

**Early Childhood Longitudinal Study,
Kindergarten Class of 2021-22
(ECLS-K:2021)**

**Kindergarten and First-Grade National Data
Collection and Transfer School Recruitment**

OMB# 1850-0750 v.29

5HJW a Ybt B!2b

**Spring Kindergarten Yb PUFYbh
Abbreviated Paper Gi fj Ym**

**National Yb Yf Zcf 9Xi Wjcb Ghgh Wj
U.S. Department of Education**

October 2023

**Thank you for completing this survey
about your kindergartner!**

Label field
Identify parent case and child's name.

1. Before the start of this school year, did you or another family member do any of the following activities in preparation for this child's first day of school? <i>Mark all that apply.</i>	2. In a typical week, how often do you or any other family members do the following things with this child?				
	Yes	No	Once or twice a week	3-6 times a week	Every day
Have this child meet the new teacher	<input type="checkbox"/>	<input type="checkbox"/>	Not at all		
Talk to teachers yourself at the school	<input type="checkbox"/>	<input type="checkbox"/>	Tell stories to this child	<input type="checkbox"/>	<input type="checkbox"/>
Talk to the principal/school administrator	<input type="checkbox"/>	<input type="checkbox"/>	Sing songs with this child	<input type="checkbox"/>	<input type="checkbox"/>
Take this child to visit the school grounds	<input type="checkbox"/>	<input type="checkbox"/>	Help this child to do arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>
Talk to this child about what kindergarten will be like	<input type="checkbox"/>	<input type="checkbox"/>	Involve this child in household chores, like cooking, cleaning, setting the table, or caring for pets		
Talk to or meet with other kindergarten parents	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Volunteer at the school	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Read books to child that talked about starting kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Play games or do puzzles with this child	<input type="checkbox"/>	<input type="checkbox"/>
Review parent resource materials provided by the school, such as the school's newsletter or postings to the school's website	<input type="checkbox"/>	<input type="checkbox"/>	Talk about nature or do science projects with this child	<input type="checkbox"/>	<input type="checkbox"/>
Obtain information or advice from preschools or other early care and education centers about preparing children for the first day of kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Build something or play with construction toys with this child	<input type="checkbox"/>	<input type="checkbox"/>
Obtain information or advice from community services or family support/resource centers about preparing children for the first day of kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Play sport or exercise together	<input type="checkbox"/>	<input type="checkbox"/>
Search online for information about preparing children for the first day of kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Practice reading, writing, or working with numbers	<input type="checkbox"/>	<input type="checkbox"/>
Anything else? Please write in to the box below.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Question1. Please describe anything else.

The National Center for Education Statistics (NCES) is authorized to conduct the Early Childhood Longitudinal Study (ECLS) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The data are being collected for NCES by Westat, a U.S.-based research organization. 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). 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 1850-0750. The time required to complete this information collection is estimated to average approximately 5 minutes per survey including the time to review instructions and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this information collection, or any comments or concerns regarding the status of your individual submission of these data, please write directly to: Early Childhood Longitudinal Study, National Center for Education Statistics, PCP, 550 12th St., SW, 4th floor, Washington, DC 20202. OMB No. 1850-0750. Approval expires 02/28/2025.

3. Did this child receive child care on a regular basis anytime in the year before the start of kindergarten?				6. What is the <u>highest</u> level of education of this child's parent(s) or legal guardian(s)? <i>Mark only one.</i>
	Yes	No		
From a relative? <i>For example, grandparents, siblings, or any relatives other than this child's parent(s) or guardian(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>	8 th grade or less <input type="checkbox"/>	High school, but no diploma <input type="checkbox"/>
			High school diploma or equivalent (GED) <input type="checkbox"/>	Vocational or technical program after high school, diploma <input type="checkbox"/>
From someone not related to this child, within a private home? <i>For example, family or in-home child care providers, regular sitters, or neighbors.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Some college but no degree <input type="checkbox"/>	Associate's degree <input type="checkbox"/>
Within a day care center or a before- or after-care school program at a school or non-school setting? <i>Includes any type of formal program, including nursery schools, preschools, and prekindergarten programs.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree <input type="checkbox"/>	Master's degree (MA, MS) <input type="checkbox"/>
Were any of the regular care arrangements that this child had in the year before kindergarten Head Start? <i>Head Start is a federally sponsored preschool program primarily for children from low-income families.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Doctorate degree (Phd, EdD) <input type="checkbox"/>	Professional degree beyond bachelor's degree (MD, DDS, JD, LLB) <input type="checkbox"/>
4. Thinking back to the beginning of the coronavirus pandemic, between March 2020 and December 2020, <u>how confident were you</u> that this child learned what you expected them to learn at their age?				7. What is the <u>primary</u> language spoken in this home? <i>Mark only one.</i>
	Very	Some -what	Not at all	English <input type="checkbox"/>
				A non-English Language <input type="checkbox"/>
				Two or more languages are spoken the same amount <input type="checkbox"/>
Cognitive skills <i>For example, sorting by shapes or colors, playing make-believe; using controls on toys, such as buttons, knobs, or switches; playing with more than one toy at the same time.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. How did you learn about the school where this child is attending kindergarten? <i>Mark all that apply.</i>
Social skills <i>For example, wanting to be around other children, noticing when someone else is hurt or upset, looking at others to see how they react in a new situation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is the assigned school for our neighborhood <input type="checkbox"/>
				Word of mouth/recommendation from family, friends, etc <input type="checkbox"/>
Physical or motor skills <i>For example, walking alone, beginning to run, kicking a ball, pulling toys behind when walking, using a spoon to eat, scribbling.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	District/school website <input type="checkbox"/>
				Looked at the school's profile online <input type="checkbox"/>
				Looked at school ratings from other parents online <input type="checkbox"/>
Language skills <i>For example, repeating words heard in a conversation; recognizing people, objects, or parts of the body; pointing to an object or picture when it is named; putting at least two words together, such as "more food."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School is part of our church, mosque, synagogue, or other place of worship <input type="checkbox"/>
				I or a member of this child's family teach(es)/work(s) at the school <input type="checkbox"/>
				I or a member of this child's family attended this school <input type="checkbox"/>
5. Including children, how many people live in this household? <input type="checkbox"/> <input type="checkbox"/> people				9. Which category best fits the total income of all persons in your household over the past 12 months? Include your own income. Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.
				\$0 to \$10,000 <input type="checkbox"/> \$60,001 to \$75,000 <input type="checkbox"/>
				\$10,001 to \$20,000 <input type="checkbox"/> \$75,001 to \$100,000 <input type="checkbox"/>
				\$20,001 to \$30,000 <input type="checkbox"/> \$100,001 to \$200,000 <input type="checkbox"/>
				\$30,001 to \$40,000 <input type="checkbox"/> \$200,001 to \$300,000 <input type="checkbox"/>
				\$40,001 to \$50,000 <input type="checkbox"/> \$300,001 or more <input type="checkbox"/>
				\$50,001 to \$60,000 <input type="checkbox"/>

¡Gracias por completar esta encuesta sobre su niño(a) de kindergarten!

Label field
Identify parent case and child's name.

1. Antes del comienzo de este año escolar, ¿usted o algún otro miembro de la familia hizo alguna de las siguientes actividades como preparación para el primer día de escuela de este(a) niño(a)? Marque todo lo que corresponda.			2. En una semana normal, ¿con qué frecuencia usted o algún otro miembro de la familia hace las siguientes cosas con este(a) niño(a)?			
	Si	No		Una o dos veces a la semana	De 3 a 6 veces a la semana	Todos los días
Hizo a este(a) niño(a) conocer a su nuevo(a) maestro(a)	<input type="checkbox"/>	<input type="checkbox"/>	Nunca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habló usted con maestros en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	Contarle cuentos a este(a) niño(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habló con el director/administrador de la escuela	<input type="checkbox"/>	<input type="checkbox"/>	Cantar canciones con este(a) niño(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Llevó a este(a) niño(a) a visitar la escuela	<input type="checkbox"/>	<input type="checkbox"/>	Ayudar a este(a) niño(a) a hacer trabajos de arte y manualidades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habló con este(a) niño(a) acerca de cómo será el kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Hacer que este(a) niño(a) participe en quehaceres del hogar, como cocinar, limpiar, poner la mesa o cuidar de las mascotas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habló o se reunió con otros padres/madres de niños del kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Jugar juegos o armar rompecabezas con este(a) niño(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hizo trabajo voluntario en la escuela	<input type="checkbox"/>	<input type="checkbox"/>	Hablar acerca de la naturaleza o hacer proyectos de ciencias con este(a) niño(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leyó a este(a) niño(a) libros acerca de comenzar kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Construir algo o jugar con juguetes de construcción con este(a) niño(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revisó los materiales de recursos para padres/madres que proporciona la escuela, como el boletín de noticias de la escuela o publicaciones en la página de internet de la escuela	<input type="checkbox"/>	<input type="checkbox"/>	Jugar un deporte o hacer ejercicio juntos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtuvo información o asesoramiento de preescolares u otros centros de cuidado y educación temprana sobre cómo preparar a los niños para su primer día de kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	Practicar lectura, escritura o trabajar con números	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtuvo información o asesoramiento de servicios comunitarios o centros de apoyo/recursos para familias acerca de preparar a los niños para el primer día de kindergarten	<input type="checkbox"/>	<input type="checkbox"/>				
Buscó información en internet acerca de cómo preparar a los niños para el primer día de kindergarten	<input type="checkbox"/>	<input type="checkbox"/>				
¿Alguna otra cosa? Por favor escríbalo en el cuadro siguiente.	<input type="checkbox"/>	<input type="checkbox"/>				

Pregunta 1. Por favor describe aquí cualquier otra cosa.

El Centro Nacional para Estadísticas de Educación (NCES) está autorizado a hacer el Estudio Longitudinal de la Primera Infancia (ECLS por sus siglas en inglés) por el Acta de Reforma de las Ciencias de la Educación de 2002 (ESRA 2002, 20 U.S.C. §9543). La firma Westat, una organización 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). 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 1850-0750. Se estima que el tiempo necesario para completar esta recolección de información es de aproximadamente 5 minutos por encuesta, incluido el tiempo para revisar las instrucciones, y para completar y revisar la recopilación de información. Si usted tiene algún comentario con respecto a la precisión del cálculo de tiempo, sugerencias para mejorar esta recolección de información, o cualquier comentario o inquietud acerca del estatus del envío de sus datos individuales, por favor escriba directamente a: Early Childhood Longitudinal Study, National Center for Education Statistics, PCP, 550 12th St., SW, 4th floor, Washington, DC 20202. Número OMB. 1850-0750. La aprobación vence el 02/28/2025.

