/she] can. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6130102 | b. When working on classwork in my class, [STUDENT FIRST NAME] appears involved. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6130103 | c. When I explain new material, [STUDENT FIRST NAME] listens carefully. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6130104 | d. In my class, [STUDENT FIRST NAME] does more than required. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6130105 | e. When [STUDENT FIRST NAME] doesn't do well, [he/she] works harder. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |
| FILL: STUDENT NAME = FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01) |

**Next are some questions about [FILL PRELOADED STUDENT NAME]’s attendance.**

**H005. (C02aTSR.) Over the last month, how often has [FILL PRELOADED STUDENT NAME] been...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | 0 times | 1-2 times | 3-6  times | 7-9  times | 10-12 times | 13 or more times |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6130201 | a. Late to your class? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6130202 | b. Absent from your class? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |
| FILL: STUDENT NAME = FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01) |

**H010. (C03aTSR.) Over the last month, how often did [FILL PRELOADED STUDENT NAME]...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | 0 times | 1-2 times | 3-6  times | 7-9  times | 10-12 times | 13 or more times |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6130301 | a. Come to class without completing prior assignments or homework? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6130302 | b. Come to class without class materials (such as pencils, paper, tablet, books, or calculator)? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

**[FILL PRELOADED STUDENT NAME]: Student services**

|  |
| --- |
| ALL |
| FILL: STUDENT NAME = FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01) |

**This last section asks about any special supports or opportunities [FILL PRELOADED STUDENT NAME] receives at school.**

**I001. (D01aTSR.) How often does [FILL PRELOADED STUDENT NAME] receive instruction and/or related services in any of the following types of programs in your school during the day?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Daily | 2-4 times per week | Weekly | Less than once a week | [FILL PRELOADED STUDENTS NAME] does not receive this service. | Program or service not provided to students in this school |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6140101 | a. Individual tutoring in mathematics | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6140102 | b. Small group pull-out instruction in mathematics | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6140103 | c. Gifted and talented program in mathematics | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |
| FILL: STUDENT NAME= FIRST NAME AND LAST NAME SELECTED FROM B001 (SC01) |

**I005. (D02ATSR.) Have you recommended [FILL PRELOADED STUDENT NAME] for academic honors, advanced placement, or honors classes?**

🔾 Yes 1

6140200

🔾 No 2

🔾 Not applicable (no such honor available) 3

NO RESPONSE M

**END 1**

**Thank you. These are all the questions we have about this student at this time. Please press the “Next” button to continue.**

|  |
| --- |
| PROGRAMMER BOX I005  STATUS HERE FOR EACH TSR.  IF ADDITIONAL STUDENTS WHERE B001 (SC01) in (1,2) ARE IN THIS CLASS, LOOP BACK TO G005 (A01ATSR).  ELSE IF ADDITIONAL STUDENTS WHERE B001 (SC01) in (1,2), BUT THEY ARE IN A DIFFERENT CLASS, LOOP BACK TO THE PROGRESS SUMMARY SCREEN (immediately preceding F001 (A01)).  ELSE GO TO J001 (“Your school and your teaching” SECTION). |

ENDCLASS

**Thank you. These are all the questions we have about the students in this class at this time. Please press the “Next” button to continue.**

**Your school and your teaching**

|  |
| --- |
| ALL |

**J001. (C01.) This section asks questions about [SCHOOL NAME] and your teaching.**

6030100 **Which statement best describes the way your mathematics classes at [SCHOOL NAME] are organized?**

🔾 You instruct several classes of different students all or most of the day in one or more subjects (sometimes called departmentalized instruction). 1

🔾 You instruct the same group of students all or most of the day in multiple subjects (sometimes called a self-contained class). 2

🔾 You instruct a small number of selected students released from or in their regular classes in specific skills or to address specific needs (sometimes called a "pull-out" class or "push-in" instruction). 3

NO RESPONSE M

|  |
| --- |
| IF PRELOAD GRADES TAUGHT = 8 |

**J005. (C02\_6.) In this school, how important is each of the following factors in placing a typical eighth-grade student into a mathematics course?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not at all important | A little important | Somewhat important | Very important | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 6030261 | a. Counselor recommendation | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030262 | b. Prior teacher recommendation | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030263 | c. Courses taken previously | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030264 | d. Achievement in previous courses | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030265 | e. Results of district or state end-of-year or end-of-course exams | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030266 | f. Results of placement tests | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030267 | g. Results of standardized tests | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030268 | h. Student career or education plan | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6030269 | i. Student and/or parent or guardian selection | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |

**J010. (C03C.) The next set of questions is about use of assessment data in [FILL SCHOOL NAME].**

**In your math classes, how often do you use a formal assessment in MATH for the following purposes?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Once  per  year | Twice  per  year | 3-4  times  per  year | 5-8  times  per  year | 1-2  times  per  month | 3-4  times  per  month |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6030391 | a. To evaluate how well each student is responding to the core curriculum provided in the general education classroom | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 6030392 | b. To monitor each student’s progress on specific skills over the school year | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 6030393 | c. To identify the deficits in specific skills of struggling students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 6030394 | d. To monitor the progress of students who fall below benchmark levels | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |
| 6030395 | e. To determine whether students need placement in a more or less intensive level of instruction | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |

**J015. (C04.) Next, we would like to know more about your school's principal or administrator. How much do you disagree or agree with each of the following statements?**

**The principal at this school...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6030401 | a. Makes clear to the staff his or her expectations for meeting instructional goals. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030402 | b. Communicates a clear vision for our school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030403 | c. Sets high standards for teaching. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030404 | d. Understands how students learn. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030405 | e. Sets high standards for student learning. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030406 | f. Presses teachers to implement what they have learned in professional development. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030407 | g. Carefully tracks student academic progress. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030408 | h. Knows what's going on in my classroom. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030409 | i. Actively monitors the quality of teaching in this school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |

**The next set of questions asks about the teaching climate at [FILL SCHOOL NAME].**

**J020. (C05.) How much do you disagree or agree with each of the following statements about math teachers at your school?**

**Math teachers at your school...**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6030501 | a. Believe all students can do well. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030502 | b. Have given up on their students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030503 | c. Care only about the smart students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030504 | d. Expect very little from students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030505 | e. Work hard to make sure all students are learning. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |

**J025. (C06.) To what extent do you disagree or agree with the following statements about teaching at [FILL SCHOOL NAME]?**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6030601 | a. Curriculum, instruction, and learning materials are well coordinated across the different grade levels at this school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030602 | b. There is consistency in curriculum, instruction, and learning materials among teachers in the same grade level at this school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| ALL |

J030. (C07.) How much do you disagree or agree with each of the following statements about [FILL SCHOOL NAME]?

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6030701 | a. The level of student misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030702 | b. Many of the students I teach are not capable of learning the material I am supposed to teach them. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030703 | c. I feel accepted and respected as a colleague by most staff members. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030704 | d. Teachers in this school are continually learning and seeking new ideas. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030705 | e. Routine administrative duties and paperwork interfere with my job of teaching. Paperwork includes items associated with Response to Intervention, alignment with the Common Core State Standards, or other initiatives. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |

**J035. (C08.) Indicate the extent to which you disagree or agree with each of the following statements about [FILL SCHOOL NAME].**

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6030801 | a. I feel safe at this school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030802 | b. This school's security policies and practices are sufficient. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 6030803 | c. The students get along well with teachers. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF ALL ITEMS ARE LEFT BLANK; **Your responses are very important. Please answer as many questions as possible. Press "Edit" to return to this screen or press "Next" to continue.** |

|  |
| --- |
| ALL |

**J040. (A03.) At this point in the school year, how would you rate the behavior of the students in your math classes?**

6010300

🔾 Group misbehaves very frequently and is almost always difficult to handle. 1

🔾 Group misbehaves frequently and is often difficult to handle. 2

🔾 Group misbehaves occasionally. 3

🔾 Group behaves well. 4

🔾 Group behaves exceptionally well. 5

NO RESPONSE M

|  |
| --- |
| ALL |

**The next two questions ask about your school’s technology policies and practices.**

**J045. (C09.) Does [FILL SCHOOL NAME] lend or provide computers, tablets, or similar devices to individual students?**

🔾 Yes 1

6030900

🔾 No 2

NO RESPONSE M

|  |
| --- |
| ALL |

**J050. (C10.) Thinking about students, is this a bring your own device (BYOD) school?**

🔾 Yes 1

6031000

🔾 No 2

NO RESPONSE M

|  |
| --- |
| IF SCHOOL ALLOWS CHECK INCENTIVE |

**INCENTADDR**

**To show our appreciation for completing the survey today, we would like to send you a [FILL CHECK AMOUNT] check. Please provide the address to which you would like the check mailed.**

**(Allow 4 weeks for delivery.)**

**Name:**

Street Address:

**ZIP Code:**

**City:**

**State:**

|  |
| --- |
| SOFT CHECK: IF NAME AND STREET ADDRESS AND ZIP CODE AND CITY AND STATE=MISSING; **We need your address information in order to send you your incentive.** |
| SOFT CHECK: IF NAME OR STREET ADDRESS OR ZIP CODE OR CITY OR STATE=MISSING; **You have not provided a [name, address, zip, city, state]. Without a complete name and address, we may not be able to send your incentive check to you. If this information is available, please select “Edit.”** |
| SOFT CHECK: IF ZIP CODE IS NOT A WHOLE NUMBER; **Please enter only numbers for the ZIP code.** |
| SOFT CHECK: IF ZIP CODE IS NOT RECOGNIZED IN DATABASE; **The ZIP code you have provided is not in our database. Please click "Next" to confirm [zip] as the correct ZIP code or "EDIT" to change your response.** |
| HARD CHECK: IF CITY CONTAINS NUMBERS; **The city you have entered contains numbers. Please revise so you may continue.** |

**“FEPREEND” screen:**

**You have reached the end of the survey.  
  
If you would like to recheck any of your responses, use the "Previous" button to return to the desired screen(s). If you are comfortable with all of your responses, click “Next” to go to the final screen and complete the survey.** **You will not be able to log back into the survey after clicking “Next" on this screen.**

**END 3**

**These are all the questions we have for you. We appreciate you taking the time to complete the survey.**

Thank you very much for participating in MGLS:2017!

Press “Finish” to complete and close the survey.

## Appendix MS2-U4. Special Education Teacher Survey Specifications

**Note: OFT1 item numbers are shown in parentheses.**

|  |
| --- |
| *NCES is authorized to conduct the MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543), and to collect students’ education records from educational agencies or institutions for the purpose of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form, for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical records.*  *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to average 10 minutes for the teacher-level information and 20 minutes per study student, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.* |

**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017)**

**MS2 Special Education Teacher Survey**

|  |
| --- |
| ALL |
| IF SCHOOL DOES NOT ALLOW CHECK INCENTIVE, DO NOT FILL “**You will receive $20 for completing the parts about you and your instructional practices, plus an additional $7 for each individual student about whom you answer questions.”** |

**SURVEY INFORMATION**

**A0AA. You have received an invitation to complete this questionnaire because one or more students you teach or provide services to have been selected to participate in the MGLS:2017 Main Study. To enhance the information provided by your students and their parents, we need you to complete this survey.**

**After confirming whether you teach (or provide services to) the students selected for MGLS:2017, the survey will ask questions about these specific students. The survey will also ask questions about you and your instructional practices.**

**Taking part in the study is voluntary, and you can skip questions you do not want to answer. We realize you are very busy, but urge you to complete the questionnaire as completely and accurately as possible. Your answers are very important to the study’s success. [You will receive $20 for completing the parts about you and your instructional practices, plus an additional $7 for each individual student about whom you answer questions.]**

**NOTE: There are [FILL NUMBER OF STUDENTS] MGLS:2017 student[s] that we will ask you to confirm.**

**Please click below to start the survey.**

|  |
| --- |
| ALL |

AFTER 8 MINUTES OF NO ACTIVITY, DISPLAY:

Due to inactivity, your session will close in 2 minutes. Press Continue if you need more time.

[AFTER 10 MINUTES OF NO ACTIVITY, DISPLAY:]

Your session has timed out. We’re very sorry! Your session has been idle for more than 10 minutes. Please click below to log back into the survey.

**Click below to return to the login page.**

(**WELCOME BACK)**

[**IF RESPONDENT RETURNING TO ONLINE SURVEY OR HIGHER ORDER TIME**]

PROGRAMMER: THE MESSAGE BELOW WILL APPEAR ON A TRANSITION POP-UP BETWEEN THE EXISTING LOGIN SCREEN AND THE RETURNING USER’S SCREEN LAST LEFT OFF AT. SO, THE PAGE ORDER FOR RETURNING USERS IS:

1. LOG IN PAGE
2. WELCOME BACK TRANSITION PAGE
3. PAGE RETURNING USER’S LAST LEFT OFF

**Welcome back, [teacher’s first name]! Thanks for participating in our survey. Here are a few things to remember before you begin...**

Please don’t click your back button during the survey.

Please use the navigation buttons at the bottom of the survey.

When you have finished or if you need to take a break before finishing, please click the LOG OUT button and CLOSE ALL browser windows to keep your responses secure. For example, if you used Chrome or Safari to open the survey, make sure no Chrome or Safari windows are open after you end the survey. Not closing all browsers may allow someone else to see your responses.

*When you log in again, you can resume where you left off.*

**Need more help?**   
If you have any questions about logging in or about the survey questions, please use the “Help” button at the top of your screen or call our help desk at 1-855-500-1432.

Click the arrow button below to get started.

**(COMPLETED SURVEY)**

[**IF RESPONDENT ATTEMPTS TO LOGIN TO A COMPLETED SURVEY**]

Our records indicate that you have finished your survey. Thank you for your participation; you do not need to log in again.

If you think you are receiving this message in error, or have questions about the study, please call 1-855-500-1432 or send an email to [MGLSstaff@rti.org](mailto:MGLSstaff@rti.org) and reference the Study ID you were provided.

|  |
| --- |
| ALL |

**A001. (A00c.)**

**How to Complete the Survey**

Thank you for taking the time to complete this survey. Before you get started, here are a few helpful hints.

•To answer the questions, select the answer on the screen that matches your response.

•Answer each question as accurately as possible; if you need to estimate an answer that is okay.

• Press the "Next" button to save your responses and move forward.

• Press the "Previous" button to go back.

• Some questions offer text to help you understand the question or the response options. Click on the HELP icon at the top of the screen or the help icon https://hatteras4stage.rti.org/MGLSSpEdTeacher/icons/help.png in the survey to see the help text.

• If you need to take a break and leave the survey at any time, click the "LOG OUT" button in the top left-hand corner of your screen. When you log back in, the survey will start from the screen you were on when you logged out.

•To protect your data, you will be logged off if you are idle for more than 10 minutes.

**Please click on the “Next” button below to continue with the survey.**

|  |
| --- |
| PROGRAMMER BOX GENERAL  IF 3 QUESTIONS IN A ROW ARE SKIPPED BY RESPONDENT, DISPLAY THE FOLLOWING SOFT CHECK:  **“Your responses are very important. Please answer as many questions as possible. Press “Edit” to return to this screen or press “Next” to continue.”** |

**A00D.** **Welcome to the Middle Grades Longitudinal Study of 2017-18 (MGLS:2017) Special Education Teacher/Service Provider Questionnaire. This is the information we have on record about your school and your name. You will be able to correct your name at the end of the survey, if needed. Press “Next” to continue.**

School: [SCHOOL FILL]

Teacher: [TEACHER FILL]

|  |
| --- |
| aLL |

**A005. (A01.) First we would like to ask you some questions about your current position or assignment. Which of the following best describes your current position in this school?**

🔾 Special education teacher 1

7010100

🔾 Special education teacher consultant 2

🔾 General education teacher 3

🔾 Special education classroom aide/paraprofessional 4

🔾 Speech - language pathologist 5

🔾 Physical therapist 6

🔾 Physical therapy assistant or aide 7

🔾 Occupational therapist 8

🔾 Occupational therapy assistant or aide 9

🔾 School psychologist 10

🔾 School counselor 11

🔾 School social worker 12

🔾 Other 99

NO RESPONSE M

|  |
| --- |
| aLL |

**A010. (A02)**

**.) How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year?**

7010201

🔾 Regular full-time teacher 1

🔾 Regular full-time service provider 2

🔾 Regular part-time teacher (at one school) 3

🔾 Regular part-time service provider (at one school) 4

🔾 Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school) 5

🔾 Itinerant related services consultant (e.g., speech and language therapist, social worker, psychologist, behavior specialist. Your assignment requires you to provide instruction/related services at more than one school). 6

🔾 Long-term substitute teacher 7

🔾 Teacher aide or paraprofessional 8

🔾 Other 99

NO RESPONSE M

**If A005 (A01)=4 OR A010 (A02)=8: We're interested in determining the name(s) of the primary special education teacher for each sampled student.   
  
Press the "Next" button to proceed.**

|  |
| --- |
| **PROGRAMMER BOX**  **If A005 (A01)=4 OR A010 (A02)=8, GO TO B020** |

|  |
| --- |
| ALL |

**B001. (SC00a.)**

**Now we would like to ask some questions about each of your students who are participating in MGLS:2017. This section includes questions about individual student’s IEP and primary disability, special education services received, and goals and expectations. First, however, we would like you to confirm whether you do in fact teach (or provide services to) student(s) at your school who were selected to participate in MGLS:2017.**

**Press the "Next" button to proceed.**

|  |
| --- |
| ALL |
| FILL STUDENT NAME |

**B005. (SC01.) Have you served as the teacher or special education provider for [STUDENT NAME] at any point during this school year (2019-20)?**

🔾 Yes, and I am the current teacher or special education provider for [STUDENT NAME]   
……………………………………………………………..……………….1 [SEE BELOW]

7010203

🔾 Yes, although I am not currently the teacher or special education provider for [STUDENT NAME]

………………………………………………………………………………2 [SKIP TO B010(SC01a)]

🔾 No ………………3 [SKIP TO B015(SC02)]

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF Q#=NO RESPONSE; **Please provide an answer to this question and then click “Next.”** |
| IF B005(SC01)=1 then do:  IF B005(SC01) HAS NOT YET BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, LOOP BACK TO B005(SC01) AND ADMINISTER FOR THE NEXT PRELOADED STUDENT.  ELSE IF B005(SC01) HAS BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, AND B005(SC01)=1 FOR AT LEAST ONE STUDENT, GO TO PROGRESS SUMMARY SCREEN (immediately preceding C001(D01). IF B005(SC01)=2, GO TO B010(SC01a).  ELSE IF B005(SC01)=3, GO TO B015(SC02) |

|  |
| --- |
| B005(SC01)=2 |
| FILL STUDENT NAME  RESPONSE OPTIONS WILL BE PRESENTED AS DROPDOWN LISTS. |

**B010. (SC01a.) In what month and year did you last serve as the teacher or special education provider for [STUDENT NAME]?**

* Month

7010204

* Year

|  |
| --- |
| GO TO B015(SC02). |

|  |
| --- |
| B005(SC01)=3 |
| FILL STUDENT NAME |

**B015. (SC02.) Has anyone else at your school served as the teacher or special education provider for [STUDENT NAME] at any point during this school year (2019-20)?**

🔾 Yes 1 [SKIP TO B020(SC03)]

7010205

🔾 No 2 [SEE BELOW]

NO RESPONSE M

|  |
| --- |
| IF B015(SC02)=1/YES THEN GO TO B020(SC03).  ELSE IF B005(SC01) HAS NOT YET BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, LOOP BACK TO B005(SC01) AND ADMINISTER FOR THE NEXT PRELOADED STUDENT.  ELSE IF B005(SC01) HAS BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, AND B005(SC01)=1 FOR AT LEAST ONE STUDENT, GO TO PROGRESS SUMMARY SCREEN (immediately preceding C001(D01)).  ELSE GO TO END. |

|  |
| --- |
| B005(SC01)=3 AND B015(SC02)=1 OR M |
| FILL STUDENT NAME |

**B020. (SC03) What is the name of the special education teacher or special education provider for [STUDENT NAME]?**

7010206

NAME

(STRING (255 default))

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX  IF B005(SC01) HAS NOT YET BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, LOOP BACK TO B005(SC01) AND ADMINISTER FOR THE NEXT PRELOADED STUDENT.  ELSE IF B005(SC01) HAS BEEN ADMINISTERED FOR EACH PRELOADED STUDENT ASSOCIATED WITH THE TEACHER RESPONDENT, AND B005(SC01)=1 FOR AT LEAST ONE STUDENT, GO TO PROGRESS SUMMARY SCREEN (immediately preceding C001(D01)).  ELSE TEACHER IS INELIGIBLE; GO TO END. |

**C. STUDENT INFORMATION**

|  |
| --- |
| PROGRESS SUMMARY SCREEN |
| THIS SCREEN APPRISES THE RESPONDENT OF THEIR PROGRESS BY LISTING THE STUDENTS FOR WHOM THE RESPONDENT HAS ALREADY ANSWERED QUESTIONS (IF APPLICABLE), AS WELL AS THE REMAINING STUDENTS FOR WHOM THE RESPONDENT WILL STILL BE ASKED QUESTIONS.  Thank you very much for answering questions about the follow student(s):   * + [PRELOADED COMPLETED STUDENT 1 NAME]   + [PRELOADED COMPLETED STUDENT 2 NAME]   + [PRELOADED COMPLETED STUDENT 3 NAME]   **We have additional questions for you about this/these student(s):**   * + [PRELOADED STUDENT 1 NAME]   + [PRELOADED STUDENT 2 NAME]   + [PRELOADED STUDENT 3 NAME] |
| GO TO C001. |

|  |
| --- |
| B005(SC01)=1 |
| FILL STUDENT NAME |

**C001. (D01.) These first questions are about [STUDENT NAME]'s individualized services and grade.**

**Is [STUDENT NAME] currently receiving gifted/talented services or has [STUDENT NAME] received such services during this school year?**

7040100

🔾 Yes 1

🔾 No 2

NO RESPONSE M

|  |
| --- |
| B005(SC01)=1 |
| FILL STUDENT NAME |

**C005. (D02.) Is [STUDENT NAME] currently receiving special education services based on an IEP or has [STUDENT NAME] received such services during this school year?**

🔾 Yes 1

7040200

🔾 No 2

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX  **If C005(D02)=2 OR M, GO TO CONFIRM** |

|  |
| --- |
| B005(SC01)=1 |
| FILL STUDENT NAME |

**C006. Did [STUDENT NAME] receive special education services based on an IEP last school year?**

🔾 Yes 1

🔾 No 2

7040201

🔾 Don’t know d

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |

**C010. (D02A.) Are you a member of [STUDENT NAME]’s IEP team?**

7040210 🔾 Yes 1

🔾 No 2

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**C015. (D03.) In what capacity or capacities do you teach or provide services to [STUDENT NAME]? Do you…**

*Select all that apply.*

|  |  |
| --- | --- |
| 7040301 | 🞏 a. Provide instruction directly to the student? 1 |
| 7040302 | 🞏 b. Provide related services directly to the student? 2 |
| 7040303 | 🞏 c. Provide consultation services directly to the student? 3 |
| 7040304 | 🞏 d. Provide indirect consultation services (e.g., consultation to the student's teacher)? 4 |
| 7040305 | 🞏 e. Provide case management? 5 |
|  | NO RESPONSE ……………………………………………. M |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**C020. (D04.) In which grade is [STUDENT NAME] enrolled?**

7040400

🔾 Sixth grade 1

🔾 Seventh grade 2

🔾 Eighth grade 3

🔾 Ninth grade or higher 4

🔾 This is an ungraded classroom 5

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 AND  ASK IF FIRST-TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL. |
| FILL STUDENT NAME |

**C025. (D05.) When did [STUDENT NAME] first have an IEP?**

🔾 Before this school year 1

7040500

🔾 During this school year 2

🔾 Don’t know d

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 AND  ASK IF FIRST-TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL. |

**C030. (D06.) Is this [STUDENT NAME]'s first year enrolled at this school?**

🔾 Yes 1

7040600

🔾 No 2 [SKIP TO C045(D09)]

🔾 Don’t know d [SKIP TO C045(D09)]

NO RESPONSE M

|  |
| --- |
| C030(D06)=1, M, go to C035(D07); Else, skip to C045(D09) |
| FILL STUDENT NAME |

**C035. (D07.) To what extent were you involved in planning the transition from the previous school's special education program for [STUDENT NAME]?**

🔾 Not at all 1 [SKIP TO C045(D09)]

7040700

🔾 Somewhat 2

🔾 Extensively 3

NO RESPONSE M

|  |
| --- |
| C035(D07)=2, 3, M |
| FILL STUDENT NAME  FILL HIS OR HER FROM SEX IN PRELOAD |

**C040. (D08) To what extent did you communicate with the person who provided special education for [STUDENT NAME] at [HIS/HER] previous school?**

🔾 Not at all 1

7040800

🔾 Somewhat 2

🔾 Extensively 3

NO RESPONSE M

|  |
| --- |
| If C025(D05)=1, OR C030=2 or d, OR C035=1  ASK IF FIRST-TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL. |
| FILL STUDENT NAME |

**C045. (D09.) Have you reviewed [STUDENT NAME]’s records related to special education services provided before this school year?**

🔾 Yes 1

7040900

🔾 No, I do not have access to the records 2

🔾 No, I have access to the records, but have not reviewed them. 3

NO RESPONSE M

**D. SERVICES RECEIVED**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**D001. (H01.) Next we would like to know about this student’s disability or disabilities and the services [STUDENT NAME] may receive.**

**During this school year, has [STUDENT NAME] received formal individual evaluations in any of the following areas for purposes of developing IEP goals?**

*Select all that apply***.**

|  |  |
| --- | --- |
| 7080101 | 🞏 a. Psychological 1 |
| 7080102 | 🞏 b. Social work services 2 |
| 7080103 | 🞏 c. Behavioral 3 |
| 7080104 | 🞏 d. Speech/language 4 |
| 7080105 | 🞏 e. Vision 5 |
| 7080106 | 🞏 f. Hearing 6 |
| 7080107 | 🞏 g. Learning style 7 |
| 7080108 | 🞏 h. Motor skills 8 |
| 7080109 | 🞏 i. Academics 9 |

7080112 🞏 j. Don’t know d

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX:  Please program so respondent can either select “**Don’t know**” or any other response category but not both. |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL HIS OR HER FROM SEX IN PRELOAD |

**D005. (E01.) For which of the following disabilities has [STUDENT NAME] received special education or related services this school year, whether for [HIS/HER] primary disability or another of [HIS/HER] disabilities?**

*Select all that apply.*

|  |  |
| --- | --- |
| 7050101 | 🞏 a. Speech or language impairment 1 |
| 7050102 | 🞏 b. Specific learning disability 2 |
| 7050103 | 🞏 c. Emotional disturbance………………………………………………………………………………………...3 |
| 7050104 | 🞏 d. Intellectual disability 4 |
| 7050105 | 🞏 e. Visual impairment (including blindness)……………………………………………………………………..5 |
| 7050106 | 🞏 f. Hearing impairment (including deafness)………………………………………………..............................6 |
| 7050107 | 🞏 g. Orthopedic impairment………………………………………………………………………………………...7 |
| 7050112 | 🞏 h. Other health impairment (specify: Please specify the other health impairment(s) for which the student receives services.)……………………………………………………………………………………….8 |
| 7050113 | (STRING (255 default)) |
| 7050108 | 🞏 i. Autism……………………………………………………………………………………….............................9 |
| 7050109 | 🞏 j. Traumatic brain injury………………………………………………………………………………………….10 |
| 7050110 | 🞏 k. Deaf-blindness…………………………………………………………………………………………………11 |
| 7050111 | 🞏 l. Multiple disabilities (students included in this category should be those who have more than one severe disability which does not include deaf-blindness)……………………………………………………12 |
|  |  |

|  |
| --- |
| SOFT CHECK:  IF D005(E01)H OTHER (SPECIFY)=MISSING; “**You have selected "Other health impairment", but have not provided a response to the "Please specify the other health impairment(s) for which the student receives services" prompt.”** |

|  |
| --- |
| C005(D02)=1; IF D005(E01) HAS MORE THAN 1 RESPONSE CHECKED, GO TO D010(E02); ELSE GO TO D015(E03).  ONLY DISPLAY ITEMS SELECTED IN D005(E01). |
| FILL STUDENT NAME  FILL HIS OR HER FROM SEX IN PRELOAD |

**D010. (E02.) What is [STUDENT NAME]’s primary disability as identified on [HIS/HER] IEP?**

🔾 Speech or language impairment 1

7050200

🔾 Specific learning disability 2

🔾 Emotional disturbance 3

🔾 Intellectual disability 4

🔾 Visual impairment (including blindness) 5

🔾 Hearing impairment (including deafness) 6

🔾 Orthopedic impairment 7

🔾 Other health impairment [D005(E01)H\_other] 8

🔾 Autism 9

🔾 Traumatic brain injury 10

🔾 Deaf-blindness 11

🔾 Multiple disabilities………….........…………………………………………………….12

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |

**D015. (E03.) Has [STUDENT NAME] received any special education or related services this school year because of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?**

🔾 Yes 1

7050300

🔾 No 2

🔾 Don’t know d

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**D020. (E04.) Consider the IEP goals for [STUDENT NAME] during this school year.**

**Select all of the areas in which this student has IEP goals.**

**Academics**

7050419

🞏 a. Reading 1

7050402

🞏 b. Mathematics 2

7050403

🞏 c. Language Arts 3

7050404

🞏 d. Science 4

🞏 e. Social Studies 5

7050405

**Speech and Language**

🞏 f. Auditory processing 6

7050410

7050409

7050407

7050408

🞏 g. Listening comprehension 7

🞏 h. Oral expression 8

🞏 i. Voice/speech articulation, quality, or fluency 9

🞏 j. Language pragmatics 10

7050411

**Social-Emotional**

🞏 k. Social skills 11

7050413

🞏 l. Behavior regulation 12

7050414

🞏 m. Emotional or mood regulation 13

7050415

**Life Skills**

🞏 n. Adaptive behavior or self-help skills 14

7050417

🞏 o. Transition and postsecondary goals 15

7050418

🞏 p. Organizational and planning skills 16

7050420

**Physical/Mobility**

🞏 q. Fine motor skills 17

7050422

🞏 r. Gross motor skills 18

7050423

🞏 s. Orientation and mobility 19

7050424

**Other**

7050425

🞏 t. Other 99

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**D025. (E05.) Which of the following related services has the school provided to [STUDENT NAME] during this school year? Include all services paid for by the school, including contracted services, whether they are received in the school or at another location.**

*Select all that apply.*

|  |  |
| --- | --- |
| 7050501 | 🞏 a. Audiology 1 |
| 7050502 | 🞏 b. Counseling services 2 |
| 7050503 | 🞏 c. Occupational therapy 3 |
| 7050504 | 🞏 d. Physical therapy 4 |
| 7050505 | 🞏 e. Psychological services 5 |
| 7050506 | 🞏 f. Health services 6 |
| 7050507 | 🞏 g. Social work services 7 |
| 7050508 | 🞏 h. Special transportation 8 |
| 7050509 | 🞏 i. Speech or language therapy 9 |
| 7050510 | 🞏 j. Orientation and mobility services 10 |
| 7050515 | 🞏 k. Behavior specialist or Applied Behavior Analysis (ABA) 13 |
|  | NO RESPONSE M |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**D030. (E06.) Has [STUDENT NAME] received any of the following during the school year?**

*Select all that apply.*

|  |  |
| --- | --- |
| 7050601 | 🞏 a. Adaptive physical education 1 |
| 7050602 | 🞏 b. Assistance from classroom aides or paraprofessionals (e.g., teacher aide, behavioral assistant, special education aide) 2 |
| 7050603 | 🞏 c. Interpreter for the deaf or hard of hearing (oral or sign) 3 |
| 7050604 | 🞏 d. Materials provided in Braille or Nemeth code to support learning/instruction 4 |
| 7050605 | 🞏 e. Student was taught how to use Braille and/or the Nemeth code 5 |
| 7050606 | 🞏 f. Instruction provided in American Sign Language6 |
| 7050607 | 🞏 g. Student was taught how to use American Sign Language 7 |
| 7050608 | 🞏 h. Instruction provided in Manual English 8 |
| 7050609 | 🞏 i. Student was taught how to use Manual English 9 |
| 7050610 | 🞏 j. Instruction provided in Cued Speech 10 |
| 7050611 | 🞏 k. Student was taught how to use Cued Speech 11 |
| 7050612 | 🞏 l. Mental health services, personal/group counseling, therapy, or psychiatric care provided to the student 12 |
| 7050613 | 🞏 m. Tutoring/remediation from special education teacher 13 |
| 7050614 | 🞏 n. Training, counseling, and other supports/services provided to  this student's family 14 |
| 7050618 | 🞏 o. Student used picture exchange communication systems, and other visual communication devices 15 |
| 7050615 | 🞏 p. Assistive technology 16 |

NO RESPONSE ..…………………………………………………………………………........................M

**E. INSTRUCTIONAL SETTINGS AND MATERIALS**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**E001. (F01.) Now we have a few questions about where and how this student receives instruction.**

**Which of the following best describes [STUDENT NAME]’s classroom placement this school year?**

🔾 In general education classroom 80% of the time or more. 1

7060100

🔾 In general education classroom 40% to 79% of the time. 2

🔾 In general education classroom less than 40% of the time. 3

NO RESPONSE M

|  |
| --- |
| C006=1 |
| FILL STUDENT NAME |

**E002. Which of the following best describes [STUDENT NAME]’s classroom placement last school year?**

🔾 In general education classroom 80% of the time or more. 1

7060101

🔾 In general education classroom 40% to 79% of the time. 2

🔾 In general education classroom less than 40% of the time. 3

🔾 Don’t know d

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**E005. (F02A.) In what setting does [STUDENT NAME] primarily receive mathematics instruction?**

🔾 General education classroom 1

7060201

🔾 Special education classroom 2

🔾 Resource room 3

🔾 Some other setting 99

NO RESPONSE M

|  |
| --- |
| Programmer, display the following help text for “**Some other setting**”:  **“Some other setting” refers to other arrangements or service locations such as individual tutoring outside of the classroom or an alternative school. It does not include different group formats, such as small group, or different approaches to teaching math, such as a mathematics intensive lesson.** |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**E010. (F02AB.) Does [STUDENT NAME] receive mathematics instruction in any additional setting or settings?**

🔾 Yes 1

7060202

🔾 No 2 GO TO E020(F03)

NO RESPONSE M

|  |
| --- |
| E010(F02AB)=1 |
| FILL STUDENT NAME |

**E015. (F02B.) In what additional setting or settings does [STUDENT NAME] receive mathematics instruction?**

*Select all that apply***.**

🞏 a. General education classroom 1

7060203

7060204

🞏 b. Special education classroom 2

🞏 c. Resource room 3

7060206

7060205

🞏 d. Some other setting 99

NO RESPONSE M

|  |
| --- |
| Programmer, display the following help text for “**Some other setting**”:  **“Some other setting” refers to other arrangements or service locations such as individual tutoring outside of the classroom or an alternative school. It does not include different group formats, such as small group, or different approaches to teaching math, such as a mathematics intensive lesson.** |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**E020. (F03.) On average, how many hours per week of direct special education and related services has [STUDENT NAME] received this school year?**

7060300 **Please include hours for any services in which you or another professional staff member at your school provided services directly to [STUDENT NAME], and also hours for any services provided to [STUDENT NAME] by the school through a referral to another professional. Do not include paraprofessional services.**

HOURS PER WEEK

(NUMBER RANGE ALLOW 0 – 70 AND UP TO ONE DECIMAL PLACE)

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF NUMBER < 0 OR >70; **“Please enter a number from 0-70-, with up to one decimal place.”** |

|  |
| --- |
| Programmer, display the following help text for “**direct special education and related services**”:  “**This means you give services directly to the student in a group or individually. This is not consulting with others about the student**.” |

|  |
| --- |
| C005(D02)=1 |

**E025. (F04.) Of the hours of direct special education and related services reported above, approximately how many of those hours per week were the instruction/services provided outside of a general education classroom but within the school setting?**

HOURS PER WEEK

7060400

(NUMBER RANGE ALLOW 0 – 70 AND UP TO ONE DECIMAL PLACE)

NO RESPONSE M

|  |
| --- |
| IF E001(F01) NE 1 AND E025(F04)=0; “**You reported earlier that this student’s placement is [RESPONSE TO E001(F01)]. Now you have reported that 0 hours of the instruction/services are provided outside of a general education classroom (but in the school building). Please confirm if 0 hours of service are provided in a different place in the school setting**. **Press “Edit” to return to this screen or press “Next” to continue.”** |
| HARD CHECK: IF E025(F04)>E020(F03); “**Your answer is greater than the number of hours you reported in the previous question. Go back if you would like to change your answer to the previous question (with a number from 0 to 70), OR change your answer to this question, and then click “Next.””** |
| Programmer, display the following help text for “**direct special education services**”:  “**This means you give services directly to the student in a group or individually. This is not consulting with others about the student**.” |
| IF D030b(E06)=1, THEN GO TO E030(F04a).  ELSE GO TO E035(F05). |

|  |
| --- |
| D030b(E06)=1 |

**E030. (F04a.) How many hours per week does [STUDENT NAME] receive paraprofessional support services?**

7060410 **HOURS PER WEEK**

(NUMBER RANGE ALLOW 0 – 70 AND UP TO ONE DECIMAL PLACE)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF E030(F04a)=0 and D030b(E06)=1; **“Earlier you answered that the student receives assistance from classroom aides or paraprofessionals. Please confirm if 0 is the answer to hours per week the student receives paraprofessional support services.”** |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME AND HIS/HER |

**E035. (F05.) What teaching practices and methods have you and/or other special education service providers used with [STUDENT NAME] to meet [his/her] special education needs this school year?**

*Select all that apply.*

|  |  |  |
| --- | --- | --- |
| 7061501 | 🞏 | a. One-on-one instruction 1 |
| 7061502 | 🞏 | b. Small-group instruction 2 |
| 7061503 | 🞏 | c. Large-group instruction 3 |
| 7061504 | 🞏 | d. Cooperative learning 4 |
| 7061505 | 🞏 | e. Peer tutoring 5 |
| 7061506 | 🞏 | f. Computer-based instruction 6 |
| 7061507 | 🞏 | g. Direct instruction 7 |
| 7061508 | 🞏 | h. Cognitive strategies 8 |
| 7061509 | 🞏 | i. Self-management 9 |
| 7061510 | 🞏 | j. Behavior management 10 |
| 7061511 | 🞏 | k. Instruction received through a sign interpreter 11 |
| 7061512 | 🞏 | l. Video-based instruction 12 |
| 7061513 | 🞏 | m. Audio-recorded texts or lessons 13 |
| 7061514 | 🞏 | n. Use of visual organizers or visual models 14 |
| 7061515 | 🞏 | o. Use of 3-dimensional materials and/or models (e.g., base ten blocks, fraction bars) 15 |
| 7061517 | 🞏 | p. Accommodations and other supports such as extended time for assignments, tests or note-taking assistance 16 |
| 7061516 | 🞏 | q. Student did not receive instruction from me and/or other special education service providers 17 |

|  |
| --- |
| PROGRAMMER BOX:  Please program so respondent can either select “**Student did not receive instruction from me and/or other special education service providers.**” or any other response category but not both. |
| IF C005(D02)=1 AND; E005(F02A) OR E015(F02B)=1, GO TO E040(F06);  IF C005(D02)=1 AND; E005(F02A) OR E015(F02B)=2, GO TO E045(F07);  Else, go to E050(F08). | |
| FILL STUDENT NAME | |

**E040. (F06.) Which of the following math curriculum materials were used with [STUDENT NAME] in the general education classroom?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  | Yes | No | Don’t know |
| --- | --- | --- | --- | --- |
| 7060601 | a. General education curriculum materials were used without modification | 1 🔾 | 2 🔾 | d 🔾 |
| 7060602 | b. General education curriculum materials were used with some modifications | 1 🔾 | 2 🔾 | d 🔾 |
| 7060603 | c. General education curriculum materials were used with substantial modifications | 1 🔾 | 2 🔾 | d 🔾 |
| 7060604 | d. Specially-designed commercial materials were used | 1 🔾 | 2 🔾 | d 🔾 |
| 7060605 | e. Teacher-designed materials were used | 1 🔾 | 2 🔾 | d 🔾 |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**E045. (F07.) Which of the following best describes the curriculum materials used with [STUDENT NAME] in the special education classroom/program?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  | Yes | No | Don’t know |
| --- | --- | --- | --- | --- |
| 7060701 | a. General education curriculum materials were used without modification | 1 🔾 | 2 🔾 | d 🔾 |
| 7060702 | b. General education curriculum materials were used with some modifications | 1 🔾 | 2 🔾 | d 🔾 |
| 7060703 | c. General education curriculum materials were used with substantial modifications | 1 🔾 | 2 🔾 | d 🔾 |
| 7060704 | d. Specially-designed commercial materials were used | 1 🔾 | 2 🔾 | d 🔾 |
| 7060705 | e. Teacher-designed materials were used | 1 🔾 | 2 🔾 | d 🔾 |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**E050. (F08.) Which of the following assistive technologies and devices has [STUDENT NAME] used this school year?**

*Select all that apply.*

**Mobility aids**

🞏 a. Vans, vehicles 1

7060801

🞏 b. Wheelchairs 2

7060802

🞏 c. White canes 3

7060803

**Communication aids**

🞏 d. Electronic with voice output (e.g., Touch Talker) 4

7060804

🞏 e. Nonelectronic (e.g., manual printing board or picture exchange system) 5

7060805

**Hearing assistance**

🞏 f. Hearing aids 6

7060806

🞏 g. FM loops 7

7060807

🞏 i. Cochlear implants 9

7060809

🞏 j. Real time captioning 10

7060810

**Visual aids**

🞏 k. Braille texts 11

7060811

🞏 l. Electronic Braille devices 12

7060812

🞏 m. Digital texts 13

7060813

🞏 m. Magnifying devices 14

7060814

🞏 o. Closed Captioned Television (CCTV) 15

7060815

🞏 p. Screen readers 16

7060816

🞏 q. Talking calculators 17

7060817

🞏 r. Abacus 18

7060818

**Learning aids**

🞏 s. Tape recorder or digital recorder 19

7060819

🞏 t. Calculators 20

7060820

🞏 u. Electronic spelling devices 21

7060821

🞏 v. Dictation software 22

7060822

**Computer hardware designed or adapted for students with disabilities (e.g., alternate keyboards, switch interface)**

🞏 w. Used solely by individual student 23

7060823

🞏 x. Shared with other students 24

7060824

**Computer software designed for students with disabilities**

🞏 y. Reading 25

7060825

🞏 z. Writing 26

7060826

🞏 aa. Mathematics 27

7060827

**Student did not use any assistive technologies**

🞏 ab. Student did not use any assistive technologies 28

7060829

**Don’t know**

🞏 ac. Don’t know d

7060830

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX:  Please program so respondent can either select “**Student did not use any assistive technologies**” or any other response category but not both. |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL HIM OR HER FROM SEX IN PRELOAD |

**E055. (F09.) Does [STUDENT NAME] have a computer, laptop, tablet, or word processing device assigned to [HIM/HER] for use full time?**

🔾 Yes 1

7060900

🔾 No 2

NO RESPONSE M

**F.** **Communication with teachers and parents**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**F001. (G01.) The following questions ask about your communications with others regarding this student.**

**On average, how often have you met with general education teacher(s) to discuss [STUDENT NAME]’s IEP or progress during this school year?**

🔾 Every day or several times a week 1

7070100

🔾 Once a week or several times a month 2

🔾 Once a month 3

🔾 A few times over the school year 4

🔾 Once during this school year 5

🔾 Never during this school year 6 F010(G03)

🔾 Not applicable to my work with this student 7 F010(G03)

🔾 Not applicable as student receives all instruction from me 8 F010(G03)

NO RESPONSE M F010(G03)

|  |
| --- |
| F001(G01)=1, 2, 3, 4, 5 |
| FILL STUDENT NAME |

**F005. (G02.) On average, how long were the meetings with the general education teacher(s) to discuss [STUDENT NAME]’s IEP or progress?**

🔾 1 to 15 minutes 1

7070200

🔾 16 to 30 minutes 2

🔾 31 to 45 minutes 3

🔾 46 to 60 minutes 4

🔾 More than 60 minutes 5

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**F010. (G03.) Approximately how often have you communicated with [STUDENT NAME]’s parents during this school year about [STUDENT NAME]’s IEP or progress (by phone, in person, or in writing, including email)?**

🔾 Every day or several times a week 1

7070300

🔾 Once a week or several times a month 2

🔾 Once a month 3

🔾 A few times over the school year 4

🔾 Once during this school year 5

🔾 Never during this school year 6

NO RESPONSE M

**G. GOALS AND EXPECTATIONS**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME AND HIS/HER |

**G001. (H02.) To what extent is [STUDENT NAME] expected to achieve the same general education goals as other students at [HIS/HER] grade level?**

🔾 Student is expected to attain grade level achievement for all of the academic content standards. 1

7080200

🔾 Student is expected to attain grade level achievement for some of the academic content standards. 2

🔾 Student is expected to attain grade level achievement for only a few of the academic content standards. 3

🔾 Student is not expected to attain grade level achievement for any of the academic content standards. 4

🔾 Don’t know d

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**G005. (H04.) Which of the following best expresses the likelihood that [STUDENT NAME] will continue to receive some level of special education services (through an IEP) in the next school year?**

🔾 Definitely will continue in special education 1

7080400

🔾 Very likely to continue in special education 2

🔾 Rather likely to continue in special education 3

🔾 Rather unlikely to continue in special education 4

🔾 Very unlikely to continue in special education 5

🔾 Definitely will not continue in special education

(will be dismissed from services) 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**G010. (H05.) To what extent has [STUDENT NAME] participated in any grade-level assessment administered as part of the school’s testing program during the current school year?**

🔾 Student did not participate in the school’s testing or assessment program. 1

7080500

🔾 Student participated in alternate assessments and no regular assessments. 2

🔾 Student participated in some alternate assessments and some regular assessments. 3

🔾 Student participated fully in the school’s regular testing or assessment program. 4

🔾 There is no testing or assessment program at this grade level. 5

🔾 Don’t know d

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**G015. (H06A.) Overall, at what grade level is [STUDENT NAME] performing in language and literacy skills?**

🔾 Preschool to Grade 2 1

7080600

🔾 Grade 3 2

🔾 Grade 4 3

🔾 Grade 5 4

🔾 Grade 6 5

🔾 Grade 7 6

🔾 Grade 8 7

🔾 Grade 9 8

🔾 Grade 10 or higher 9

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**G020. (H06B.) Overall, at what grade level is [STUDENT NAME] performing in mathematical skills?**

🔾 Preschool to Grade 2 1

7080601

🔾 Grade 3 2

🔾 Grade 4 3

🔾 Grade 5 4

🔾 Grade 6 5

🔾 Grade 7 6

🔾 Grade 8 7

🔾 Grade 9 8

🔾 Grade 10 or higher 9

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL his/her SEX from preload |

**H001. (A00.) Thank you for answering our questions about the services [FILL STUDENT NAME] receives!**

**The next set of questions asks you to please rate [FILL STUDENT NAME]’s reading and mathematics skills as well as [his/her] functional abilities.**

|  |
| --- |
| All |
| FILL HIS/HER SEX FROM PRELOAD |

**H005. (A00a.) Please rate the student's skills, knowledge, and behaviors based on your experience with [him/her] this school year. This is NOT a test and should not be administered directly to the student.**

**Each question includes examples that are meant to help you think of the range of situations in which the student may demonstrate the skills and behaviors. The examples are not exhaustive, but they do indicate the level of proficiency a student should have reached in order to receive the highest ratings.**

**It may be necessary to consider adaptations for some questions to make them more inclusive for this student's skills and/or use of adaptive equipment. For example, if a student utilizes alternative forms of verbal communication (e.g., sign language, communication boards) or written communication (e.g., word processors, Braille, dictation), please answer the questions with these adaptations in mind.**

**Each skill, knowledge, or behavior is rated on a five-point scale:**

1 Not yet=Student has not yet demonstrated skill, knowledge, or behavior

2 Beginning=Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently

3 In progress=Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence

4 Intermediate=Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient

5 Proficient=Student demonstrates skill, knowledge, or behavior competently and consistently

**For students with Limited English Proficiency or English language learners: Please answer the questions based on your knowledge of this student's skills. If the student does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the student's native language in mind. You can also consult with the student’s English language learner teacher or general education teacher to answer any question. If you feel you cannot answer any question, you will also have the option to indicate you are “unable to assess the student.”**

**H. READING SKILLS AND ABILITIES**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL HIM OR HER FROM SEX IN PRELOAD  FILL HIS OR HER FROM SEX IN PRELOAD |

**H010. (I04.) In this section, please rate [STUDENT NAME]’s reading-related abilities, including language, literacy, and listening comprehension skills. Let’s begin.**

**[STUDENT NAME] shows basic comprehension of a story or text read aloud to [him/her]. For example, by retelling a story just read to the group, or telling about why a story ended as it did, or connecting part of the story to [his/her] own life.**

🔾 Not yet-Student has not yet demonstrated skill, knowledge, or behavior 1

7090400

🔾 Beginning-Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress- Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate-Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient-Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**H015. (I07.) [STUDENT NAME] reads words with regular vowel sounds. For example, reads “coat,” “junk,” “lent,” “chimp,” “halt,” or “bite.”**

🔾 Not yet-Student has not yet demonstrated skill, knowledge, or behavior 1

7090700

🔾 Beginning-Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress- Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate-Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient-Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**H020. (I08.) [STUDENT NAME] reads words with irregular vowel sounds. For example, reads "through," "point," "enough," or "shower."**

🔾 Not yet-Student has not yet demonstrated skill, knowledge, or behavior 1

7090800

🔾 Beginning-Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress- Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate-Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient-Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL HIM OR HER FROM SEX IN PRELOAD |

**H025. (I05.) [STUDENT NAME] shows advanced comprehension of text read aloud to [him/her]. For example, identifies the author’s purpose, or relates how the story would be different if told from another point of view, or identifies techniques of persuasion.**

7090500

🔾 Not yet-Student has not yet demonstrated skill, knowledge, or behavior 1

🔾 Beginning-Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress- Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate-Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient-Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**H030. (I03.) [STUDENT NAME] conveys ideas clearly when speaking. For example, presents a well-organized oral report, or uses precise language to express opinions, feelings, and ideas, or provides relevant answers to questions that summarize classmates’ concerns.**

🔾 Not yet-Student has not yet demonstrated skill, knowledge, or behavior 1

7090300

🔾 Beginning-Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress- Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate-Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient-Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**H035. (I06.) [STUDENT NAME] uses different strategies to read unfamiliar words. For example, examines cues from pictures or context, or uses consonant sounds to read words, or uses prior knowledge in order to make predictions.**

🔾 Not yet-Student has not yet demonstrated skill, knowledge, or behavior 1

7090600

🔾 Beginning-Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress- Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate-Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient-Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL STUDENT GRADE FROM C020(D04); IF C020(D04)=ungraded or missing, fill “8”. |

**H040. (I10.) [STUDENT NAME] reads grade [enter grade level] books independently with comprehension. For example, reads most words correctly and answers questions about what was read, makes predictions while reading, and retells the story after reading.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior …………1

7091000

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL STUDENT GRADE FROM C020(D04); IF C020(D04)=ungraded or missing, fill “8”. |

**H045. (I09.) [STUDENT NAME] reads grade [enter grade level] books fluently. For example, easily reads words in meaningful phrases rather than reading word by word.**

7090900

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL HE OR SHE FROM SEX IN PRELOAD |

**H050. (I11.)[STUDENT NAME] reads and comprehends expository text. For example, after reading about how early colonists lived, creates a chart comparing life today with colonial life, or after reading a news story about pollution, [HE/SHE] identifies cause and effect relationships, or summarizes main ideas and the supporting details in a science or social studies selection.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7091100

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**H055. (I02.) [STUDENT NAME] contributes relevant information to classroom discussions. For example, during a class discussion, can express an idea or a personal opinion on a topic and the reasons behind the opinion.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7090200

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**H060. (I01.) [STUDENT NAME] uses complex sentence structures. For example, says "If she had brought her umbrella, she wouldn't have gotten wet," or "Yesterday it was raining cats and dogs," or "Why can't we go on the field trip after we finish the assignment that you gave us last week?"**

7090100

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

**I. MATHEMATICS SKILLS AND ABILITIES**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**Now we would like to know about this student's mathematics skills and abilities.**

**I001. (J03.) [STUDENT NAME] shows an understanding of the relationship between quantities. For example, knows that a group of ten small stones is the same quantity as a group of ten larger blocks.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7100300

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior   
but does so very inconsistently 2

🔾 In progress-—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I005. (J02.) [STUDENT NAME] creates and extends patterns. For example, extends an alternating pattern involving addition and subtraction (+3, -1, +3, -1, +3... or +5, -3, +5, -3,... ) or creates a complex visual pattern (aabc).**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7100200

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior   
but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

* I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| PROGRAMMER Box  (+3, -1, +3, -1, +3… or +5, -3, +5, -3,…) should start at beginning of second line, so that the full pattern is on the same line.  . |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I010. (J01.) [STUDENT NAME] sorts, classifies, and compares math materials by various rules and attributes. For example, by creating a rule for sorting keys, such as "keys with numbers" in one pile and "keys without numbers" in another pile, or by sorting shapes by several attributes such as "large plastic shapes" and "small wooden shapes."**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7100100

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I015. (J09.) [STUDENT NAME] solves problems involving numbers using concrete objects. For example, "Vera has six blocks, George has three, how many blocks are there in all?" or "How many do I need to give George so he will have the same number of blocks as Vera?"**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7100900

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I020. (J11.) [STUDENT NAME] subtracts numbers that require regrouping. For example, 1300 - 579, or 2302 - 947, or 2603 - 1594.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7101100

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I025. (J05.) [STUDENT NAME] shows understanding of place value with whole numbers to 100,000. For example, correctly orders the numbers 19,321, 14,999, 9,900, and 20,101 from least to greatest, or correctly regroups when adding and subtracting.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7100500

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I030. (J07.) [STUDENT NAME] models, reads, writes, and compares fractions. For example, shows that ½ of the candy bar is ¼ + ¼, or shows that ¼ of 12 is 3.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7100700

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I035. (J08.) [STUDENT NAME] reduces fractions to lowest denominator. For example, reduces 27/63 to 3/7, or 41/6 to 6 5/6.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7100800

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I040. (J12.) [STUDENT NAME] divides a 3-digit number by a 1-digit number. For example, 348÷4 or 228÷6.**

🔾 Not yet-Student has not yet demonstrated skill, knowledge, or behavior 1

7101200

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I045. (J06.) [STUDENT NAME] shows understanding of place values with decimals. For example, compares decimals to the thousandths place (1.04 > 1.009).**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

71006000

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX  (1.04 > 1.009) should appear on the same line. |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I050. (J13.) [STUDENT NAME] divides multi-digit problems with remainders in the quotient. For example, computes 536÷30 or 6135÷7.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7101300

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**I055. (J10.) [STUDENT NAME] uses a variety of strategies to solve math problems. For example, using manipulative materials, using trial and error, making an organized list or table, drawing a diagram, looking for a pattern, acting out a problem, or talking with others.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7101000

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME  FILL HIM OR HER FROM SEX IN PRELOAD |

**I060. (J14.) [STUDENT NAME] demonstrates algebraic thinking. For example, solves for an unknown in an equation such as 16 x A=48; or expresses a function as a general rule that enables [him/her] to determine any term in the sequence.**

🔾 Not yet—Student has not yet demonstrated skill, knowledge, or behavior 1

7101400

🔾 Beginning—Student is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently 2

🔾 In progress—Student demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence 3

🔾 Intermediate—Student demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient 4

🔾 Proficient—Student demonstrates skill, knowledge, or behavior competently and consistently 5

🔾 I am unable to assess the student 6

NO RESPONSE M

**J. FUNCTIONAL SKILLS AND ABILITIES**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**The next few questions ask about this student's functional skills and abilities.**

**J001. (K01.) Which of the following best describes [STUDENT NAME]’s expressive communication?**

🔾 Uses symbolic language to communicate: Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal 1

7110100

🔾 Uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc., to clearly express a variety of intentions. 2

🔾 Student communicates primarily through cries, facial expressions, change in muscle tone, etc., but no clear use of objects/textures, regularized gestures, pictures, signs, etc., to communicate. 3

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**J005. (K02.) Does [STUDENT NAME] use an augmentative communication system in addition to or in place of oral speech?**

🔾 Yes 1

7110200

🔾 No 2

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**J010. (K03.) Which of the following best describes [STUDENT NAME]’s vision?**

🔾 Vision appears to be within normal limits 1

7110300

🔾 Corrected vision within normal limits 2

🔾 Low vision; uses vision for some activities of daily living 3

🔾 No functional use of vision for activities of daily living, or unable to determine functional use of vision 4

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| PROGRAMMER, DISPLAY THE FOLLOWING HELP TEXT FOR RESPONSE OPTION 2:  **Corrected vision refers to how the student sees when wearing glasses or contact lenses. Choose this option if wearing glasses or contact lenses is able to correct the student's vision to normal.**  PROGRAMMER, DISPLAY THE FOLLOWING HELP TEXT FOR RESPONSE OPTION 3:  **Low vision indicates that the student’s vision is not within normal vision even with glasses or contact lenses. Choose this option if wearing glasses or contact lenses is not able to correct the student's vision to normal.** |

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**J015. (K04.) Which of the following best describes [STUDENT NAME]’s hearing?**

🔾 Hearing appears to be within normal limits 1

7110400

🔾 Corrected hearing loss within normal limits 2

🔾 Hearing loss aided, but still with a significant loss 3

🔾 Profound loss, even with aids 4

🔾 Unable to determine functional use of hearing 5

🔾 I am unable to assess the student 6

NO RESPONSE M

Programmer, display the following help text for response option 2:

**Corrected hearing refers to how the student hears when using a hearing aid. Choose this option if using a hearing aid is able to correct the student's hearing to normal.**

Programmer, display the following help text for response option 3:

**Hearing loss aided, but still with a significant loss indicates that the student’s hearing is not within normal hearing even with a hearing aid. Choose this option if using a hearing aid is not able to correct the student's hearing to normal.**

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**J020. (K05.) Which of the following best describes [STUDENT NAME]’s motor abilities?**

🔾 No significant motor dysfunction that requires adaptations 1

7110500

🔾 Requires adaptations to support motor functioning (e.g., walker, adapted utensils, and/or keyboard) 2

🔾 Uses wheelchair, positioning equipment, and/or assistive devices for most activities 3

🔾 Needs personal assistance for most/all motor activities 4

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| C005(D02)=1 |
| FILL STUDENT NAME |

**J025. (K06.) Which of the following best describes [STUDENT NAME]’s social interactions?**

7110600

🔾 Initiates and sustains social interactions 1

🔾 Responds with social interaction, but does not initiate or sustain social interactions 2

🔾 Alerts to others 3

🔾 Does not alert to others 4

🔾 I am unable to assess the student 6

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX  IF STUDENT-SPECIFIC QUESTIONS HAVE BEEN ADMINISTERED FOR EACH STUDENT WHERE B005(SC01)=1, THEN GO TO K001(A03).  ELSE LOOP BACK TO THE PROGRESS SUMMARY SCREEN (immediately preceding C001(D01)) TO ADMINISTER STUDENT-SPECIFIC QUESTIONS FOR THE NEXT STUDENT WHERE B005(SC01)=1. |

**K. YOUR TEACHING ASSIGNMENT AND YOUR SCHOOL**

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**K001. (A03.) You have completed the portion of the survey about your students that are in the study. Thank you.**

**Now we have some questions about you and your instructional practices.**

**Do you coteach with another teacher or professional educator?**

🔾 Yes 1

7010300

🔾 No 2

NO RESPONSE M

|  |
| --- |
| IF K001=2 OR M, GO TO K010  K001(A03)=1 |

**K005. (A04.) Which of the following models best describes your current coteaching arrangement?**

🔾 One teach, one drift (one teacher leads the class and the other moves throughout the classroom to make sure everyone is on track). 1

7010401

🔾 Station teaching (class divided into two or more stations; each teacher spends at least half of the period with one group, and then teachers switch). 2

🔾 Alternative teaching (one teacher teaches the large group and the other teacher works with a smaller group of students to reteach any necessary information). 3

🔾 Parallel teaching (both teachers are teaching at the same time, and both lead discussion; class may be divided into groups). 4

🔾 Team teaching (both coteachers balance the responsibilities of the class in such a way that both teach the same amount in front of the classroom). 5

NO RESPONSE M

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**K010. (A05.) During this school year, where have you worked with students with IEPs?**

|  | *Select all that apply***.** |
| --- | --- |
| 7010501 | 🞎 a. In a general education classroom …….1 |
| 7010502 | 🞎 b. In a special education classroom …….2 |
| 7010503 | 🞎 c. In a nonclassroom space (e.g. office, therapy room, small work space, mobile van, etc.) …….3 |
| 7010505 | 🞎 d. I do not work directly with students who have IEPs …….4 |

NO RESPONSE …...M

|  |
| --- |
| PROGRAMMER BOX:  Please program so respondent can either select “**I do not work directly with students who have IEPs**” or any other response category but not both. |

|  |
| --- |
| IF A005(A01) IS 1 or 2 and k010(A05) is not 4 |

**K015. (A07A.) Do you teach academic content to students who have IEPs?**

🔾 Yes 1

7010700

🔾 No 2

NO RESPONSE M

|  |
| --- |
| IF k015(A07A)=1 |

**K020. (A07B.) When teaching academic content to students who have IEPs, how often do you use each of the following instructional strategies?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Never | Once a month or less | Two or three times a month | Once or twice a week | Three or four times a week | Every day |
| 7010710 | a. Provide students with background knowledge and skills | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010711 | b. Provide practice for prescribed strategies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010712 | c. Incorporate systematic cumulative reviews of skills and information | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010713 | d. Include self-regulation strategies that promote on-task thinking and hard work | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010714 | e. Explicitly teach for transfer of skills and strategies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010715 | f. Use validated forms of progress monitoring of student responsiveness to the instruction or intervention | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010716 | g. Apply validated decision-making rules with progress monitoring tools to determine when to revise the program | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| Programmer, display the following help text for “**validated forms of progress monitoring**”  **Validated forms of progress monitoring are tools and methods that have been found by research to relate to student performance on more in-depth assessments and student outcomes.**  PROGRAMMER, DISPLAY THE FOLLOWING HELP TEXTFOR **“validated decision-making rules”**  **Validated decision-making rules have been tested by researchers and found to reliably indicate when a change is needed.** |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 and k015(A07a) is not 2 |

**K025. (A06.) Do you teach mathematics to students who have IEPs?**

🔾 Yes 1

7010600

🔾 No 2

NO RESPONSE M

|  |
| --- |
| If K025(a06)=1, go to K030(A07);  Else IF A005(a01) IS NOT 4 and A010(A02) IS NOT 8, GO TO K035(A07C);  Else, go to K040(A08) |

**K030. (A07.) When teaching mathematics to students who have IEPs, how often do you use each of the following instructional strategies?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  | Never | Once a month or less | Two or three times a month | Once or twice a week | Three or four times a week | Every day |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7010701 | a. Have students discuss different ways to solve a problem | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010702 | b. Have students generate new strategies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010703 | c. Have students work on an investigation, problem or project over an extended period of time | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010704 | d. Have students solve problems using multiple methods | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010705 | e. Begin instructional units with worked examples (explaining how work is completed, step by step, and what you think as you complete each step) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010706 | f. Teach the most efficient solution strategy using simple, direct language | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010707 | g. Have students explain solutions in their own words | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010708 | h. Have students practice solution strategies that you taught | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010709 | i. Have students explain how taught strategies are efficient | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**K035. (A07C.) When teaching life skills, how often do you use the following instructional strategies:**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  | Never | Once a month or less | Two or three times a month | Once or twice a week | Three or four times a week | Every day |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7010721 | a. Time delay (e.g., constant, progressive) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010722 | b. Computer-assisted instruction | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010723 | c. Community-based instruction | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010724 | d. Video modeling | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010725 | e. Prompting strategies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010726 | f. Mnemonic strategies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010727 | g. One-more-than (next dollar strategy) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010728 | h. Peer-mediated instruction | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010729 | i. Visual displays | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 7010730 | j. Self-management (self-monitoring, self-instruction) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**K040. (A08.) Please indicate the extent to which you agree or disagree with each of the following statements about your work at this school.**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- |
| 7010801 | a. I really enjoy my present job. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 7010802 | b. I am certain I am making a difference in the lives of the students I work with. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 7010803 | c. If I could start over, I would choose this career again. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 7010804 | d. I am satisfied with my class size/caseload. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 7010805 | e. I worry about the security of my job because of the performance of the students in my class(es) on state or local tests. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 7010806 | f. I get frustrated working with general education teachers. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 7010807 | g. I plan to continue to work in special education for at least the next five years. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 7010808 | h. The amount of paperwork that I need to complete for my students takes away from my ability to deliver high quality instruction. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**K045. (A08A.) Please indicate the extent to which you agree or disagree with each of the following statements:**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7010821 | a. I have a team of professionals who support my work with students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾N/A |
| 7010822 | b. I have regular meetings with consultants | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾N/A |
| 7010823 | c. I often feel isolated in my school | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |  |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**K050. (A08B.) Please indicate how strongly you agree or disagree with each of the following statements:**

PROGRAMMER: CODE ONE PER ROW

*Select one per row.*

|  |  | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7010831 | a. I have adequate planning time. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |  |
| 7010832 | b. I meet regularly with other special education professionals about how to meet the needs of the students that I serve. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |  |
| 7010833 | c. I have adequate support from my colleagues. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |  |
| 7010835 | e. I check in every week with the general education teachers who are teaching my students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 N/A |
| 7010836 | f. The school supports inclusion in general education classrooms by accommodating the needs of special education students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 N/A |
| 7010837 | g. General education teachers who are teaching my students regularly use Response to Intervention (RTI) for learning. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾N/A |
| 7010838 | h. General education teachers who are teaching my students regularly use universal design for learning. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 N/A |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**K055. (A09.) During this school year, how many students with IEPs have you worked with or provided services for, on average, each week?**

**Include students you work with directly, as well as students for whom you consult with the general education teacher and/or another special education teacher/service provider.**

7010900

🔾 1-10 1

🔾 11-20 2

🔾 21-40 3

🔾 More than 40 4

🔾 Don’t know d

NO RESPONSE M

**L. BACKGROUND AND EDUCATION**

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8  ASK IF FIRST-TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL. |

**L001. (B01.) The next several questions ask about your background and education.**

**What is your sex?**

7020100

🔾 Male 1

🔾 Female 2

NO RESPONSE M

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8  ASK IF FIRST-TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL. |

**L005. (B02.) In what year were you born?**

YEAR BORN

7020200

PROGRAMMER: CHANGE THIS TO A DROP DOWN BOX WITH 1925 – 2003 ONLY YEARS LISTED

NO RESPONSE M

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8  ASK IF FIRST-TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL. |

**L010. (B03.) Are you of Hispanic or Latino origin?**

🔾 Yes 1

7020300

🔾 No 2

NO RESPONSE M

|  |
| --- |
| Programmer, display the following help text for “**Hispanic or Latino origin”:**  **Hispanic or Latino origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.** |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8  ASK IF FIRST-TIME RESPONDENT OR ASK IF MS1 RESPONSE=NULL. |

**L015. (B04.) Which of the following best describes your race?**

*Select all that apply.*

🞏 a. White 1

7020401

7020402

🞏 b. Black or African American 2

🞏 c. Asian 3

7020403

🞏 d. Native Hawaiian or other Pacific Islander 4

7020405

7020404

🞏 e. American Indian or Alaska Native 5

NO RESPONSE M

|  |
| --- |
| **PROGRAMMER BOX L015(BO4)**  HYPERLINK HELPTEXT FOR EACH OF THE RESPONSE OPTIONS OF M015(B04) WITH EACH HYPERLINK CONTAINING ONLY ITS CORRESPONDING DEFINITION:  **White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**  **Black or African American: a person having origins in any of the black racial groups of Africa.**  **Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**  **Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**  **American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment**. |

|  |
| --- |
| IF A005(A001) IS NOT 4 and A010(A02) IS NOT 8 |

**L020. (B05.) What is the highest level of education you have completed?**

🔾 Did not complete high school 1

7020500

🔾 High school diploma or equivalent (for example: GED) 2

🔾 Some college or technical or vocational school 3

🔾 Associate’s degree (for example: AA, AS) 4

🔾 Bachelor’s degree (for example: BA, BS) 5

🔾 Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) 6

🔾 Doctorate or an advanced professional degree beyond a Master's degree (for example: Ph.D, Ed.D, MD, DDS, DVM, JD) 7

NO RESPONSE M

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010 (A02) IS NOT 8 |

**L025. (B06.) Which of the following credentials, licenses, or certificates do you have for working with students with disabilities?**

*Select all that apply.*

🞏 a. Emergency credential 1

7020601

🞏 b. Provisional or temporary credential 2

7020602

🞏 c. Disability-specific credential or endorsement 3

7020603

🞏 d. Special education credential or endorsement (for more than one disability category) 4

7020604

🞏 e. General education credential 5

7020605

🞏 f. Speech/language therapy state license or certification 6

7020606

🞏 g. Physical therapy state license or certification 7

7020607

🞏 h. Occupational therapy state license or certification 8

7020608

🞏 i. Social work license or certification 9

7020609

🞏 j. School psychology license or certification 10

7020610

🞏 k. Clinical psychology license or certification 11

7020611

🞏 l. Certificate of Clinical Competence 12

7020612

🞏 m. Other professional license, credential, or endorsement 99

7020613

NO RESPONSE M

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**L030. (B07.) Which of the following describes the teaching certificate you currently hold?**

🔾 Regular or standard state certificate or advanced professional certificate 1

7020700

🔾 Certificate issued after satisfying all requirements except the completion of a probationary teaching period 2

🔾 Certificate that requires some additional coursework or passing a test 3

🔾 Certificate issued to persons who must complete a certification program in order to continue teaching 4

🔾 I do not hold any of these certifications 5

NO RESPONSE M

|  |
| --- |
| L030(B07)=1, 2, 3, 4 |

**L035. (B08.) In what area(s) and subject(s) are you certified?**

*Select all that apply***.**

***Areas***

🞏 a. Early childhood or Pre-K, general 1

7020801

🞏 b. Elementary grades, general 2

7020802

🞏 c. Middle grades, general 3

7020803

🞏 d. Secondary grades, general 4

7020804

🞏 e. Special education, general 5

7020805

🞏 f. Specific area of disability (for example, autism, learning disabilities, etc.) 6

7020806

🞏 g. Instruction for English Language Learners (e.g., English for Speakers of Other Languages or bilingual education 7

7020807

***Subjects***

🞏 j. English/Language arts 10

7020810

🞏 k. Reading 11

7020811

🞏 m. Mathematics 12

70208133

7020814

🞏 n. Science (including general science, biology or life sciences, earth science, and other natural sciences) 13

🞏 o. Social studies (including history, government or civics, geography) 14

7020815

🞏 p. Social or behavioral science (including psychology, sociology, anthropology, and other social sciences) 15

7020816

🞏 q. Other 99

7020817

NO RESPONSE M

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**L040. (B09.) Have you received any training related to Response to Intervention (RTI) from any of the following sources?**

*Select all that apply***.**

7020903

7020902

7020901

🞏 a. College courses 1

🞏 b. Professional development 2

🞏 c. Personal reading and study 3

7020904

🞏 d. I have not received any training on issues related to Response to Intervention 4

NO RESPONSE M

|  |
| --- |
| PROGRAMMER BOX L040(B09)  Please program so respondent can either select “**I have not received any training on issues related to response to intervention**” OR ANY OTHER RESPONSE CATEGORY BUT NOT BOTH |

**M. PROFESSIONAL EXPERIENCE**

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**M001. (C03.) Next, we would like to ask about your years of experience.**

**Counting this school year, how many total years (including part-time) have you been working with any students in any school? This would include both providing special education services as well as teaching in a regular classroom.**

**Enter the number of years.**

**If you have been working for less than one year, enter 1.**

7030300

YEARS WORKED WITH STUDENTS

YEARS

(1-70)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF M001(C03) <1 OR M001(C03) > 45; **Just to confirm, you answered [M001(C03)] YEARS WORKED WITH STUDENTS. Press “Edit” to return to this screen or press “Next” to continue.**  HARD CHECK: IF ANYTHING OTHER THAN A WHOLE NUMBER IS ENTERED; **“Please enter a whole number.”** |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**M005. (C02.) Counting this school year, how many total years (including part-time) have you been working with students receiving special education or related services in any school?**

**Enter the number of years.**

**If you have been working for less than one year, enter 1.**

7030200

YEARS WORKED WITH SPECIAL EDUCATION STUDENTS

YEARS

(1-70)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF M005(C02) <1 OR M005(C02) > 45; **Just to confirm, you answered [M005(C02)] YEARS WORKED WITH SPECIAL EDUCATION STUDENTS. Press “Edit” to return to this screen or press “Next” to continue.**  HARD CHECK: IF ANYTHING OTHER THAN A WHOLE NUMBER IS ENTERED; **“Please enter a whole number.”** |
| HARD CHECK: If M001(C03) < M005(C02); **Your total years working with any students ([M001(C03)]) is inconsistent with the number of years you have worked with special education students ([M005(C02)]). Please change your response to this question or go back and change your response for years worked with any students.** |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**M010. (C04.) Counting this school year, how many years of experience do you have teaching general education math classes to students (in any grades 6-12)?**

**Enter the number of years.**

**If you have been working for less than one year, enter 1.**

**If you have never been a Math teacher, enter 0.**

7030400

YEARS WORKED TEACHING MATH 6-12

YEARS

(0-70)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF N010(C04) <0 or N010(C04) > 45; **Just to confirm, you answered [M010(C04)] YEARS WORKED TEACHING MATH 6-12. Press “Edit” to return to this screen or press “Next” to continue.**  HARD CHECK: IF ANYTHING OTHER THAN A WHOLE NUMBER IS ENTERED; **“Please enter a whole number.”** |
| HARD CHECK: If M001(C03) < M010(C04); **Your total years working with any students ([M001(C03)]) is inconsistent with the number of years you have taught math ([M010(C04)]). Please change your response to this question or go back and change your response for years worked with any students.** |

|  |
| --- |
| IF A005(A01) IS NOT 4 and A010(A02) IS NOT 8 |

**M015. (C01.) Counting this school year, how many years have you worked in your current school, including part time?**

**Enter the number of years.**

**If you have been working for less than one year, enter 1.**

7030100

YEARS WORKED IN CURRENT SCHOOL

YEARS

(1-70)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF M015(C01) <1 OR M015(C01) > 45 **Just to confirm, you answered [M015(C01)] YEARS WORKED IN CURRENT SCHOOL. Press “Edit” to return to this screen or press “Next” to continue.**  HARD CHECK: IF ANYTHING OTHER THAN A WHOLE NUMBER IS ENTERED; **“Please enter a whole number.”** |
| HARD CHECK: If M001(C03) < M015(C01); **Your total years working with any students ([M001(C03)]) is inconsistent with the number of years you have worked in your current school ([M015(C015]). Please change your response to this question or go back and change your response for years worked with any students.** |

|  |
| --- |
| IF SCHOOL ALLOWS CHECK INCENTIVE |

**INCENTADDR. To show our appreciation for completing the survey today, we would like to send you a [FILL CHECK AMOUNT] check. Please provide the name and address to which you would like the check mailed.**

**(Allow 4 weeks for delivery.)**

**Name:**

**Street Address:**

**ZIP Code:**

**City:**

**State:**

|  |
| --- |
| SOFT CHECK: IF NAME AND STREET ADDRESS AND ZIP CODE AND CITY AND STATE=MISSING; **We need your address information in order to send you your incentive.** |
| SOFT CHECK: IF NAME OR STREET ADDRESS OR ZIP CODE OR CITY OR STATE=MISSING; **You have not provided a [name, address, zip, city, state]. Without a complete name and address, we may not be able to send your incentive check to you. If this information is available, please select 'Edit.'** |
| SOFT CHECK: IF ZIP CODE is not a whole number; **Please enter only numbers for the ZIP code.** |
| SOFT CHECK: IF ZIP CODE is not recognized in database; **The ZIP code you have provided is not in our database. Please click "Next" to confirm [zip] as the correct ZIP code or "EDIT" to change your response.** |
| HARD CHECK: IF CITY contains numbers; **The city you have entered contains numbers. Please revise so you may continue.** |

**CONFIRM. You have completed the questions for [STUDENT]. Thank you very much!**

**Please click the “Next” button to confirm you have finished answering questions about [STUDENT]. If you want to make changes or review your responses, click the “Previous” button.**

**FEPREEND**

**You have reached the end of the survey.**

**If you would like to recheck any of your responses, use the “Previous” button to return to the desired screen(s).**

**If you are comfortable with all of your responses, click 'Next' to go to the final screen and complete the survey. You will not be able to log back into the survey after clicking “Next" on this screen.**

**Also, if you do log back in, you will not be able to backup beyond the screen where you left off.**

**END: These are all the questions we have for you. We appreciate your taking the time to complete the survey.**

**Thank you very much for participating in MGLS:2017!**

**Press “Finish” to complete and close the survey.**

**OR, IF INELIGIBLE:**

**Thank you for taking the time to answer our questions! Since you are not a special education teacher for any MGLS:2017 students, it is not necessary for you to answer any other questions.**

**Press “END” to finish.**

## Appendix MS2-U5. School Administrator Survey Specifications

**Note: OFT1 item numbers are shown in parentheses.**

**Items included in the Abbreviated Survey are marked**

**with gray shading of item numbers.**

**If respondent is same as at MS1, Section G will be prefilled for confirmation/updating by respondent.**

|  |
| --- |
| *NCES is authorized to conduct the MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543), and to collect students’ education records from educational agencies or institutions for the purpose of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form, for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical records.*  *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires M/D/2022. The time required to complete this information collection is estimated to average approximately 40 minutes, including the time to review instructions, gather the data needed, and complete and review the information collection. 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 directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St., SW, Room 4002, Washington, DC* [*20202*](https://www.google.com/maps/search/550+12th+St.,+SW,+Room+4007,+Washington,+DC+20202?entry=gmail&source=g)*.* |

**Middle Grades Longitudinal Study of 2017-18 (MGLS:2017)**

**MS2 School Administrator Questionnaire**

*Note: Items included in the Abbreviated Survey are marked with gray shading of item numbers.*

|  |
| --- |
| PROGRAMMER BOX All   1. Question numbers appear in the specs for programming purposes (i.e., routing, skip logic, etc.) but the question numbers should be displayed in upper right-hand corner of survey window. 2. Allow respondents to select an answer by clicking any part of the response text. 3. All questions will generally have the same soft check message(s):   Missing 3 items in a row: **Your responses are very important. Please answer as many questions as possible. Please provide an answer or press Next to continue.**  Missing 3 items in a grid: **It appears that a few questions were left blank. Your answers are extremely important. Please provide an answer or press Next to continue.**  Program the screen to automatically scroll to the top when an error message is displayed.  AFTER 8 MINUTES OF NO ACTIVITY, DISPLAY:  Due to inactivity, your session will close in 2 minutes. Press Continue if you need more time.  [AFTER 10 MINUTES OF NO ACTIVITY, DISPLAY:]  Your session has timed out. We’re very sorry! Your session has been idle for more than 10 minutes. Please click below to log back into the survey.  **Click below to return to the login page.** |

**A. INTRODUCTION**

|  |
| --- |
| All |

**A01a.** You have received an invitation to complete this questionnaire because you are an administrator in one of the schools participating in the MGLS:2017 study.

To enhance the information we obtain from your students, their parents, and teachers we need your input. We are asking you to report on the characteristics and population of students in your school, courses offered, security measures, teachers, and your own personal background.

Taking part in the study is voluntary and you can skip questions you do not want to answer. We realize you are very busy,but urge you to complete this questionnaire as completely and accurately as possible.

When you have finished or if you need to take a break before finishing, please click the LOG OUT button and CLOSE ALL browser windows to keep your responses secure. For example, if you used Chrome or Safari to open the survey, make sure no Chrome or Safari windows are open after you end the survey. Not closing all browsers may allow someone else to see your responses. When you log in again, you can resume where you left off.

**Your answers are very important to the study’s success.**

Please select an option below and then click Next.

Let's get started.

8010116

🔾 Continue 1 A01b

🔾 Come back later 2

|  |
| --- |
| HARD CHECK: IF A01a= NO RESPONSE; **Please provide an answer to this question and then click Next.** |

|  |
| --- |
| PROGRAMMER BOX A01a  if A01a = 2Please logout the respondent. the RESPONDENT should be able to log back in. |

|  |
| --- |
| A01a = 1 |

**A01b.** Thank you very much for participating! Gathering the following information in advance will help you complete the questionnaire more quickly.

1. For the **current school year**:
   * + Average daily attendance
     + Math curriculum information
     + Matriculation information
     + Student body demographic information, including the number of students in the total student body who are:
     + English language learners
     + Alternative program attendees
     + School personnel counts such as the:
     + Number of teachers by subject taught
     + Number of security personnel
     + Programs, services, and supports available for students with an individualized education program (IEP) and the percentage of students who use them

Press Next to continue.

|  |
| --- |
| PROGRAMMER BOx A01b  Please add AN INFORMATION ICON to the bullet “**English language learners**” that links to the help text below:  **English language learners (ELL): Students whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.**  Please add AN INFORMATION ICON to the bullet text “**individualized education program (IEP)**” that links to the help text below:  **Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child’s educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP.** |

|  |
| --- |
| All |

**A01c.** How to Complete the Survey:

* + Please record your answers by checking the box next to the appropriate answer or entering information as directed. Answer each question as accurately as possible; if you need to estimate an answer that is okay.
  + Press the “Next” button to move forward.
  + Press the "Previous" button to go back.
  + To jump to another section, click on the desired section in the progress bar at the top of the screen. You will be taken to the first question in the section. You may not be able to use the progress bar to jump to other sections until you have answered questions in earlier sections.
  + The progress bar is color coded to indicate if a section has not been viewed (white), is in progress (gray), partially completed (teal), or completed (green).
  + Some questions have help text available. If you see an information icon [insert image of icon] there is help text available. Click the icon to see the help text.
  + The “Log out” button can be used to save your responses and finish later.
  + In order to save your responses, you must press the "Next" button. To protect your answers, you will be logged off if you are idle for more than 10 minutes.

Press Next to begin.

|  |
| --- |
| ALL |

**A05a (A02a).** Please confirm that you are a person at this school who is knowledgeable about eighth-grade students, teachers, programs, and services.

🔾 Yes 1 A10 (A03)

8010201

🔾 No 2 A05b (A02c)

|  |
| --- |
| HARD CHECK: IF A05a (A02a) = NO RESPONSE; **Please provide an answer to this question and then click Next.** |

|  |
| --- |
| A05A (A02A) = 2 |

**A05b (A02c).** Please provide the name and contact information for a person at your school who is knowledgeable about eighth-grade students, teachers, programs, and services. They will be notified to complete the survey.

First Name: (STRING 50) 8010203

Last Name: (STRING 50) 8010204

Title: (STRING 50) 8010205

Phone: (STRING 10) 8010206

Email: (STRING 50) 8010207

|  |
| --- |
| SOFT CHECK: IF A05b= NO RESPONSE; **Please provide an answer to this question and then click Next.** |
| SOFT CHECK: IF PHONE NUMBER IS INVALID: **Please enter a valid phone number. Please include area code and do not use letters.** |
| SOFT CHECK: IF EMAIL ADDRESS IS INVALID: **Please enter a valid email address. Be sure your email address includes the @ symbol and a valid domain, such as .edu, org, .com, or .gov.** |

|  |
| --- |
| A05a (A02a**)** =2 |
| IF TEXT ENTERED AT A05b, FILL TITLE, FIRST NAME, AND LAST NAME |

**A05c(A02d).** Thank you! The MGLS:2017 team will be in touch with [TITLE] [FIRST NAME] [LAST NAME] very soon.

*Press Next to close this survey.*

|  |
| --- |
| PROGRAMMER BOX A05c (a02d)  PROGRAM A “**Next**” BUTTON ON THE SCREEN. The button will close down the interface in which the survey was displayed. EXIT SURVEY. |

|  |
| --- |
| A05a (A02a)= 1 |

**A10(A03).** What is your title or position at this school?

*Select the one that best describes you.*

🔾 Principal/Administrator 1 B01

8010300

🔾 Vice Principal 2 B01

🔾 Counselor 3 B01

🔾 School administrative personnel 4 B01

🔾 District administrative personnel 5 B01

🔾 Other 99 B01

|  |
| --- |
| SOFT CHECK: IF A10=NO RESPONSE; **Please provide an answer to this question and then click Next.** |
| SOFT CHECK: IF DESIGNEE\_FLAG=1 & A10=1; **You selected Principal/Administrator. Please confirm and then click Next to continue.** |

|  |
| --- |
| PROGRAMMER BOX A10 (a03)  If a10=5, follow abbreviated path.  Please ADD AN INFORMATION ICON TO THE ROW HEADER “**Principal/Administrator**” that links TO THE HELP TEXT BELOW:  **Principal/Administrator: Principal/Administrator includes anyone serving in the role with primary responsibility for the administration of the school.**  Please ADD AN INFORMATION ICON TO THE ROW HEADER “**Other**” that links TO THE HELP TEXT BELOW:  **Other: If you have primary responsibility for administration of the school, please select Principal/Administrator, even if that is not your exact title. Otherwise, please select “Other.”** |

|  |
| --- |
| ASK if respondent is the same as MS1 (i.e., MS1\_COMPLETE\_FLAG=1)  else if respondent is not the same (i.e., MS1\_COMPLETE\_flag = 0), go to b01. |
| fill respondent’s first and last name from MS1 |

**A15.** Are you [PRE-FILL WITH FIRST\_NAME AND LAST\_NAME OF RESPONDENT FROM MS1]?

🔾 Yes 1 B01

8010400

🔾 No 2 B01

**B. SCHOOL CHARACTERISTICS**

|  |
| --- |
| IF MS1 RESPONSE=NULL |

The following questions ask about characteristics of your school.

**B01.** Which of the following best describes your school?

🔾 Regular public school 1 B05 (B02)

8020100

🔾 Public school that has a magnet program for some of the students 2 B05 (B02)

🔾 Public school that is exclusively a magnet school 3 B05 (B02)

🔾 Charter school 4 B05 (B02)

🔾 Private school 5 B05 (B02)

|  |
| --- |
| All |

**B05(B02).** What is the Average Daily Attendance (ADA) for your school this year? Please report as a number or a percent.

8020300

(NUMBER OF STUDENTS RANGE 0-9999) (PERCENT OF STUDENTS RANGE 0-100)

8020301

🔾 Number of students 1 B10 (B03)

🔾 Percent of students 2 B10 (B03)

|  |
| --- |
| SOFT CHECK: IF A NUMERICAL RESPONSE IS ENTERED AND NO UNIT IS SELECTED; **Please indicate if your answer is a number or percent, then click Next to move on. To skip the question, click the Next button.** |

|  |
| --- |
| B01=5 OR 99 |

**B10(B03).** What is the maximum yearly tuition to attend your school? Enter "0" if school does not charge tuition.

$

8020400

(RANGE 0-50000)

*Please report your answer rounded to the nearest dollar.*

|  |
| --- |
| B10 (B03) > 0 |

**B15(B04).** What percentage of your students pay the maximum yearly tuition?

🔾 0 – 25 percent 1 **B20a (B06b)**

8020500

🔾 26 - 50 percent 2 **B20a (B06b)**

🔾 51 - 75 percent 3 **B20a (B06b)**

🔾 76 - 100 percent 4 **B20a (B06b)**

|  |
| --- |
| All |

The next set of questions is about your student population.

**B20a (B06b).** What percentage of the total student body in your school are English language learners (ELLs)?

8020702

Percent

|  |
| --- |
| PROGRAMMER box b20a (**B06b)**  Do not allow nonnumeric response for this item (i.e., alphabetic or symbol responses).  Range of percentages can be 0-100. OUT OF RANGE: **Please enter a percentage between 0 and 100.**  PLEASE ADD AN INFORMATION ICON next TO “**English language learners (ELL)”** that links TO THE HELP TEXT BELOW:  **English language learners (ELL): Students whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.** |

|  |
| --- |
| All |

**B20b (B06b).** Do any students enrolled in this school attend an alternative program either at your school or off-site?

🔾 Yes 1 B25 (B07)

8020703

🔾 No 2 B25 (B07)

|  |
| --- |
| All |

This next question only asks about eighth grade at your school.

**B25(B07).** What type of daily schedule is typically used for the eighth-grade level at your school?

🔾 Self-contained classrooms 1 B30 (B08)

8020201

🔾 Daily periods uniform in length 2 B30 (B08)

🔾 Daily periods of varying length 3 B30 (B08)

🔾 Flexible schedule for teams 4 B30 (B08)

🔾 Other 99 B30 (B08)

|  |
| --- |
| All |

The next set of questions asks about additional supports your school provides for struggling students.

**B30 (B08).** Which of the following steps does this school take for eighth-grade students who need extra assistance?

*Select all that apply.*

8020801

🞏 a. The school provides tutoring during the regular school day. 1 B35 (B09)

8020802

🞏 b. The school provides extra assistance to classroom teachers by school staff 2 B35 (B09)

8020803

🞏 c. The school provides pull-out instruction during the regular school day 3 B35 (B09)

8020804

🞏 d. The school provides a homework assistance program to students 4 B35 (B09)

8020809

🞏 e. The school provides multi-tiered systems of support (MTSS) or Response to Intervention (RTI) to students 5 B35 (B09)

🞏 f. The school provides additional support outside the regular school day 6 B35(B09)

8020805

8020806

🞏 g. The school takes other steps to assist struggling students 7 B35 (B09)

8020807

🞏 h. The school does not have any programs for students who need extra assistance. 8 B35 (B09)

|  |
| --- |
| PROGRAMMER box B30 (B08)  Please add an information icon next to “**The school provides tutoring during the regular school day**” that LINKs TO THE HELP TEXT BELOW:  **By tutoring we mean extra assistance provided by individuals other than the teacher.**  Please add an information icon next to “**additional support outside the regular school day**” that LINKs TO THE HELP TEXT BELOW:  **By additional support outside the regular school day we mean, for example, before school or afterschool tutoring, or special programs, weekend programs, or summer school programs.**  IF “**School does not have any programs for students who need extra assistance**” IS SELECTED, PLEASE DESELECT AND GRAY OUT ALL OTHER RESPONSES. |

|  |
| --- |
| All |

**B35 (B09).** Does your school offer any of the following programs to assist eighth grade students who are struggling academically?

*Select all that apply.*

🞏 a. Summer program prior to entry into the next grade that provides supplemental instruction in reading and math 1 B40a-B40b (B13-B15)

8020901

🞏 b. Small learning communities for over‐aged students who have not met promotion criteria 2 B40a-B40b (B13-B15)

8020902

🞏 c. Small eighth-grade learning communities separate from the rest of the school…………………………………………………………………….3 B40a-B40b (B13-B15)

8020903

🞏 d. Block scheduling, also called double‐block or extended‐block scheduling, for struggling eighth graders 4 B40a-B40b (B13-B15)

8020904

8020904

🞏 e. Catch‐up courses or “double‐dosing” of classes 5 B40a-B40b (B13-B15)

8020905

🞏 f. Specific professional development, coaches, or technical assistance for teachers working with struggling eighth-graders 6 B40a-B40b (B13-B15)

8020906

🞏 g. Tutoring 7 B40a-B40b (B13-B15)

8020907

🞏 h. Another program 8 B40a-B40b (B13-B15)

8020908

🞏 i. There are no programs to assist eighth graders who are struggling academically……………………………………………………………..9 B40a-B40b (B13-B15)

8020909

|  |
| --- |
| PROGRAMMER box B35 (B09)  IF “**There are no programs to assist eighth-grade students who are struggling academically**” IS SELECTED, PLEASE DESELECT AND GRAY OUT ALL OTHER RESPONSES. |

|  |
| --- |
| ALL |

The next set of questions is about **instructional programs** at your school.

**B40a-B40b (B13-B14).** **For each of the following programs, please indicate whether students in your school receive this program during the current school year.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes, the program is available for Grade 8 students** | **No, the program is  not available for Grade 8 students** |
| 8021301 | a. Programs that focus on developing students’ literacy solely in English | 🔾 | 🔾 |
| 8021303 | b. Programs that focus on developing students’ literacy in two languages | 🔾 | 🔾 |

|  |
| --- |
| All |

**B50a-c (B15).** Approximately what percentage of your eighth graders are in each of the following instructional programs?

*Enter a percentage in the boxes.*

*If the program is offered but no students are in it, enter 0*

*Otherwise, check if the program is not offered in eighth grade, or any grade.*

PROGRAMMER: RANGE FOR GRID IS 0 -100

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Percent** | **Not offered in eighth grade** | **Not offered in any grade** |
|  | a. | Special education with an Individualized  Education Program (IEP) | 8021320 | 🞏  8021321 | 🞏  8021322 |
|  | b. | Receive accommodations through a 504 plan | 8021323 | 🞏  8021324 | 🞏  8021325 |
|  | c. | A gifted and talented program | 8021326 | 🞏  8021327 | 🞏  8021328 |

|  |
| --- |
| SOFT CHECK: If “**Percent**” is equal to 0 and “**Not offered in eighth grade**” AND “**Not offered in any grade**” is MISSING, display soft check: **“You entered 0. Please indicate whether the program is “not offered in eighth grade” or “not offered in any grade”. If the program is offered but there are no students currently in the program, press Next to continue.”** |
| SOFT CHECK: If “**Percent**” is greater than 0 and “**Not offered in eighth grade” or “Not offered in any grade**” is filled in, display soft check: **“You entered a percentage and you selected that this program is not offered. Please review your response or press Next to continue.”** |
| SOFT CHECK: If “**Not offered in eighth grade**” or “**Not offered in any grade” selected for any row and “Percent**” box is MISSING or is greater than 0, display soft check: **“You indicated that the instructional program is not offered. Please enter “0” into the Percent box and press “Next” to continue.”** |
| SOFT CHECK: If response is not a whole number, display soft check: **“Please enter a whole number only in your response.”** |

|  |
| --- |
| IF B50a= NOT OFFERED IN ANY GRADE, GO TO D01.  ELSE, GO TO B55 |

**B55. Where are students with Individualized Education Programs (IEPs) typically served in this school?**

8021310             🔾 Students with IEPs are not served in this school………………………………….1 D01

🔾 Students with IEPs typically spend most of their day in separate classes………2 C01

                🔾 Students with IEPs typically spend most of their day in the regular classroom....3 C01

|  |
| --- |
| PROGRAMMER BOX b55  PLEASE add AN INFORMATION ICON to the PHRASE “**Most of their day**” that links TO THE HELP TEXT BELOW:  **By most of their day we mean at least 80% of the day.**  PLEASE ADD AN INFORMATION ICON THE QUESTION TEXT “**Individualized Education Program (IEP)**” THAT LINKS TO THE HELP TEXT BELOW:  **Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child’s educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP.** |

**C. SUPPORT FOR STUDENTS**

|  |
| --- |
| IF B50a(B15A)=NOT OFFERED IN ANY GRADE OR NO response OR B55=1, GO TO D01.  ELSE, GO TO C01 |

The next set of questions asks about **Individualized Education Program (IEP)** placement options.

**C01.** What **percentage of students with IEPs** at your school are served by each of the following placement options?

*If the service is available but no students currently receive it, enter 0 for that service.*

*If the service is not available at your school, check the column labeled "Service not available."*

PROGRAMMER: RANGE FOR GRID IS 0 -100

|  | Percentage of students  with IEPs | Service **not**  available |
| --- | --- | --- |
| a. General education with services or supports | 8030101  percent | 🞏  80301022 |
| b. Classes co-taught by general and special education teachers | percent  8030103 | 🞏  8030104 |
| c. Part-time resource room for special education students | 8030105  percent | 🞏  8030106 |
| d. Self-contained special education classrooms | 8030107  percent | 🞏  8030108 |
| e. Individual instruction such as home school or a residential, off site, incarceration or hospital program | 8030109  percent | 🞏  8030110 |

|  |
| --- |
| PROGRAMMER BOX C01  Range of percent can be 0-100.  PLEASE add AN INFORMATION ICON the question texT “**individualized education program (iep)**” that links TO THE HELP TEXT BELOW:  **Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child’s educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP.**  PLEASE add AN INFORMATION ICON to the row header “**Special education**” that links TO THE HELP TEXT BELOW:  **By special education we mean programs in which the student receives services with an Individualized Education Program (IEP). An Individualized Education Program (IEP) is a written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child’s educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP.**  **By co-taught we mean, for example, when both the teacher and special education teacher (or related services provider) are in the classroom together, but trade off instruction.**  Please program so respondent can either enter a percentage or check the “**Service not available**” box, but not both answers. If the “**Service not available**” box is selected, please gray out percentage box and remove any percentage entered. |

|  |
| --- |
| IF c01a>0 percenT |

**C05.** You have reported that [C01a] percent of students with IEPs in your school are served in general education with services or supports. What percentage of these students with IEPs spend at least 80% of their time in general education?

8030120

🔾 Less than 25% 1 D10 (D02)

🔾 Between 25% and 75% 2 D10 (D02)

🔾 More than 75% 3 D10 (D02)

|  |
| --- |
| IF B50a(B15A)=NOT OFFERED IN ANY GRADE OR NO response OR B55=1, GO TO D01.  ELSE, GO TO C10 |

The next questions are about **services and supports** schools can offer **to teachers** of students with IEPs.

**C10 (C02).** Are the following **available to general education teachers** in this school when students with IEPs are included in their classes?

🞏 Check this box if students with IEPs are **not included** in general education classrooms at your school [GO TO C15(C03)]

8030201

*Select all that apply.*

|  |  |
| --- | --- |
|  |  |
| 8030202 | 🞏 a. Consultation with or technical assistance from special education or other staff with general special education training, not specific to child's disability |
| 8030203 | 🞏 b. Special equipment or materials |
| 8030204 | 🞏 c. Professional development |
| 8030205 | 🞏 d. Teacher aides, instructional assistants, paraprofessionals, or aides for individual students |
| 8030206 | 🞏 e. Smaller student load or class size |
| 8030207 | 🞏 f. Co-teaching with a special education teacher or related services provider |
| 8030208 | 🞏 g. Team teaching with a special education teacher or related services provider |
| 8030209 | 🞏 h. Team planning |

|  |
| --- |
| PROGRAMMER BOX C10 (C02)  C010a-c010i should not be able to be answered if the box for “**Check this box if students with IEPs are not included in general education classrooms at your school**” is checked. please skip to c03.  IF “**Check this box if students with IEPs are not included in general education classrooms at your school**” is checked, then deselect any previously selected responses.  PLEASE add AN INFORMATION ICON NEXT to the text in the row header “**special education or other staff**” that links TO THE HELP TEXT BELOW:  **By special education or other staff we mean, for example, a school psychologist or teacher trained in a related disability area.**  PLEASE ADD AN INFORMATION ICON TO the row header “**Co-teaching**” THAT LINKS TO THE HELP TEXT BELOW:  **By co-teaching we mean, for example, when both the teacher and special education teacher (or related services provider) are in the classroom together, but trade off instruction.**  PLEASE ADD AN INFORMATION ICON TO THE ROW HEADER “**team teaching**” that links TO THE HELP TEXT BELOW:  **By team teaching we mean, for example, when both teachers are NOT in classroom together, but alternate instruction and are responsible for teaching the same set of students.**  PLEASE add aN information icon to the question text “**Iep**” that links TO THE HELP TEXT BELOW:  **Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child’s educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP.** |

|  |
| --- |
| IF B50a(B15A)=NOT OFFERED IN ANY GRADE OR NO response OR B55=1, GO TO D01.  ELSE, GO TO C015 |

The next questions are about **programs and supports** schools can offer **to students with IEPs.**

**C15 (C03).** For each of the following programs and supports, please indicate whether students with IEPs in your school receive this program or support during the current school year. Please include programs provided by alternate service providers.

*Select all that apply.*

|  |  |
| --- | --- |
| 8030303 | 🞏 a. Help developing capability to dress, clean, care for self |
| 8030305 | 🞏 b. Learning self-determination and self-advocacy skills |
| 8030307 | 🞏 c. Peer buddy program |
| 8030309 | 🞏 d. Alternative placements for students who are expelled and/or suspended |
| 8030311 | 🞏 e. Helping students connect to outside transition services, supports, and activities |
| 8030313 | 🞏 f. Helping students connect to adult residential providers and day services |
| 8030315 | 🞏 g. Information bank for parents or guardians with materials and resources relating to independent living |
| 8030317 | 🞏 h. Instruction for parents or guardians on youth’s rights and responsibilities under disability-related laws |

|  |
| --- |
| PROGRAMMER BOX C15 (C03)  PLEASE add an information icon to the row header “**Helping students connect to outside transition services, supports, and activities**” that links TO THE HELP TEXT BELOW:  **By helping students connect to outside transition services, supports, and activities we mean, for example, tutoring, mentoring, transportation, assistive technology, and networking.**  PLEASE add an information icon to the question text “**Iep**” THAT LINKS TO THE HELP TEXT BELOW:  **Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child’s educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP.** |

**D. SCHOOL PROGRAMS**

|  |
| --- |
| all |

The following questions ask about programs and practices aimed at serving eighth grade students at your school.

**D01.** Does your school use interdisciplinary team teaching in eighthgrade?

8040101

🔾 Yes 1 D10 (D02)

🔾 No 2 D30 (D08)

NO RESPONSE M D30 (D08)

|  |
| --- |
| PROGRAMMER BOX D01  PLEASE add an information icon to the question text “**interdisciplinary team teaching**” THAT LINKS to the help text below:  **By interdisciplinary team teaching we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.**  if D01 = 2 (no) or m (no response) (i.e., interdisciplinary team teaching is not used), skip respondent to D30 (D08). |

|  |
| --- |
| D01 = 1 |

**D10 (D02).** When did your school begin using interdisciplinary team teaching in eighth grade?

🔾 Less than 1 year ago 01 D15 (D03)

8040102

🔾 1-5 years ago 02 D15 (D03)

🔾 More than 5 years ago 03 D15 (D03)

🔾 Don’t know 04 D15 (D03)

|  |
| --- |
| PROGRAMMER BOX D10 (D02)  PLEASE add an information icon to the question text “**interdisciplinary team teaching**” that links to the help text below:  **By interdisciplinary team teaching or interdisciplinary teams we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.** |

|  |
| --- |
| D01 = 1 |

**D15 (D03).** For eighth grade, please indicate the number of interdisciplinary teams, average number of teachers per team, and average number of students per team. Your best estimate is fine.

| a. Number of interdisciplinary teams | | b. Average number of **teachers**  per team | | | | c. Average number of **students**  per team | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8040301 | Teams… | | 8040302  Teachers… |  | 8040303  Students… | |  |

|  |
| --- |
| PROGRAMMER BOX D15 (D03)  PLEASE add an information icon to the question text “**interdisciplinary teams**” that links to the help text below:  **By interdisciplinary team teaching or interdisciplinary teams we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.**  Please add an information icon to the question text “**teacher**” that links to the help text below:  **Please include full-time and part-time teachers in your counts of average number of teachers per interdisciplinary team. If a teacher teaches across teams, please count that person as one teacher for each team.**  Please program dropdown box for number of interdisciplinary teams to have the default as “**teams…**” with the following options (note, do not include “1.” these are just for classification purposes):   1. 1 2. 2 3. 3 4. 4 5. 5 or more   Please program dropdown box for number of teacher to have the default as “**teachers…**” with the following options (note, do not include “1.” these are just for classification purposes):   1. 2 2. 3 3. 4 4. 5 5. 6 6. 7 or more   Please program dropdown box for number of students to have the default as “**students…**” with the following options (note, do not include “1.” these are just for classification purposes):   1. Less than 61 2. 61-90 3. 91-120 4. 121-150 5. 151-180 6. 181-210   211 or more  If 1 item is filled out and the others are blank please add the following soft check:  **It appears that a few questions were left blank. Your answers are extremely important. Please provide an answer or press Next to continue.** |

|  |
| --- |
| D01 = 1 |

**D20 (D05).** For eighth grade, on average, how much common planning time is regularly scheduled each week for interdisciplinary teaching teams? Your best estimate is fine.

|  | Average common planning time **per week** | Don’t know |
| --- | --- | --- |
| 8040501 | Please select… | 🞏  8040502 |

|  |
| --- |
| PROGRAMMER BOX D20 (D05)  PLEASE add an information icon to the question text “**interdisciplinary teaching teams**” that links to the help text below:  **By interdisciplinary team teaching or interdisciplinary teams we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.**  Please program dropdown box to have the default as “**Please select…”** with the following options (note, do not include “1.” these are just for classification purposes):   1. None 2. Less than 30 minutes 3. 30-60 minutes 4. 61-120 minutes 5. 121-180 minutes 6. More than 180 minutes   Please program so respondent can either select from dropdown or check the “**Don’t know**” box, but not both answers. if the respondent selects an answer and checks the box, the following SOFT check should pop up:  **You selected an amount of time and checked “Don’t know”. Please only choose one or the other. If you are unsure of the exact amount of time, your best estimate is fine.** |

|  |
| --- |
| D01 = 1 |

**D25(D07).** Please indicate the extent to which you agree or disagree with each of the following statements.

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- | --- |
| 8040701 | 1. Teachers are sufficiently trained in the team approach. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8040702 | 1. Teachers identify with their teaching team. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8040703 | 1. Teachers collaborate and provide professional support. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8040704 | 1. Teachers use integrated curriculum across subjects. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8040705 | 1. The school schedule has flexibility to regroup students or vary time for different subjects. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8040706 | 1. Students identify with the team. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8040707 | 1. Individual student problems are recognized quickly. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| PROGRAMMER BOX D25 (D07)  PLEASE ADD AN INFORMATION ICON TO the question text “**interdisciplinary teaching team teaching**” THAT LINKS TO THE help text below:  **By interdisciplinary teaching teams we mean a group of two or more teachers from different subject areas who have a common group of students and who work together to coordinate and integrate curriculum and instruction on a regular basis.** |

|  |
| --- |
| all |

**D30****(D08).** Please indicate which of the following programs or practices are used at your school.

*Select all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
| 8040801 | | 🞏 a. Minimum competency tests for promotion to next grade | |
| 8040802 | | 🞏 b. Common academic curriculum for all students in the same grade | |
| 8040803 | | 🞏 c. Classes organized for cooperative learning | |
| 8040804 | | 🞏 d. Exploratory mini courses for all students in all grades | |
| 8040810 | | 🞏 e. Opportunities for career exploration, for example, through project-based learning, visits to workplaces, interviews of different professionals | |
| 8040805 | | 🞏 f. Students from more than one grade level assigned together to the same academic classes | |
| 8040806 | | 🞏 g. Information on how to help children with homework and skills provided to parents | |
| 8040807 | | 🞏 h. Extracurricular activities for all students | |
| 8040808 | | 🞏 i. Schools-within-a-school with their own administrative staffs | |
| 8040809 | 🞏 j. None of the above | |

|  |
| --- |
| PROGRAMMER box D30 (D08)  IF “**None of the above”** IS SELECTED, PLEASE DESELECT AND GRAY OUT ALL OTHER RESPONSES. |

|  |
| --- |
| all |

**D35 (D09).** The following questions are about math courses.

Which of the following are available to your school’s eighth graders?

|  | *Select one answer for each row.* | Yes, offered in a traditional classroom setting | Yes, offered at a neighboring school | Yes, offered virtually | No, the course is not offered |
| --- | --- | --- | --- | --- | --- |
| 8040931-34 | a. Basic/Remedial math | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040941-44 | b. General math | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040951-54 | c. Honors math | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040961-64 | d. Introduction to Algebra/ Prealgebra | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040971-74 | e. Algebra I, part 1 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040981-84 | f. Algebra I, part 2 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040991-94 | g. Algebra | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040111-14 | h. Algebra II | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040121-24 | i. Geometry | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| 8040141-44 | k. Trigonometry | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |

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| SOFT CHECK: IF D35a-j (D09a-j) = NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Next” button.** |

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| --- |
| ALL |

**D40 (D11).** Please estimate the percentage of **eighth-grade students** repeating the level of mathematics they took in **seventh grade**.

*If your school uses a semester or block course system, please indicate the percentage of eighth-grade students repeating the last course section they took in seventh grade.*

🔾 Less than 1 percent 1

8041100

🔾 1 - 5 percent 2

🔾 6 - 10 percent 3

🔾 11 - 25 percent 4

🔾 More than 25 percent 5

🔾 Students are not grouped by ability 6

🔾 Don’t know 7

|  |
| --- |
| IF MS1 RESPONSE=NULL AND ANY ROW IN D35 = 1, 2, OR 3 |

**D45a (D15a)**. Thinking about students who are performing **below grade level** in math, what is the likely sequence of courses they would take starting in sixth grade and continuing through ninth grade?

| 8041501 | Grade 6 | Select course… |
| --- | --- | --- |
|  |  |  |
| 8041502 | Grade 7 | Select course… |
|  |  |  |
| 8041503 | Grade 8 | Select course… |
|  |  |  |
| 8041504 | Grade 9 | Select course… |
| SOFT CHECK: IF any course selection is the same as one or more of the other course selections, display: **You have selected two or more courses that are the same. Please enter the typical sequence of courses or press Next to continue.** | | |

|  |
| --- |
| PROGRAMMER BOX D45a (D15a)  “**Select course…”** is a dropdown menu that will list all mathematics courses SHOWN IN D35 (D09) REGARDLESS OF WHETHER THEY WERE SELECTED AS AVAILABLE TO 8TH GRADE STUDENTS. in addition, the option “**Not sure**” WILL BE SHOWN at the end of the list.  For EACH Grade [6/7/9] dropdown, add “**This school does not have grade [6/7/9]**” after “**Not sure**” option.  if all rows in D35 (D09)=4 OR D35 (D09)=No Response, then skip D45a (D15a).  if all rows D35 (D09)=No Response, please program the following soft check to appear at the beginning of the question:  **Please go back and complete item D35 before answering this item. To skip the question, click the Next button.**  If no response IS provided after soft check is triggered at D45a (D15a), then skip to D55 (d17). |

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| --- |
| IF MS1 RESPONSE=NULL AND ANY ROW IN D35 = 1, 2, OR 3 |

**D45b(D15b)**. Thinking about students who are performing **at grade level** in math, what is the likely sequence of courses they would take starting in sixth grade and continuing through ninth grade?

| 8041505 | Grade 6 | Select course… |
| --- | --- | --- |
|  |  |  |
| 8041506 | Grade 7 | Select course… |
|  |  |  |
| 8041507 | Grade 8 | Select course… |
|  |  |  |
| 8041508 | Grade 9 | Select course… |

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| --- |
| SOFT CHECK: IF any course selection is the same as one or more of the other course selections, display; **You have selected two or more courses that are the same. Please enter the typical sequence of courses or press Next to continue.** |

PROGRAMMER BOX D45b (D15b)

“**Select course…”** is a dropdown menu that will list all mathematics courses

SHOWN IN D35 (D09) REGARDLESS OF WHETHER THEY WERE SELECTED AS AVAILABLE TO 8TH GRADE STUDENTS. in addition, the option “**Not sure**” WILL BE SHOWN at the end of the list.

For EACH Grade [6/7/9] dropdown, add “**This school does not have grade [6/7/9]**” after “**Not sure**” option.

if all rows in D35 (D09)=4 or D35 (D09) = No Response, then skip D45B (D15B).

|  |
| --- |
| IF MS1 RESPONSE=NULL AND ANY ROW IN D35 = 1, 2, OR 3 |

**D45c (D15c)**. Thinking about students who are performing **above grade level** in math, what is the likely sequence of courses they would take starting in sixth grade and continuing through ninth grade?

| 8041509 | Grade 6 | Select course… |
| --- | --- | --- |
|  |  |  |
| 8041510 | Grade 7 | Select course… |
|  |  |  |
| 8041511 | Grade 8 | Select course… |
|  |  |  |
| 8041512 | Grade 9 | Select course… |

|  |
| --- |
| SOFT CHECK: IF any course selection is the same as one or more of the other course selections, display; **You have selected two or more courses that are the same. Please enter the typical sequence of courses or press Next to continue.** |

|  |
| --- |
| PROGRAMMER BOX D45C (D15c)  “**Select course…”** is a dropdown menu that will list all mathematics courses SHOWN IN D35 (D09) REGARDLESS OF WHETHER THEY WERE SELECTED AS AVAILABLE TO 8TH GRADE STUDENTS. in addition, the option “**Not sure**” WILL BE SHOWN at the end of the list.  For EACH Grade [6/79] dropdown, add “**This school does not have grade [6/7/9]**” after “**Not sure**” option.  if all rows in D35 (D09)=4 or D35 (D09) = No Response, then skip D45C (D15c). |

|  |
| --- |
| ALL |

**D55 (D17)**. The next questions are about courses other than math at your school.

Do you offer any of the following programs to your eighth-grade students?

|  |  | Yes, program is offered to  **Grade 8** students | No, program is  **not** available in **Grade 8** |
| --- | --- | --- | --- |
| 8041701 | a. Reading instruction for students performing below grade level in reading | 🔾 | 🔾 |
| 8041703 | b. Additional instruction for students performing below grade level in other areas of English language arts | 🔾 | 🔾 |
| 8041707 | d. Gifted and talented or International Baccalaureate® (IB) | 🔾 | 🔾 |

|  |
| --- |
| All |

The next questions are about assisting students in the transition from one grade to the next.

**D60 (D20).** Does your school organize the transition from **eighth grade** to **ninth grade** in any of the following ways?

*Select all that apply*

8042018 🞏 r. No transition – ninth grade seamlessly continues directly from eighth grade …………………17 D65 (D21)

8042002 🞏 a. Eighth-grade students visit an assembly of ninth-grade students. 1 D65 (D21)

8042003 🞏 b. Eighth-grade students attend regular ninth-grade courses. 2 D65 (D21)

8042004 🞏 c. Buddy programs that pair new students with an older student in the fall. 3 D65 (D21)

8042005 🞏 d. Parents visit the school or ninth-grade section while students are still in eighth grade. 4 D65 (D21)

8042007 🞏 e. Meetings are offered for eighth-grade students during the summer prior to   
beginning the ninth grade. 5 D65 (D21)

8042010 🞏 f. Eighth-grade counselors meet with ninth-grade counselors or staff…………………………6 D65 (D21)

8042013 🞏 g. Eighth-grade counselors present information to eighth-grade students’ parents or guardians about ninth-grade courses and registration. 7 D65 (D21)

8042014 🞏 h. Eighth-grade counselors place eighth-grade students into ninth-grade courses based on school or district placement policies. 8 D65 (D21)

8042015 🞏 i. Eighth-grade counselors present information to eighth-grade students about ninth-grade courses and registration. 9 D65 (D21)

8042001 🞏 j. Ninth-grade students share information with the eighth-grade students. 10 D65 (D21)

8042006 🞏 k. Parents can attend an orientation in the fall after students start ninth grade……………….11 D65 (D21)

8042008 🞏 l. Ninth-grade and eighth-grade teachers meet together on courses and requirements……..12 D65 (D21)

8042009 🞏 m. Ninth-grade and eighth-grade administrators meet together on articulation and

Programs…………………………………………………………………………………………..13 D65 (D21)

8042011 🞏 n. Ninth-grade counselors meet with students while they are still in eighth grade……………14 D65 (D21)

8042012 🞏 o. Ninth-grade counselors meet with individual eighth-grade students and assist them with selecting ninth-grade courses while they are still in eighth grade. 15 D65 (D21)

8042016 🞏 p. No special activities until students enter ninth grade. 16 D65 (D21)

8042017 🞏 q. Other 99 D65 (D21)

|  |
| --- |
| PROGRAMMER BOX D60 (D20)  Please add an information icon next to “**counselor**” that LINKs TO THE HELP TEXT BELOW:  **A counselor is an educator who works in schools to provide academic, career, college readiness, and personal/social competencies to all students through a school counseling program.**  IF “**No transition – ninth grade seamlessly continues directly from eighth grade**” IS SELECTED AND ANY ITEMS 1-99 ARE SELECTED, PLEASE USE A SOFT CHECK WITH THE FOLLOWING TEXT:  **You have indicated that no transition occurs, and you have indicated an activity that occurs to transition students. Please review your responses or press “Next” to continue.** |

|  |
| --- |
| All |

**D65 (D21).** Does your school provide additional assistance with the transition from **eighth grade** to **ninth grade** for students with disabilities?

🞏 Yes 1 D67

8042100

(STRING 8000) 8042101

🞏 No…………………………………………………………………………………………2 D67

|  |
| --- |
| PROGRAMMER BOX D65 (D21)  If “**Yes**” is selected and no response is entered in the text box, please Use a Soft check with the following text:  **Please specify other ways your school organizes the transition from eighth grade to ninth grade.** |

|  |
| --- |
| all |

**D67**. What percentage of your school's eighth grade students are on track for on-time high school graduation? (Please round to the nearest whole number and enter '0' if none.)

Percent

8050220

|  |
| --- |
| all |

**D70 (D24).** Does your school have an advisory program in the eighth grade?

🔾 Yes 1

8042401

🔾 No………………………………………………………………………………………...2

|  |
| --- |
| PROGRAMMER BOX D70 (d24)  PLEASE ADD AN INFORMATION ICON TO the question text “**advisory program**” THAT LINKS TO THE HELP TEXT BELOW:  **By advisory program we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, schoolwide communication, or homeschool community relations.**  if D70 (d24) = 2 (i.e., advisory program is not used in any of the middle grades offered by the school), skip respondent to D90 (D28). |

|  |
| --- |
| D70 (D24) = 1 |

**D75 (D25).** Which of the following best describes the way your school schedules time for the advisory program in eighth grade?

🔾 We have a separate class period for advising. 1 D80 (D26)

8042501

🔾 Advising is part of our homeroom period. 2 D80 (D26)

🔾 We integrate advisory activities within our teams and/or classrooms. 3 D80 (D26)

|  |
| --- |
| PROGRAMMER BOX D75 (D25)  PLEASE ADD AN INFORMATION ICON TO the question text “**advisory program**” THAT LINKS TO THE HELP TEXT BELOW:  **By advisory program we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, schoolwide communication, or homeschool community relations.** |

|  |
| --- |
| D70 (D24) = 1  AND IF MS1 RESPONSE=NULL |

**D80 (D26).** When did your school begin using an advisory program in the eighth grade?

| *Select one answer.* | School year started using advisory program |
| --- | --- |
| 8042601 | Please select… |

|  |
| --- |
| PROGRAMMER BOX D80 (D26)  PLEASE ADD AN INFORMATION ICON TO the question text “**advisory program**” THAT LINKS TO THE HELP TEXT BELOW:  **By advisory program we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, schoolwide communication, or homeschool community relations.**  Please program dropdown box to have the default as “**select school year…”** with the following options (note, do not include “1.” these are just for classification purposes):  **1. This year**  **2. 1-5 years ago**  **3. More than 5 years ago**  **4. Don’t know** |

|  |
| --- |
| D70 (D24) = 1 |

**D85 (D27).** On average, how much time do teachers regularly meet with eighth-gradestudents for advising? Your best estimate is fine.

| *Select one answer.* | Average advising  time **per week** | Don’t know |
| --- | --- | --- |
| 8042701 | Please select… | 🞏  8042702 |

|  |
| --- |
| PROGRAMMER BOX D85 (D27)  PLEASE ADD AN INFORMATION ICON TO the question text “**advisory program**” THAT LINKS TO THE HELP TEXT BELOW:  **By advising we mean a guidance effort that provides every student with one adult advisor who serves as an advocate and small group leader. The group meets on a regular basis and typically focuses on educational advisement, study skills, personal and social development, schoolwide communication, or homeschool community relations.**  Please program dropdown box to have the default as “**please select…**” with the following options (note, do not include “1.” these are just for classification purposes):   1. **None** 2. **Less than 30 minutes** 3. **30-60 minutes** 4. **61-120 minutes** 5. **121-180 minutes** 6. **More than 180 minutes**   Please program so respondent can either select from dropdown or check the “**Don’t know**” box, but not both answers. if the respondent selects an answer and checks the box, the following soft check should pop up:  **You selected an amount of time and checked “Don’t know”. Please only choose one. If you are unsure of the exact amount of time, your best estimate is fine.** |

|  |
| --- |
| ALL |

The next questions are about health instruction at your school.

**D90 (D28).** Are eighth-grade students offered instruction on…

*Select all that apply.*

|  |  |  |
| --- | --- | --- |
| 8042801 | 🞏 | a. Nutrition and dietary behavior? |
| 8042802 | 🞏 | b. Physical activity and fitness that is classroom instruction, not a physical education period? |
| 8042803 | 🞏 | c. Alcohol or other drug use prevention? |
| 8042804 | 🞏 | d. Tobacco use prevention? |
| 8042805 | 🞏 | e. HIV (human immunodeficiency virus) prevention? |
| 8042806 | 🞏 | f. STD (sexually transmitted disease) prevention? |
| 8042807 | 🞏 | g. Sexual health education? |
| 8042808 | 🞏 | h. Instruction was not offered for any of the topics listed. |

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| PROGRAMMER box D90 (D28)  IF “**Instruction was not offered for any of the topics listed.**” IS SELECTED, PLEASE DESELECT AND GRAY OUT ALL OTHER RESPONSES. |

**E. SCHOOL ENVIRONMENT**

|  |
| --- |
| all |

The following questions are about problems you may experience at your school.

**E01.** To what degree is each of the following a problem at your school?

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Not a problem | Minor problem | Moderate problem | Serious problem |
| --- | --- | --- | --- | --- | --- |
| 8050101 | a. School tardiness | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050102 | b. School absenteeism | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050103 | c. Student class cutting | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050104 | d. Teacher absenteeism | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050106 | e. Student apathy | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050107 | f. Lack of parental involvement | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050108 | g. Students coming to school unprepared to learn | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050109 | h. Poor student health | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050110 | i. Lack of resources and materials | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050111 | j. Student mobility | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 8050105 | k. Students dropping out | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| all |

**E03**. Does your school have an academic early warning system? For the purposes of this survey, an academic early warning system is a system that uses student-level data to identify students who exhibit behavior or academic performance issues that put them at risk of educational failure.

🔾 Yes 1 E04

8050221

🔾 No 2 E05

|  |
| --- |
| E03=1 |

**E04**. Which of the following programs does your school offer if a student is flagged by an academic early warning system?

PROGRAMMER: CODE ONE PER ROW

|  | *Select all that apply.* | |
| --- | --- | --- |
| 8050223 | 🞏 | a. Service learning |
| 8050225 | 🞏 | b. Alternative schooling |
| 8050226 | 🞏 | c. Programs to develop soft skills |
| 8050227 | 🞏 | d. Mentoring |
| 8050228 | 🞏 | e. Arrange access to social services |
| 8050224 | 🞏 | f. Individualized learning opportunities based on students’ goals and interests |
| 8050229 | 🞏 | g. Other dropout prevention programs |
|  |  |  |
|  |  |  |
| all | | | |

**E05 (E02).** To the best of your knowledge, how often did the following types of problems occur in your school **in the last month**?

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Never | Rarely | Sometimes | Often | Very often |
| --- | --- | --- | --- | --- | --- | --- |
| 8050201 | a. Conflicts resulting from student racial/ethnic tensions | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050202 | b. Student bullying | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050203 | c. Student sexual harassment of other students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050204 | d. Student harassment of other students based on sexual orientation or gender identity | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050205 | e. Widespread disorder in classrooms | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050206 | f. Students yelling and screaming at teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050207 | g. Student acts of disrespect for teachers other than verbal abuse | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050208 | h. Gang activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050209 | i. Cult or extremist group activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| PROGRAMMER BOX E05 (E02)  PLEASE MAKe the response option text “**Sexual orientation or gender identity**” THAT LINKS TO THE HELP TEXT BELOW:  **By sexual orientation or gender identity we mean, for example, harassment toward students who might be lesbian, gay, bisexual, transgender, and/or questioning.** |

|  |
| --- |
| all |

**E07.** Please indicate how much you agree or disagree with the following statements.

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- | --- |
| 8050210 | a. Parents are actively involved in this school’s programs. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050211 | b. Teacher turnover is a problem at this school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 8050212 | c. Overcrowding is a problem at this school. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| all |

The next questions are about school-level security at your school.

**E10 (E03).** During this school year, is it a practice of your school to do the following?

*If your school changed its practices during the school year, please answer regarding your most recent practice.*

PROGRAMMER: CODE ONE PER ROW

|  | *Select all that apply.* | |
| --- | --- | --- |
| 8050302 | 🞏 | a. Control access to school buildings during school hours |
| 8050303 | 🞏 | b. Control access to school grounds during school hours |
| 8050305 | 🞏 | c. Require students to wear uniforms |
| 8050306 | 🞏 | d. Enforce a strict dress code |
| 8050307 | 🞏 | e. Perform one or more random sweeps for contraband, including dog sniffs |
| 8050308 | 🞏 | f. Provide school lockers to students |
| 8050309 | 🞏 | g. Require clear book bags or ban book bags on school grounds |
| 8050313 | 🞏 | h. Block access to social networking websites from school computers |
| 8050314 | 🞏 | i. Prohibit use of cell phones, smart phones, and text messaging devices during school hours |

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| --- |
| PROGRAMMER BOX E10 (E03)  PLEASE MAKe the response option text “**Control access to school buildings**” THAT LINKS TO THE HELP TEXT BELOW:  **By control access to school buildings we mean, for example, having locked or monitored doors.**  PLEASE MAKe the response option text “**Control access to school grounds**” THAT LINKS TO THE HELP TEXT BELOW:  **By control access to school grounds we mean, for example, having locked or monitored gates.**  PLEASE MAKe the response option text “**contraband**” THAT LINKS TO THE HELP TEXT BELOW:  **By contraband we mean, for example, drugs or weapons.**  PLEASE MAKe the response option text “**social networking websites**” THAT LINKS TO THE HELP TEXT BELOW:  **By social networking websites we mean web-based services that allow people to create a personal profile and to connect with other people who share similar interests, activities, backgrounds or real-life connections. For example, Facebook and Twitter.** |
| All | |

**E15 (E04).** During this school year, have you had any security guards, security personnel, school resource officers, or sworn law enforcement officers present at your school at least once a week?

🔾 Yes 1 E20 (E05)

8050400

🔾 No 2 E30 (E09b)

|  |
| --- |
| PROGRAMMER BOX E15 (E04)  PLEASE ADD AN INFORMATION ICON TO the question text “**security guard, security personnel**” THAT LINKS TO THE HELP TEXT BELOW:  **Security guards or security personnel are not official law enforcement.**  PLEASE MAKe the row text “**school resource officer**” THAT LINKS TO THE HELP TEXT BELOW:  **For school resource officers please include all career law enforcement officers with arrest authority, who have specialized training and are assigned to work in collaboration with school organizations.**  PLEASE ADD AN INFORMATION ICON TO the question text “**sworn law enforcement officer**” THAT LINKS TO THE HELP TEXT BELOW:  **For sworn law enforcement officers please include sworn law enforcement officers who are not school resource officers.** |

|  |
| --- |
| E15 (E04)=1 |

**E20 (E05).** Are these security guards, security personnel, school resource officers, or sworn law enforcement officers used at least once a week in or around your school at the following times?

*Select all that apply.*

🞏 At any time during school hours 1 E25 (E06)

8050501

🞏 While students are arriving or leaving 2 E25 (E06)

8050502

🞏 At selected school activities 3 E25 (E06)

8050503

8050504

🞏 When school is out/activities are not occurring 4 E25 (E06)

|  |
| --- |
| PROGRAMMER BOX E20 (E05)  PLEASE ADD AN INFORMATION ICON TO the question text “**security guard, security personnel**” THAT LINKS TO THE HELP TEXT BELOW:  **Security guards or security personnel are not official law enforcement.**  PLEASE MAKe the row text “**school resource officer**” THAT LINKS TO THE HELP TEXT BELOW:  **For school resource officers please include all career law enforcement officers with arrest authority, who have specialized training and are assigned to work in collaboration with school organizations.**  PLEASE ADD AN INFORMATION ICON TO the question text “**sworn law enforcement officer**” THAT LINKS TO THE HELP TEXT BELOW:  **For sworn law enforcement officers please include sworn law enforcement officers who are not school resource officers.**  Please add an information icon next to “**school activities**” that LINKs TO THE HELP TEXT BELOW:  **By school activities we mean, for example, athletic and social events, open houses, or science fairs.** |

|  |
| --- |
| E15 (E04)=1 |

**E25 (E06).** How many full-time equivalent (FTE) security personnel (such as school resource officers, security guards, police officers) are present in your school during a typical week?

PROGRAMMER: RANGE FOR GRID IS 0-50

|  | Number of full-time equivalent (FTE) | |
| --- | --- | --- |
| 8050601 |  | FTE E30 (E09b) |

|  |
| --- |
| PROGRAMMER BOX E25 (E06)  Please limit the text box to accept numeric responses only, with the exception of the use of the period symbol (“.”).  PLEASE MAKe the Column Header text “**number of full-time equivalent**” THAT LINKS TO THE HELP TEXT BELOW:  **One full-time personnel at your school should be counted as 1.0 full-time equivalent (FTE) and one part-time personnel should be counted as 0.5 full-time equivalent (FTE).**  **If a personnel works full-time across multiple schools in the district, please count this person as “part-time” for your school (i.e., 0.5 FTE).** |

|  |
| --- |
| All |

**E30 (E09b).** How would you describe the crime level in the area where your school is located?

🔾 High level of crime 1 F01

8050902

🔾 Moderate level of crime 2 F01

🔾 Low level of crime 3 F01

**F. SCHOOL’S TEACHERS**

|  |
| --- |
| all |

The following questions are about teachers at your school.

**F01.** Please indicate the number of full-time equivalent (FTE) eighth-grade teachers by subject area. Please give your best estimate.

PROGRAMMER: RANGE FOR GRID IS 0-100

|  |  | Number of full-time equivalent (FTE) | |
| --- | --- | --- | --- |
| 8060102 | a. Mathematics |  | FTE |
| 8060103 | b. English/Language arts |  | FTE |
| 8060104 | c. Science |  | FTE |

|  |
| --- |
| PROGRAMMER BOX F01  Please limit the text box to accept numeric responses only, with the exception of the use of the period symbol (“.”).  If a response with a period symbol does not end in “.0” or “.5” (i.e. 1.3), display soft check:  **Please enter a value ending in ".0" or ".5" or press "Next" to continue.**  PLEASE ADD AN INFORMATION ICON TO the question text “**full-time equivalent (FTE)**” THAT LINKS TO THE HELP TEXT BELOW:  **A full-time teacher at your school should be counted as 1.0 full-time equivalent (FTE) and a part-time teacher should be counted as 0.5 FTE**.  **If a teacher works full-time in your school, but divides his or her time between subject areas or across grades, consider that teacher as part-time in each subject area or grade**. |

|  |
| --- |
| All |

**F05 (F02).** Thinking of all the subjects offered in your school, how many classroom teachers are currently working at your school? Your best estimate is fine.

*Please include full-time and part-time teachers, and only include onsite teachers.*

*Please exclude staff who work at the school but are not classroom teachers, or classroom teachers that do not teach onsite (e.g., online course instructors).*

8060200

Classroom teachers……………………………………………………F10 (F03) (RANGE 0-1000)

NO RESPONSE M F10 (F03)

|  |
| --- |
| SOFT CHECK: IF ENTRY IS NON-NUMERIC; **Please enter only numbers in your response.** |
| SOFT CHECK: IF ENTRY CONTAINS VALUES OUTSIDE OF THE RANGE OF 0-1000; **Please enter a number between 0 and 1000.** |

|  |
| --- |
| PROGRAMMER BOX F05 (f02)  Please limit the text box to accept numeric responses only, with the exception of the use of the period symbol (“.”). |

|  |
| --- |
| all |

**F10 (F03).** How many classroom teachers in your school have the following certifications? Your best estimate is fine.

*Please include provisionally certified teachers in your counts.*

PROGRAMMER: RANGE FOR GRID IS 0-1000

|  |  | Number of classroom teachers |
| --- | --- | --- |
| 8060301 | a. Elementary certification |  |
| 8060302 | b. Secondary subject matter certification |  |
| 8060303 | c. Middle grades endorsement |  |
| 8060304 | d. Specific middle grades certification |  |
| 8060305 | e. Special education certification |  |

|  |
| --- |
| SOFT CHECK: IF ENTRY IS NON-NUMERIC; **Please enter only numbers in your response.** |
| SOFT CHECK: IF ENTRY CONTAINS VALUES OUTSIDE OF THE RANGE OF 0-1000; **Please enter a number between 0 and 1000.** |

|  |
| --- |
| PROGRAMMER BOX F10 (F03)  Please limit the text box to accept numeric responses only, with the exception of the use of the period symbol (“.”).  PLEASE MAKe the ROW text “**middle grades endorsement**” THAT LINKS TO THE HELP TEXT BELOW:  **By middle grades endorsement we mean an add-on to elementary or secondary certification.**    PLEASE MAKe the ROW text “**Specific middle grades certification**” THAT LINKS TO THE HELP TEXT BELOW:  **By specific middle grades certification we mean a certification separate from elementary or secondary.** |

|  |
| --- |
| All |

The following questions ask about teacher preparedness to teach specific subjects.

**F15 (F04).** To what extent do you disagree or agree with the following statements?

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Subject not taught at this school |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8060401 | a. English/Language Arts teachers at your school are adequately prepared to teach English/Language Arts. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060402 | b. General mathematics teachers at your school are adequately prepared to teach general mathematics. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060403 | c. Algebra I teachers at your school are adequately prepared to teach Algebra I. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060404 | d. Algebra II teachers at your school are adequately prepared to teach Algebra II. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
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| ALL |

**F20 (F06).** How often do you do the following?

|  | *Select one answer for each row.* | Not at all | Once or twice a year | Once per reporting period | Monthly | Weekly | More than weekly |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8060601 | a. Participate in meetings about challenges that students are having | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060602 | b. Discuss instructional strategies with teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060603 | c. Summarize and share data with teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060604 | d. Interpret data for or with teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060605 | e. Press teachers to raise learning standards | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

The following questions are about math teachers.

**F25 (F05).** To what extent do you disagree or agree with the following statements?

PROGRAMMER: CODE ONE PER ROW

|  | *Select one answer for each row.* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Subject not taught at this school |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8060501 | a. General mathematics teachers are adequately prepared to assist students who are experiencing difficulties in general mathematics. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060502 | b. Algebra I teachers are adequately prepared to assist students who are experiencing difficulties in Algebra I. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 8060503 | c. Algebra II teachers are adequately prepared to assist students who are experiencing difficulties in Algebra II. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| All |

**F30 (F07).** The next questions are about your grade 8 math classes. How many weeks per year are the grade 8 math classes typically held?

WEEKS

8060701

(RANGE (1-52))

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF 0 < F30 < 9 OR F30 > 40; **Just to confirm, you entered [F30** **RESPONSE] weeks per year for this class. Press “Edit” to return to this screen or press “Next” to continue.** |
| HARD CHECK: IF F30 = 0; **You entered 0 weeks. Adjust the number of weeks then click the “Next” button.**  HARDCHECK: IF F30>52 OR NOT A NUMBER; **Please enter a number between 1 and 52.** |

|  |
| --- |
| All |

**F35 (F08).** How many days per week are the grade 8 math classes typically held?

8060702702

🔾 One day 1

🔾 Two days 2

🔾 Three days 3

🔾 Four days 4

🔾 Five days 5

🔾 Six days 6

NO RESPONSE M

|  |
| --- |
| All |

**F40 (F09).** How many minutes is a typical grade 8 math class?

NUMBER OF MINUTES

80607033

(RANGE (1-200))

NO RESPONSE M

**G. ADMINISTRATOR’S BACKGROUND**

|  |
| --- |
| A10(A03) = 1  IF NEW TO MS2 OR MS1 RESPONSE=NULL |

The next set of questions are about your background and experience.

**G01.** What is your sex?

*Select the one that best describes you.*

8070100

🔾 Male 1 G05 (G02)

🔾 Female 2 G05 (G02)

NO RESPONSE M G05 (G02)

|  |
| --- |
| A10(A03) = 1  IF NEW TO MS2 OR MS1 RESPONSE=NULL |

**G05 (G02).** Are you of Hispanic or Latino origin?

*Select the one that best describes you***.**

🔾 Yes 1 G10 (G03)

8070200

🔾 No 2 G10 (G03)

NO RESPONSE M G10 (G03)

|  |
| --- |
| SOFT CHECK: IF G05 = NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Next” button.** |

|  |
| --- |
| PROGRAMMER BOX G05 (G02)  HYPER LINK THE WORDS **“Hispanic or Latino origin”** FOR G02 QUESTION TEXT:  **Hispanic or Latino origin: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.** |

|  |
| --- |
| A10(A03) = 1  IF NEW TO MS2 OR MS1 RESPONSE=NULL |

**G10 (G03).** Which of the following best describes your race? You may choose more than one**.**

*Select all that apply.*

🞏 a. White 1 G15 (G04)

8070301

🞏 b. Black or African American 2 G15 (G04)

8070302

🞏 c. Asian 3 G15 (G04)

8070303

🞏 d. Native Hawaiian or other Pacific Islander 4 G15 (G04)

8070304

🞏 e. American Indian or Alaska Native 5 G15 (G04)

8070305

NO RESPONSE M G15 (G04)

|  |
| --- |
| SOFT CHECK: IF G10 = NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Next” button.** |

|  |
| --- |
| PROGRAMMER BOX G10 (G03)  Please add an information icon next to each of these response categories which would be the link to the help text but not activate the check box. If they clicked the information icon, it would take them to the help text but will not automatically check the response:  **White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**   **Black or African American: a person having origins in any of the black racial groups of Africa.**   **Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**  **Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**   **American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.** |

|  |
| --- |
| A10(A03) = 1 |

**G15 (G04).** What is the highest degree you have earned?

🔾 Associate's degree (for example: AA, AS) 1 G20 (G05)

8070400

🔾 Bachelor’s degree (for example: BA, BS) 2 G20 (G05)

🔾 Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA) 3 G20 (G05)

🔾 Educational Specialist or professional diploma based on at least one year of coursework past a Master's degree level 4 G20 (G05)

🔾 Doctorate or an advanced professional degree beyond a Master's degree (for example: Ph.D, Ed.D, MD, DDS, DVM, JD) 5 G20 (G05)

🔾 I do not have a degree 6 G20 (G06)

|  |
| --- |
| SOFT CHECK: IF G15 (G04) = NO RESPONSE; **Please provide an answer to this question and then click “Next”. To continue without providing a response, click the “Next” button.** |

|  |
| --- |
| A10(A03) = 1  G15 (G04) NE 6 or G15 (G04) is missing |
| FILL RESPONSE FROM G15 |

**G20 (G05).** What was your major(s) or field(s) of study for your [G15(G04)]?

8070500

(STRING 250)

|  |
| --- |
| PROGRAMMER BOX G20 (G05)  AUTOFILL FOR G20 (G05) BASED ON RESPONSE TO G15 (G04)>=1 AND G15 (G04)<=5. IF G15 (G04) = MISSING AUTOFILL SHOULD READ “**Highest degree earned**” |

|  |
| --- |
| A10(A03) = 1 |

**G25 (G06).** What teaching certification(s) have you ever held?

*Select all that apply.*

8070601

🞏 a. Middle grades certification 1 G30 (G07)

🞏 b. Elementary certification 2 G30 (G07)

8070602

🞏 c. Secondary subject matter certification 3 G30 (G07)

8070603

🞏 d. Special education certification 4 G30 (G07)

8070605

8070604

🞏 e. Other 99 G30 (G07)

🞏 f. None 6 G35 (G08)

8070607

|  |
| --- |
| PROGRAMMER BOX G25 (G06)  Please add an information icon next to “**Middle grades**” That links to the following text:  **By middle grades we mean a certification that is separate from elementary or secondary certification.**  IF “**None**” IS SELECTED, PLEASE DESELECT AND GRAY OUT ALL OTHER RESPONSES. |

|  |
| --- |
| A10(A03) = 1 |

**G30 (G07).** Have you received any specialized training in the instructional and organizational needs of a middle school?

*Select all that apply.*

🞏 b. Certification coursework 2 G35 (G08)

8070705

8070704

8070703

8070702

🞏 c. Professional development 3 G35 (G08)

🞏 d. Master’s degree 4 G35 (G08)

🞏 e. Doctoral degree 5 G35 (G08)

🞏 f. Never received any specialized training…………………………………………...6 G35 (G08)

8070707

|  |
| --- |
| PROGRAMMER BOX G30 (G07)  IF “**Never received any specialized training**” IS SELECTED, PLEASE DESELECT AND GRAY OUT ALL OTHER RESPONSES. |

|  |
| --- |
| A10(A03) = 1 |

**G35 (G08).** What other experiences in education have you had in the past?

*Select all that apply.*

8070801

🞏 a. Principal/school administrator of another elementary school 1 G40 (G09)

8070807

8070806

8070802

8070803

8070804

8070805

🞏 b. Principal/school administrator of another middle school or junior high school 2 G40 (G09)

🞏 c. Principal/school administrator of another high school 3 G40 (G09)

🞏 d. Assistant principal 4 G40 (G09)

🞏 e. Elementary school teacher 5 G40 (G09)

🞏 f. Middle school or junior high school teacher 6 G40 (G09)

🞏 g. High school teacher 7 G40 (G09)

🞏 h. Other 99 G40 (G09)

8070810

|  |
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| A10(A03) = 1 |

Finally, we would like to ask you about your years of experience.

**G40 (G09).** Including this school year…

PROGRAMMER: RANGE FOR GRID IS 0-99

|  |  | Number of years | |
| --- | --- | --- | --- |
| 8070901 | a. How many years have you served as the [A10(A03)] at **any school**? |  | Year(s) |
| 8070902 | b. How many years have you served as the [A10(A03)] at your **current school**? |  | Year(s) |
| 8070903 | c. How many years have you taught sixth, seventh, or eighth grade? |  | Year(s) |

|  |
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| SOFT CHECK: IF ENTRY IS NON-NUMERIC; **Please enter only numbers in your response.** |
| SOFT CHECK: IF ENTRY CONTAINS VALUES OUTSIDE OF THE RANGE OF 0-99; **Please enter a value between 0 and 99.** |
| CONSISTENCY CHECK: If number of years entered at G40b (G09b) is > G40a (G09a); **You entered a number greater than the number of years you have served at any school. This creates conflicting information. Please change your response(s) to be consistent.** |

|  |
| --- |
| PROGRAMMER BOX G40 (G09)  Please limit the text box to accept numeric responses only, with the exception of the use of the period symbol (“.”).  AUTOFILL FOR G40A/G40B (G09A/G09B) BASED ON RESPONSE TO A10(A03)>0 AND A10(A03)<=4.  IF A10(A03) = 99 OR MISSING, MODIFY G40A/G40B (G09A/G09B) TEXT TO replace “**as the [A10] ([A03])**” with “**at the current position you have**”  HYPER LINK THE QUESTION TEXT “**school year**” TO HAVE THE FOLLOWING HELP TEXT:  **If this is your first year in your current position, please count it as “1” even if you have not finished an entire year.** |

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| ALl |

**Section Review.** These are all the questions we have for you. We appreciate you taking the time to complete the survey.

Your responses are very important to this study!  
  
The following sections of your survey have not yet been fully completed:  
  
Intro

School Characteristics

Support for Students

School Programs

School Environment

School's Teachers

Administrator Background

Please use the navigation bar at the top of this page or follow the link(s) above  
to return to the incomplete sections to provide any missing responses.

|  |
| --- |
| PROGRAMMER BOX Section Review  Please populate hyperlinked section list Based on the sections that are incomplete when the respondent reaches this question. Clicking on the hyperlink will take the user back to the corresponding section that is not completed.  Note: if an item is intentionally skipped due to the respondent having already answered in Ms1, the item is considered as having a response and not considered “blank”.  For Section A: INTRO to be complete  ALL Questions must have responses for every item on the screen.  If A05a = 2, THEN A05b AND Ao5C must have a response, but otherwise, A05b AND A05C can be blank.  For Section B: SCHOOL CHARACTERISTICS to be complete  all Questions MUST HAVE RESPONSES for every item on the screen.  If B01 = 5 or 99 THEN B10 must have a response, but otherwise B10 can be blank.  If B10 > 0, THEN B15 must have a response, but otherwise B15 can be blank.  IF B50A PERCENT>0 AND NOT OFFERED IN ANY GRADE IS NOT CHECKED, THEN B55 MUST HAVE A RESPONSE. OTHERWISE, B55 CAN BE BLANK.  For Section C: SUPPORT FOR STUDENTS to be complete  all questions must have responses for every item on the screen, except co5, IF C01A=0 or services not provided box checked.  IF B50a =NOT OFFERED IN ANY GRADE OR NO response OR B55=1, section c should all be blank and show as complete.  For Section D: SCHOOL PROGRAMS to be complete  Questions: D01, D30, D35, D40, D45a, D45b, D45c, D50, D55, D60, D65, D70, D90 must all have responses for every item on the screen.  If D01 =1, THEN D10, D15, D20, and D25 must have a response, but otherwise D10, D15, D20, and D25 can be left blank.  If D70 = 1, THEN D75, D80, and D85 must have a response, but otherwise, D75, D80, and D85 can be left blank.  For Section E: SCHOOL ENVIRONMENT to be complete  ALL QUESTIONS must have responses for every item on the screen, EXCEPT E04, E20 AND E25.  IF E03=1, then E04 must have a response, but otherwise e04 can be blank.  If E15 = 1, THEN E20 and E25, must have a response, but otherwise E20 and E25 can be blank.  For Section F: SCHOOL’S TEACHERS to be complete  ALL QUESTIONS must have responses for every item on the screen.  For Section G: ADMINISTRATOR’S BACKGROUND to be complete  If A10 = 1, THEN ALL ITEMS EXCEPT G20 must have responses for every item on the screen.  If G15 NE 6 OR G15 IS MISSING, THEN G20 must have a response, but otherwise G20 can be blank. |

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| ALl |

**END.** These are all the questions we have for you. We appreciate you taking the time to complete the survey.

Thank you very much for participating in MGLS:2017!

Press "Submit" to complete and close the survey.

|  |
| --- |
| PROGRAMMER BOX END  PROGRAM A “**Submit**” BUTTON ON THE SCREEN. The button will finalize answers, and close down the interface in which the survey was displayed. EXIT SURVEY. |

## Appendix MS2-V. Facilities Checklist Specifications

**Note: OFT1 item numbers are shown in parentheses.**

**MGLS:2017 MS2 Facilities Checklist**

*Note: Items have been renumbered. The number in parentheses corresponds to the OFT1 number.*

*General Instructions:*

*Select “Observed” to indicate you saw the item.*

*Select “Not observed” to indicate your access to key areas of the school was unrestricted, but you did not see the item.*

*Select “No opportunity to observe” to indicate you were unable to access key areas where the item may have been, so you cannot say for certain if it was present. For example, you were not able to observe the lower level where there were likely art facilities and the computer lab.*

**A (AA). School Structure**

The following question is about the features at the school.Please indicate all features you observed at this school.

|  | *Select one answer for each row* | Observed | Not observed | No opportunity to observe |
| --- | --- | --- | --- | --- |
| 9000102 | 1. Auditorium/Performing arts | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000103 | 1. Art facilities | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000117 | 1. Building(s) with more than one floor (multiple stories) | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000104 | 1. Cafeteria (separate from auditorium and gym) | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000118 | 1. Campus with more than one building | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000106 | 1. Common areas/courtyards | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000107 | 1. Computer lab | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000119 | 1. Each grade housed in different areas of the school | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000120 | 1. Elevators | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000108 | 1. Gymnasium | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000109 | 1. Health services room, such as a nurse’s office | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000110 | 1. Library or media center | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000113 | 1. Music education room, such as a band or choir room | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000115 | 1. Science room, set up as a lab space | 1 🔾 | 2 🔾 | 3 🔾 |
| 9000121 | 1. Trailers (for classrooms or offices) | 1 🔾 | 2 🔾 | 3 🔾 |

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| **Campus** refers to the grounds and buildings of a school. A school campus could include a library, classrooms, student centers, gymnasium, and a cafeteria. It also includes any trailers used as classrooms. |

**B. General Condition of Neighborhood/Area Around School**

**B0 (A0).** Please note the time of day that you observed the items below:

9010100

The following questions are about the condition of the immediate neighborhood/area around the school.

**B1 (A1).** While you are standing outside of the school (near the entrance where most visitors arrive), look at the neighborhood/area surrounding the school. Please indicate the extent to which you notice the following factors in the neighborhood/area surrounding this school.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9010101 | 1. Litter or trash | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9010102 | 1. Graffiti | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9010103 | 1. Boarded up buildings | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9010104 | 1. People congregating on streets | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9010105 | 1. Student(s) loitering | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**C (B). General Upkeep-Main Entrance, Hallways, and Displays at the School**

**C1 (B0).** Please note the time of day that you observed the items below:

9020100

The next questions are about the general upkeep of the entrance and the hallways and displays in the school.

**C2 (B1)**. While standing inside the school, observe the school's main entrance (near the entrance where most visitors arrive) and the hallway(s) and displays during a time when most students are in class (i.e., a class period). Take as much time as necessary to observe the hallway(s). Please indicate to what degree you notice the following factors about the general upkeep and displays at the school.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
|  | **General Upkeep** |  |  |  |  |  |
| 9020101 | 1. Trash on the floors | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9020102 | 1. Trash overflowing from trash cans | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9020103 | 1. Broken lights | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9020104 | 1. Graffiti on the walls, doors, ceilings, or lockers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9020106 | 1. Visible fire alarms or emergency alarms | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9020107 | 1. Chipped paint on the walls, doors, or ceilings | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9020108 | 1. Ceiling in disrepair (e.g., falling in, water damage, missing tiles, or plaster) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9020109 | 1. Visible exit signs | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
|  | **Displays** |  |  |  |  |  |
| 9030104 | 1. School identity is visible (e.g., mascot, logo, colors, slogan) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030105 | 1. Accomplishments of the school are noted | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030101 | 1. Displays of the works or accomplishments of students on walls or lockers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030106 | 1. Student academic work displayed | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030107 | 1. Expectations for student behavior displayed | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030103 | 1. Displays of posters encouraging positive behavior choices and well- being (e.g., conflict resolution guidance or healthy food choices) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030102 | 1. Displays of student activities and opportunities for involvement (e.g., student government, yearbook, or school event committees) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030108 | 1. Learning resources for students are displayed (e.g., formulas, abbreviations, steps for reviewing) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| **Accomplishments of the school** include award display cases that highlight both sports and/or academic accomplishments, individual student success may be highlighted such as student of the month, caught being good, banners announcing exemplary programming and school awards and designations.  **Works or accomplishments of students** might be displayed on walls or on lockers. For example, behavioral and academic recognition, such as perfect attendance, most cooperative, strong effort, most improved, high achievement.  **Learning resources** include displays of information such as how to find circumference, how to edit an essay, abbreviations for measurements such as ounce, pound, inch, foot, and their equivalents [ex: 16 oz = 1 lb]. |

**C3 (B2).** For each item listed, please indicate the extent to which you notice the following factors in school displays.

In the questions below, by “team” we mean for example in some schools students are put into separate groups with common teaching teams, and these students share homeroom with their groups.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9030109 | 1. Team identification is visible (e.g., team name, team mascots, team slogans) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030110 | 1. Team expectations and team rules are posted | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030111 | 1. Team calendars are displayed | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030112 | 1. Student recognition is noted with the team (e.g., student or team-centered celebrations, random acts of kindness, team most improved or student of the week) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**C4 (B3).** For each item listed, indicate the extent to which you notice the following.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9030118 | 1. Student social spaces (e.g., open space, outside of the classroom, teaching team pod areas) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030119 | 1. Teachers are at classroom doors during passing periods | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9030115 | 1. Data walls are visible | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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| **Social spaces** are places where students are free to socialize during the day, including cafeterias, student lounges, and courtyards.  **Data walls** are displays of student performance and/or progress in different areas related to behavior (for example, attendance) or academics (for example, graphs of scores on tests of different objectives). May show performance and/or progress for a single month or compare current performance and/or progress to that of prior months. |

**D. Classrooms**

The next questions are about the general upkeep of classrooms.

**D1.** During a change in classes or other time when classes are not in session, enter at least one classroom in which students in grade 8 are taught. For each item listed, indicate the extent to which you notice the following aspects of the classroom.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9040101 | 1. Locks controlled from inside of door | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040102 | 1. Ceiling in disrepair (e.g., falling in, water damage, missing tiles or plaster) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040103 | 1. Broken lights | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040104 | 1. Graffiti on the walls, doors, ceilings, or desks | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040106 | 1. Trash on the floors | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040107 | 1. Trash overflowing from trash cans | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040108 | 1. Floors and walls appear clean | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040109 | 1. Posters or other materials on glass windows | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040110 | 1. Bars on windows | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040111 | 1. Broken windows | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| **Windows** If no windows are available, mark as “No opportunity to observe.” |

The next questions are about the classroom set up.

**D2.** For each item listed, indicate the extent to which you notice the following features of the classroom set up.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity  to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9040112 | 1. Desks are clustered or small tables available in classrooms so that they allow for small group work | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040114 | 1. Desks are set up in rows in classrooms | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040115 | 1. Class rules and responsibilities are displayed | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040116 | 1. Colorful and engaging materials that support learning and/or character development are displayed | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040117 | 1. Standards and learning guides are posted | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040118 | 1. Multimedia is visible (e.g., smartboards, computers or tablets, calculators) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040119 | 1. Weekly or daily assignments are posted | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9040120 | 1. Student work is displayed | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**E. General Upkeep - Restrooms**

The following questions are about the general upkeep of the school restrooms.

**E1.** During a time when most students are in class (i.e., a class period), enter any student restroom appropriate for your sex. For each item listed, please indicate to what degree you notice the following aspects of the general upkeep of the school restrooms.

9050108 Which restroom did you enter?

|  |  |
| --- | --- |
| O Boys | O Unisex/all gender |
| O Girls | O Unable to observe a restroom |

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9050101 | 1. Graffiti on walls, ceilings, or restroom stall doors or walls | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9050103 | 1. Trash on the floors | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9050104 | 1. Trash overflowing from trash cans | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9050105 | 1. Doors on all stalls | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9050106 | 1. Student(s) loitering | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9050107 | 1. Student(s) smoking | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| PROGRAMMER NOTE  IF “UNABLE TO OBSERVE A RESTROOM” IS SELECTED, GRAY OUT ITEMS E1a-f. |

**F. Security**

The next questions are about security measures at the school.

**F1.** Indicate the extent to which you observed the presence of the following security measures today.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9060101 | 1. Security guard | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060102 | 1. Metal detectors | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060103 | 1. Security cameras | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060104 | 1. Fencing around the entire school | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060105 | 1. Sign-in policies being followed | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060106 | 1. Visitors are greeted and directed by an adult to sign in at office | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060107 | 1. Fire alarms | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060108 | 1. Fire extinguishers | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060109 | 1. Fire sprinklers | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060111 | 1. Student uniforms | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060112 | 1. Signs at exit doors stating alarm will go off if door is opened | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**F2.** The next questions are about signs that may be posted at or near the main entrance of the school (near the entrance where most visitors arrive) and can be inside and/or outside the building.

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe |
| --- | --- | --- | --- | --- | --- | --- |
| 9060201 | 1. Signs providing directions to the front office or stating that visitors must proceed to the front office | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060202 | 1. Signs conveying the message "no drugs" | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060203 | 1. Signs conveying the message "no trespassing" | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060204 | 1. Signs conveying the message "no weapons" | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060205 | 1. Where to get assistance (e.g., school support services such as Counselor, Social Worker, Media Specialist, Nurse, or Health Care Assistant) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060206 | 1. Conflict resolution and peer mediation | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060207 | 1. Healthy choices, such as diet or exercise | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060208 | 1. Cell phone use | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060209 | 1. Anti-bullying messages | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060210 | 1. Anti-drug messages | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 9060211 | 1. Anti-smoking messages | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**F3.** To what extent do the following individuals wear identification cards/badges?

|  | *Select one answer for each row* | Not at all | A little | Some | A lot | No opportunity to observe | Not required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 9060301 | 1. Students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 9060302 | 1. Teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 9060303 | 1. Other personnel | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| 9060304 | 1. Visitors | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

**G. Facilities for Students with Disabilities**

The next set of questions is about accessibility inside the building.

**G1.** For each of the following, please indicate if it is observed in the building.

|  | *Select one answer for each row* | Yes | No | No opportunity to observe |  |
| --- | --- | --- | --- | --- | --- |
| 9070101 | 1. Are all areas of the school accessible to students with disabilities (e.g., are there routes that do not have stairs? If the building is multi-level, are there ramps, elevators, or lifts available?)? | 1 🔾 | 2 🔾 | 3 🔾 |  |
| 9070102 | 1. Inside the building, are signs posted to help people with disabilities navigate the building (e.g., directional and informational signs containing braille with raised characters, pictograms, arrows, etc.)? | 1 🔾 | 2 🔾 | 3 🔾 |  |
| 9070105 | 1. In general, do students with mobility problems have access to social spaces within the school? | 1 🔾 | 2 🔾 | 3 🔾 |  |
| 9070103 | 1. Would students with mobility problems be able to sit with other students in the cafeteria (e.g., are they able to pull a wheelchair up to the table?)? | 1 🔾 | 2 🔾 | 3 🔾 | Not applicable  🔾 |
| 9070104 | 1. Would students with mobility problems be able to work with other students in the library (e.g., are group work areas accessible to students with disabilities?)? | 1 🔾 | 2 🔾 | 3 🔾 | Not applicable  🔾 |
| 9070200 | 1. If there is a resource room, is the resource room in a location accessible to all students? | 1 🔾 | 2 🔾 | 3 🔾 | Not applicable  🔾 |

|  |
| --- |
| **Accessible** might include an elevator, ramp, or lift to access that level to a social space or resource room.  **Mobility problems** include difficulty moving around, such as a need for use of walkers or wheelchairs.  **Social spaces** are places where students are free to socialize during the day, including cafeterias, student lounges, courtyards, teaching team pod areas, and other open spaces.  **Resource rooms** are rooms for tutoring or giving special assistance to students. |

**H. Observer Access**

**H1.** What percentage of the campus did you observe?

9080101

9080101

🔾 Less than or equal to 25% 1

🔾 More than 25% but less than or equal to 50% 2

🔾 More than 50% but less than or equal to 75% 3

🔾 More than 75% but less than 100% 4

🔾 100%..................................................................................................................................... 5