

2010 National Household Education Surveys

Parent and Family Involvement in Education Survey

For parents of children enrolled in school

REVISED: February 23, 2010

The National Household Education Survey

A Survey about Students' and Families' Experience with Their Schools



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

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U.S. Department of Education
National Center for Education Statistics



Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below attends school. If this child is homeschooled instead of attending public or private school, or if this child has not yet started kindergarten, please call us at the toll-free number below so we can be sure you received the correct survey.
- ◆ These questions should be filled in by a parent or guardian who knows about:

{ SAMPLED CHILD }

Please answer all the survey questions thinking about this child or youth. This information is also at the top of each page for your reference.

- ◆ To answer a question, simply mark ☒ the box that best represents your answer.
 - ◆ Please use a black or blue pen, if available to complete this survey.
 - ◆ If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.
 - ◆ Our toll-free number is 1-888-880-3033.
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We are authorized to collect this information by Section 9543, 20 US Code. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers 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 (Section 9573, 20 US Code). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take an average of 20 minutes, including time for reviewing instructions, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Andrew Zucker National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. Do not return the completed form to this address.

1. Child's Schooling

- ▶ Thank you for your help with the previous survey your household completed.
- ▶ Answer all the survey questions thinking about the child listed below:

{SAMPLED CHILD}

1. This child's grade may be shown above. To confirm this child's grade please mark the grade or year of school this child is attending.

Mark ☒ ONE only.

- ☐ Child has not yet started kindergarten



Please STOP now and call 1-888-880-3033 so we can verify you received the correct survey.

Kindergarten – Including Transitional K and Pre-first grade

- ☐ Full-day kindergarten
☐ Partial-day kindergarten

Elementary through Middle school

- ☐ First grade
☐ Second grade
☐ Third grade
☐ Fourth grade
☐ Fifth grade
☐ Sixth grade
☐ Seventh grade
☐ Eighth grade



If this child is not assigned a specific grade select the grade he/she would be in at a school with regular grades.

High School

- ☐ Ninth grade - freshman
☐ Tenth grade - sophomore
☐ Eleventh grade - junior
☐ Twelfth grade - senior



If the child is enrolled in 9th grade or higher (high school) answer question 2, otherwise GO TO question 3.

2. (If enrolled in 9th – 12th grade) Is he/she currently enrolled in advanced placement classes?

- ☐ No
☐ Yes

3. What type of school does this child attend?

- ☐ Private, Catholic
☐ Private, religious but not Catholic
☐ Private, not religious

GO TO question 6

- ☐ Public school

4. Is it his/her regularly assigned school?

- ☐ No
☐ Yes

5. Is this school a charter school?

- ☐ No
☐ Yes

6. Did you move to your current neighborhood so that this child could attend his/her current school?

- ☐ No
☐ Yes

7. Did you consider other schools for this child?

☐ No



GO TO question 10

☐ Yes



8. In deciding between schools, did you seek information on the performance of the schools you were considering, like test scores, dropout rates, and so on?

☐ No

☐ Yes

9. Is the school this child attends your first choice, that is, the school you wanted most him/her to attend?

☐ No

☐ Yes

10. Since the beginning of this school year, has this child been in the same school?

☐ No

☐ Yes

11. In which month did this child start at his/her current school?

month (1 through 12)

12. How much do you agree or disagree with the following statements:

"This child enjoys school."

☐ Strongly agree

☐ Agree

☐ Disagree

☐ Strongly disagree

"This child likes his or her teachers."

☐ Strongly agree

☐ Agree

☐ Disagree

☐ Strongly disagree

13. Please tell us about this child's grades during this school year. Overall, across all subjects, what grades does this child get?

☐ Mostly A's

☐ Mostly B's

☐ Mostly C's

☐ Mostly D's and lower

☐ This child's school does not give these grades

14. Since the beginning of this school year, how many times have any of this child's teachers or his/her school contacted any adult in your household about each of the following:

Write '0' if none.

Number

a. Any behavior problems this child is having in school?

b. Any problems this child is having with school work?

c. Good or improved behavior in school?

d. Good or improved school work?...

14E. Since the beginning of this school year, how many days has this child been absent from school?

days

► Continue with question 15 on the next page.

15. Since starting kindergarten, has this child repeated any grades?

☐ No  **GO TO question 17**

 ☐ Yes

16. What grade or grades did he/she repeat?

Mark ☒ all that apply.

Elementary through Middle school

- ☐ Kindergarten
- ☐ First grade
- ☐ Second grade
- ☐ Third grade
- ☐ Fourth grade
- ☐ Fifth grade
- ☐ Sixth grade
- ☐ Seventh grade
- ☐ Eighth grade

High school

- ☐ Ninth grade - *freshman*
- ☐ Tenth grade - *sophomore*
- ☐ Eleventh grade - *junior*
- ☐ Twelfth grade - *senior*

17. Has this child ever had the following experiences?

Mark ☒ Yes or No for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. An out of school suspension? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An in school suspension not counting detentions? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Expelled from school? | <input type="checkbox"/> | <input type="checkbox"/> |

18. How far do you expect this child to go in his/her education?

Mark ☒ ONE only.

- ☐ Complete less than a high school diploma
- ☐ Graduate from high school
- ☐ Attend a vocational or technical school after high school
- ☐ Attend two or more years of college
- ☐ Earn a bachelor's degree
- ☐ Earn a graduate degree or professional degree beyond a bachelor's

19. How would you describe his/her work at school?

Mark ☒ ONE only.

- ☐ Excellent
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Failing

► Continue with section 2, question 20 on the next page.

2. Families & School

20. Since the beginning of this school year, has any adult in this child's household done any of the following things at this child's school?

Mark ☒ Yes or No for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Attended a general school meeting, for example, an open house, or a back-to-school night. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Attended a meeting of the parent-teacher organization or association. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gone to a regularly scheduled parent-teacher conference with this child's teacher. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attended a school or class event, such as a play, dance, sports event, or science fair. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Served as a volunteer in this child's classroom or elsewhere in the school. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Participated in fundraising for the school. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Served on a school committee. | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Met with a guidance counselor in person. | <input type="checkbox"/> | <input type="checkbox"/> |

21. During this school year, how many total times has any adult in the household gone to meetings or participated in activities at this child's school?

number of times

22. During this school year, has your family received any of the following:

a. Notes or emails specifically about this child from his/her teachers or school administrators?

- ☐ No
☐ Yes

b. Newsletters, memos, emails, or notices addressed to all parents?

- ☐ No
☐ Yes

c. Phone calls specifically about this child from her/his teachers or school administrators?

- ☐ No
☐ Yes

23. How well has this child's school been doing the following things during this school year?

a. Letting you know how this child is doing in school between report cards.

- ☐ Very well
☐ Just ok
☐ Not very well
☐ Does not do it at all

b. Providing information about how to help this child with homework.

- ☐ Very well
☐ Just ok
☐ Not very well
☐ Does not do it at all

c. Providing information about why this child is placed in particular groups or classes.

- ☐ Very well
- ☐ Just ok
- ☐ Not very well
- ☐ Does not do it at all

d. Providing information on your expected role at this child's school.

- ☐ Very well
- ☐ Just ok
- ☐ Not very well
- ☐ Does not do it at all

e. Providing information in your family's native language.

- ☐ Very well
- ☐ Just ok
- ☐ Not very well
- ☐ Does not do it at all
- ☐ Does not apply

f. Providing information on how to help this child plan for college or vocational school.

- ☐ Very well
- ☐ Just ok
- ☐ Not very well
- ☐ Does not do it at all
- ☐ Does not apply

25. To what extent would you say you are satisfied or dissatisfied with each of the following:

a. The school this child attends this year?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

b. The teachers this child has this year?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

c. The academic standards of the school?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

d. The order and discipline at the school?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

e. The way that school staff interacts with parents?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

3. Homework

26. How often does this child do homework, either at home, at an after-school program, or somewhere else outside of school?

- ☐ Less than once a week
- ☐ 1 to 2 days a week
- ☐ 3 to 4 days a week
- ☐ 5 or more days a week
- ☐ Never
- ☐ Child does not have homework

GO TO section 4

27. In an average week, how many hours does this child spend on homework outside of school?

number of hours per week

28. How do you feel about the amount of homework this child is assigned?

- ☐ The amount is about right
- ☐ It's too much
- ☐ It's too little

28A. How does this child feel about the amount of homework he or she is assigned?

- ☐ The amount is about right
- ☐ It's too much
- ☐ It's too little

29. Is there a place in your home that is set aside for this child to do homework?

- ☐ No
- ☐ Yes
- ☐ Child does not do homework at home

30. Does any adult in your household check to see that this child's homework is done?

- ☐ No
- ☐ Yes

31. During this school year, about how many days in an average week does anyone in your household help this child with his/her homework?

- ☐ Less than once a week
- ☐ 1 to 2 days a week
- ☐ 3 to 4 days a week
- ☐ 5 or more days a week
- ☐ Never

► Continue with section 4 on the next page.

4. Family Activities



If this child is in kindergarten, 1st, 2nd, 3rd, 4th, or 5th grade continue with question 32. If he/she is in any other grade GO TO question 33.

32. In the past week, has anyone in your family done the following things with this child?

Mark ☒ Yes or No for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Told him/her a story | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Done activities like coloring, painting, pasting, or using clay | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Played board games or did puzzles with him/her | <input type="checkbox"/> | <input type="checkbox"/> |

33. In the past week, has anyone in your family done the following things with this child?

Mark ☒ Yes or No for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Worked on a project with him/her like arts and crafts, building, making, or fixing something | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Played sports, active games, or exercised together | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Discussed with him/her how to manage time | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talked with him/her about the family's history or ethnic heritage .. | <input type="checkbox"/> | <input type="checkbox"/> |

34. In the past month, has anyone in your family done the following things with this child?

Mark ☒ Yes or No for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Visited a library | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visited a bookstore | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gone to a play, concert, or other live show | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visited an art gallery, museum, or historical site | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Visited a zoo or aquarium | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Attended an event sponsored by a community, religious, or ethnic group | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Attended an athletic or sporting event outside of school in which this child was not a player | <input type="checkbox"/> | <input type="checkbox"/> |

► **Continue with section 5, question 35 on the next page.**

5. Child's Health

35. In general, how would you describe this child's health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

36. Has a health professional told you that this child has any of the following conditions?

Mark ☒ Yes or No for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. A specific learning disability..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A speech or language delay | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A serious emotional disturbance | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Mental retardation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Attention deficit disorder, ADD or ADHD | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Pervasive Developmental Disorder or PDD | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Another health impairment lasting 6 months or more | <input type="checkbox"/> | <input type="checkbox"/> |

! If you marked yes for any condition in question 36 continue with question 37. If you marked no for all conditions then GO TO question 44, the next section.

37. Is this child receiving services for his/her condition?

☐ No → **GO TO question 42**

↓ ☐ Yes

38. Are these services provided by any of the following sources?

Mark ☒ Yes or No for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Your local school district | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A state or local health or social service agency | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A doctor, clinic, or other health care provider | <input type="checkbox"/> | <input type="checkbox"/> |

39. Are any of these services provided through an Individualized Educational Program or Plan (IEP)?

☐ No → **GO TO question 42**

↓ ☐ Yes

40. Did any adult in your household work with the service provider or school to develop or change this child's IEP?

- ☐ No
☐ Yes

41. During this school year, to what extent have you been satisfied or dissatisfied with the following aspects of this child's IEP?

a. The service provider's or school's communication with your family?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

b. The child's special needs teacher or therapist?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

c. The service provider's or school's ability to accommodate the child's special needs?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

d. The service provider's or school's commitment to help your child learn?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

42. Is this child currently enrolled in any special education classes or services?

- ☐ No
- ☐ Yes

43. Does this child's condition affect his/her ability to learn?

- ☐ No
- ☐ Yes

► **Continue with Section 6, question 44 on the next page.**

6. Child's Background

44. In what month and year was this child born?

month

year

45. Where was this child born?

☐ One of the 50 United States or the District of Columbia

GO TO question 47

☐ One of the U.S. territories
(Puerto Rico, Guam, American Samoa,
U.S. Virgin Islands, or Mariana Islands)

☐ Another country

46. How old was this child when he/she first moved to the 50 United States or the District of Columbia?

age

47. Is this child of Spanish, Hispanic, or Latino origin?

☐ No

☐ Yes

48. What is this child's race? You may mark one or more races.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

49. For this school year, does this child usually live at this address or another address (for example because of a joint custody arrangement)?

Do not include vacation properties.

☐ Child usually lives at this address

☐ Child usually lives at another address

50. What language does this child speak most at home?

Mark ☒ ONE only.

☐ English

☐ Spanish

☐ A language other than English or Spanish

☐ English and Spanish equally

☐ English and another language equally

☐ Child is not able to speak

! If you marked 'English' or 'Child is not able to speak' in question 50 GO TO question 52, otherwise continue with question 51.

51. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?

☐ No

☐ Yes

► Continue with Section 7, question 87 on the next page.

7. Child's Parents and Guardians

87. Please mark all of the people who live in the household with this child, including yourself, and indicate the number where appropriate.

Mark ☒ all that apply.

This child's....	Number
<input type="checkbox"/> Mother	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Father	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Brother	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Sister	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Aunt	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Uncle	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Grandmother	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Grandfather	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Cousin	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Other relative...	<input type="text"/> <input type="text"/>
<hr/>	
<input type="checkbox"/> A girlfriend or female partner of this child's parent or guardian	<input type="text"/> <input type="text"/>
<input type="checkbox"/> A boyfriend or male partner of this child's parent or guardian	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Other nonrelatives	<input type="text"/> <input type="text"/>



The following questions are about the adults in your household who are this child's parents or main guardians.

Please answer questions 88 to 102 about the first parent or guardian marked in question 87 and questions 103 to 117 about the second parent or guardian marked in question 87, if applicable.

PARENT 1 - Answer questions 88 to 102 about the first parent or guardian marked in question 87:

88. Is this parent or guardian the child's...

- ☐ Birth parent,
- ☐ Adoptive parent,
- ☐ Step parent,
- ☐ Foster parent,
- ☐ Grandparent, or
- ☐ Other guardian

89. Is this person male or female?

- ☐ Male
- ☐ Female


90. What is the current marital status of this parent or guardian?

Mark ☒ ONE only.

- ☐ Married or in a civil union
- ☐ Living with a partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married

91. What was the first language this parent or guardian learned to speak?

Mark ☒ ONE only.

- ☐ English  **GO TO question 93**
- ☐ Spanish
- ☐ A language other than English or Spanish
- ☐ English and Spanish equally
- ☐ English and another language equally

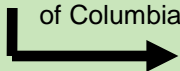
92. What language does this person speak most at home now?

Mark ☒ **ONE** only.

- ☐ English
- ☐ Spanish
- ☐ A language other than English or Spanish
- ☐ English and Spanish equally
- ☐ English and another language equally

93. Where was this parent or guardian born?

- ☐ One of the 50 United States or the District of Columbia



GO TO question 95

- ☐ One of the U.S. territories
(*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

- ☐ Another country

94. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

--	--

age

95. Is this person of Spanish, Hispanic, or Latino origin?

- ☐ No
- ☐ Yes

96. What is this person's race? You may mark one or more races.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

97. What is the highest grade or level of school that this parent or guardian completed?

Mark ☒ **ONE** only.

- ☐ 8th grade or less
- ☐ High School, but no diploma
- ☐ High school diploma or equivalent (GED)
- ☐ Vocational diploma after high school
- ☐ Some college, but no degree
- ☐ Associates degree (AA, AS)
- ☐ Bachelor's degree (BA, BS)
- ☐ Some graduate or professional education but no degree
- ☐ Master's degree (MA, MS)
- ☐ Doctorate Degree (PhD, EdD)
- ☐ Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)

98. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- ☐ No
- ☐ Yes

99. Which of the following best describes this person's employment status?

Mark ☒ **ONE** only.

- ☐ Employed for pay or income
- ☐ Self employed
- ☐ Unemployed or out of work
- ☐ Stay at home parent
- ☐ Retired
- ☐ Disabled or unable to work



GO TO question 101



GO TO question 102

100. (If employed or self employed) About how many hours per week does he or she usually work for pay or income, counting all jobs?

--	--

hours



GO TO question 102

101. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- ☐ No
☐ Yes

102. In the past 12 months, how many months (if any) has this person worked for pay or income?

--	--

Months



If this child does not have a second parent or guardian who lives in this household, **GO TO question 121.**

PARENT 2 - Answer questions 103 to 117 about the child's second parent or guardian marked in question 87:

103. Is this person the child's...

- ☐ Birth parent,
☐ Adoptive parent,
☐ Step parent,
☐ Foster parent,
☐ Grandparent, or
☐ Other guardian

104. Is this person male or female?

- ☐ Male
☐ Female


105. What is the current marital status of this parent or guardian?

Mark ☒ ONE only.

- ☐ Married or in a civil union
☐ Living with a partner
☐ Separated
☐ Divorced
☐ Widowed
☐ Never married

106. What was the first language this parent or guardian learned to speak?

Mark ☒ ONE only.

- ☐ English  **GO TO question 108**
☐ Spanish
☐ A language other than English or Spanish
☐ English and Spanish equally
☐ English and another language equally

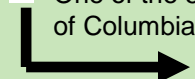
107. What language does this person speak most at home now?

Mark ☒ ONE only.

- ☐ English
- ☐ Spanish
- ☐ A language other than English or Spanish
- ☐ English and Spanish equally
- ☐ English and another language equally

108. Where was this parent or guardian born?

- ☐ One of the 50 United States or the District of Columbia



GO TO question 110

- ☐ One of the U.S. territories
(*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

- ☐ Another country

109. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

age

110. Is this person of Spanish, Hispanic, or Latino origin?

- ☐ No
- ☐ Yes

111. What is this person's race? You may mark one or more races.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

112. What is the highest grade or level of school that this parent or guardian completed?

Mark ☐ ONE only.

- ☐ 8th grade or less
- ☐ High School, but no diploma
- ☐ High school diploma or equivalent (GED)
- ☐ Vocational diploma after high school
- ☐ Some college, but no degree
- ☐ Associates degree (AA, AS)
- ☐ Bachelor's degree (BA, BS)
- ☐ Some graduate or professional education but no degree
- ☐ Master's degree (MA, MS)
- ☐ Doctorate Degree (PhD, EdD)
- ☐ Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)

113. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- ☐ No
- ☐ Yes

114. Which of the following best describes this person's employment status?

Mark ☒ ONE only.

- ☐ Employed for pay or income
- ☐ Self employed
- ☐ Unemployed or out of work
- ☐ Stay at home parent
- ☐ Retired
- ☐ Disabled or unable to work



GO TO question 116



GO TO question 117

115. (If employed or self employed) About how many hours per week does he or she usually work for pay or income, counting all jobs?

--	--

hours



GO TO question 117

116. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- ☐ No
☐ Yes

117. In the past 12 months, how many months (if any) has this person worked for pay or income?

--	--

months

8. Your Household

121. How old was this child's birth mother when she first became a mother or guardian to any child?

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Age

- ☐ Don't know/Child's birth mother does not live in this household.

122. Are there any adults in this household who do not speak English at home?

- ☐ No
☐ Yes

123. What is the highest grade or level of school completed among the adults in this household?

Mark ☒ **ONE** only.

- ☐ 8th grade or less
☐ Some high school, but did not graduate
☐ High school graduate or GED
☐ Some college or associate's degree
☐ Four year college degree (BA or BS)
☐ Some graduate or professional education but no degree
☐ Graduate or professional degree beyond a bachelor's degree

124. Is this house...

Mark ☒ **ONE** only.

- ☐ Owned or being bought by someone in this household,
☐ Rented by someone in this household, or
☐ Occupied by some other arrangement?

125. Other than this address does anyone in this household currently receive mail at another address including P.O. Boxes?

- ☐ No
☐ Yes

126. In the past 12 months did your family ever receive benefits from any of the following programs?

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Women, Infants, and Children, or WIC..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Food Stamps..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Section 8 Housing assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |

127. 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
- ☐ \$10,001 to \$20,000
- ☐ \$20,001 to \$30,000
- ☐ \$30,001 to \$40,000
- ☐ \$40,001 to \$50,000
- ☐ \$50,001 to \$60,000
- ☐ \$60,001 to \$75,000
- ☐ \$75,001 to \$100,000
- ☐ \$100,001 to \$150,000
- ☐ \$150,001 or more

9. Questions about You



These brief questions are about the adult that filled in this survey.

128. How are you related to this child?

Mark ☒ ONE only.

- ☐ Mother/Father
(birth, adoptive, step, or foster)
- ☐ Aunt/Uncle
- ☐ Grandparent
- ☐ Girlfriend/Boyfriend of this child's parent or guardian
- ☐ Other relationship – Specify:

129. Are you male or female?

- ☐ Male
- ☐ Female

130. How old are you?

Age

131. How many years have you lived at this address?

Write '0' if less than 1 year.

years at this address

132. Are you the person in this household who usually opens the mail?

- ☐ No
- ☐ Yes

133. Did anyone else complete or help with any part of this survey?

- ☐ No
- ☐ Yes

134. Do you have access to the internet at this address?

- ☐ No → **GO TO question 136**



- ☐ Yes

135. What type of internet access do you have?

Mark [X] ONE only.

- ☐ Cable
- ☐ DSL
- ☐ FIOS
- ☐ Satellite
- ☐ Dial-up
- ☐ Air Card
- ☐ Other

136. Is there at least one telephone inside this home that is currently working and not a cell phone?

- ☐ No
- ☐ Yes

137. Do you have a working cell phone?

- ☐ No → **GO TO question 139**



- ☐ Yes

138. Of all the telephone calls that you receive are...

- ☐ all or almost all calls received on cell phones,
- ☐ some received on cell phones and some on regular phones, or
- ☐ very few or none on cell phones?

139. We would like to identify this child's school so we can include information about the school in our study.

Using the list of schools below mark ☒ the box next to the school this child attends. If this child's school is not in this list, GO TO question 140.

	<u>School Name</u> ▼	<u>Address</u> ▼	<u>City</u> ▼
<input type="checkbox"/>	{SCHOOL 1 UP TO ~40 CHARACTERS}	{ADDRESS 1 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 2 UP TO ~40 CHARACTERS}	{ADDRESS 2 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 3 UP TO ~40 CHARACTERS}	{ADDRESS 3 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 4 UP TO ~40 CHARACTERS}	{ADDRESS 4 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 5 UP TO ~40 CHARACTERS}	{ADDRESS 5 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 6 UP TO ~40 CHARACTERS}	{ADDRESS 6 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 7 UP TO ~40 CHARACTERS}	{ADDRESS 7 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 8 UP TO ~40 CHARACTERS}	{ADDRESS 8 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}
<input type="checkbox"/>	{SCHOOL 9 UP TO ~40 CHARACTERS}	{ADDRESS 9 UP TO ~30 CHARACTERS}	{CITY UP TO ~15 CH.}

If you found and marked this child's school in the list provided in question 139 then SKIP this question and return your survey in the postage paid envelope. Otherwise continue with question 140.

Please use block or capital letters for

example:

[illegible][illegible][illegible][illegible]

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Commonly Asked Questions

Q: How did you get my address?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other households in the U.S.

Q: Why should I take part in this study? Do I have to do this?

A: You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative it is important that you complete and return this questionnaire.

Q: How will the information I provide be used?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers 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 (Section 9573, 20).

Q: Who is sponsoring the study? Is this study conducted by the Federal Government?

A: The National Center for Education Statistics, within the Department of Education is authorized to conduct this study (Section 9543, 20). Westat has been contracted to conduct this study. This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is 1850-0768. You may send any comments about this survey, including its length, to the Federal Government. Write to Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to info@nhessurvey.org.

Q: Who is Westat?

A: Westat is a research company located in Rockville, Maryland. Westat is conducting this survey under contract to the U.S. Department of Education. If you have any questions about the study contact Westat toll-free at 1-888-880-3033.