

Adult Training and Education Survey

Part of the 2017 National Household Education Survey



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.

Administered by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



NHES-ATES
(xx/xx/xxxx)

Instructions

- ♦ **In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is not in high school, and lives in this household. If this information is not correct, please call us toll-free at 1-888-xxx-xxxx to let us know.**
- ♦ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ♦ **To answer a question, simply mark the box [X] that best represents your answer.**
- ♦ **Use a black or blue pen, if available, to complete this survey.**
- ♦ **Please return the completed survey using the postage-paid envelope provided.**

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering this survey on behalf of NCES. 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 (20 USC § 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

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 survey is xxxx-xxxx. The time required to complete this survey is estimated to average 10 minutes per response, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: National Household Education Survey, National Center for Education Statistics, 1990 K Street, NW, Room 9016, Washington, DC 20006. Do not return the completed form to this address.

Education

1. What is the highest degree or level of school you have completed?

Mark [X] *ONE* only.

- ☐ Elementary or high school, but no high school diploma or GED®
- ☐ High school diploma
- ☐ GED® or alternative high school credential
- ☐ Some college credit but less than one year of college credit
- ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree (for example, AA, AS)
- ☐ Bachelor's degree (for example, BA, BS)
- ☐ Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- ☐ Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example, PhD, EdD)

2. Which one of the following best describes the field of study for the highest level of school you have completed?

Mark [X] *ONE* only.

If there was more than one, please choose the one you consider most important.

- ☐ General studies, no major, or undeclared major
- ☐ Accounting, finance, insurance, or real estate
- ☐ Administrative support
- ☐ Agriculture
- ☐ Audio, broadcasting, multimedia, or graphic technologies
- ☐ Business management, administration, or marketing
- ☐ Communications or journalism
- ☐ Computer science or information technology
- ☐ Construction, repair, manufacturing, or transportation
- ☐ Cosmetology
- ☐ Education
- ☐ Engineering or architecture
- ☐ English language or literature
- ☐ Fine arts or music
- ☐ Healthcare
- ☐ Law or legal studies
- ☐ Law enforcement, security, or firefighting
- ☐ Liberal arts
- ☐ Psychology
- ☐ Religious vocations or theology
- ☐ Science or mathematics
- ☐ Social or human services or public administration
- ☐ Social sciences, political science, economics, or history
- ☐ Other — Specify: 

3. Are you currently enrolled at a college, university, technical or trade school, or other school?

- ☐ No
- ☐ Yes, as a part-time student
- ☐ Yes, as a full-time student

4. Since leaving high school, have you taken any classes to learn English as a second language, sometimes called ESL or ESOL classes?

- ☐ No
- ☐ Yes

5. Since leaving high school, have you taken any literacy classes to help improve your reading? Do not include college-level classes.

- ☐ No
- ☐ Yes

Certifications and Licenses

6. Do you have a currently active professional certification or a state or industry license? Do not include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Teacher, or an IT certification.

- ☐ No
- ☐ Yes

GO TO question 30

7. If yes, how many currently active certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

number of certifications and licenses

8. The next few questions ask about the certification and license that you consider to be your most important. What is the name of your most important certification or license?

9. What kind of work is your most important certification or license for?

10. Is your most important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

- ☐ No
☐ Yes
☐ Don't know

11. Would you describe this certification or license as...

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. your first certification or license in this field ? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a certification or license in a field in which you already have another certification or license from a <u>different state</u> ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a <u>specialized</u> certification or license in a field in which you already have another certification or license?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. an <u>advanced-level</u> certification or license in a field in which you already have another certification or license?..... | <input type="checkbox"/> | <input type="checkbox"/> |

12. Can your most important certification or license be revoked or suspended for any reason?

- ☐ No
☐ Yes
☐ Don't know

13. In what year did you first get your most important certification or license?

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14. Did you prepare for getting your most important certification or license by...

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. taking classes related to this field of work during high school?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. taking classes from a college, technical school, or trade school? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. taking classes or training from a company, association, or union?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. studying on your own using textbooks or on-line resources?..... | <input type="checkbox"/> | <input type="checkbox"/> |

15. Did any of the following help pay for this certification or license (for example, exam fees, tuition, books, or supplies)?

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Your employer (include reimbursements)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A scholarship or grant from the federal government | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A loan from the federal government..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A scholarship or grant from a school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A loan from a private financial institution | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A family member or friend..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |



16. Is your most important certification or license for your current job?

- ☐ Not applicable, not currently working
- ☐ No
- ☐ Yes

17. How useful has your most important certification or license been for each of the following?

a. Getting a job

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

b. Keeping a job

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

c. Keeping you marketable to employers or clients

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

d. Improving your work skills

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

18. Do you have another currently active certification or license?

- ☐ No  **GO TO question 30**
- ☐ Yes 

19. If yes, what is the name of your second-most important certification or license?

20. What kind of work is your second-most important certification or license for?

21. Is your second-most important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

- ☐ No
- ☐ Yes
- ☐ Don't know

22. Would you describe this certification or license as...

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. your first certification or license in this field ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a certification or license in a field in which you already have another certification or license from a <u>different state</u> ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a <u>specialized</u> certification or license in a field in which you already have another certification or license?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. an <u>advanced-level</u> certification or license in a field in which you already have another certification or license?..... | <input type="checkbox"/> | <input type="checkbox"/> |

23. Can your second-most important certification or license be revoked or suspended for any reason?

- ☐ No
- ☐ Yes
- ☐ Don't know

24. Do you have another currently active certification or license?

- ☐ No  **GO TO question 30**
- ☐ Yes 

25. If yes, what is the name of your third-most important certification or license?

26. What kind of work is your third-most important certification or license for?

27. Is your third-most important certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

- ☐ No
☐ Yes
☐ Don't know

28. Would you describe this certification or license as...

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. your first certification or license in this field ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a certification or license in a field in which you already have another certification or license from a <u>different state</u> ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a <u>specialized</u> certification or license in a field in which you already have another certification or license?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. an <u>advanced-level</u> certification or license in a field in which you already have another certification or license?..... | <input type="checkbox"/> | <input type="checkbox"/> |

29. Can your third-most important certification or license be revoked or suspended for any reason?

- ☐ No
☐ Yes
☐ Don't know

Preparation for New Certifications and Licenses

30. Are you currently working on any of the following?

a. Maintaining or renewing a professional certification or license

- ☐ No
☐ Yes

b. Getting a new professional certification or license

- ☐ No
☐ Yes

GO TO question 47

31. The next few questions ask about the new certification or license you are working on that you consider to be the most important. What is the name of the most important new certification or license that you are working on?

32. What kind of work is this certification or license for?

33. Is this certification or license required by a federal, state, or local government agency (such as a state board) in order to do that kind of work?

- ☐ No
☐ Yes
☐ Don't know

34. Would you describe this certification or license as...

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. your first certification or license in this field ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a certification or license in a field in which you already have another certification or license from a <u>different state</u> ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a <u>specialized</u> certification or license in a field in which you already have another certification or license ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. an <u>advanced-level</u> certification or license in a field in which you already have another certification or license?..... | <input type="checkbox"/> | <input type="checkbox"/> |

35. In what month and year did you start working on this certification or license?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Year			

36. In what month and year do you expect to get this certification or license?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Year			

37. Are any of the following required to get this certification or license?

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Demonstrating skills while on job | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Completing an internship, practicum, clerkship, externship, apprenticeship, or similar program | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Working a minimum number of years in the field..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Completing a certificate or degree from a college, university, technical school, or trade school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Passing a certification or licensing exam | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Submitting a portfolio of work..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |



38. Have you done any of the following as part of working on this certification or license?

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Demonstrated skills while on the job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Participated in an internship, practicum, clerkship, Externship, apprenticeship, or similar program | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Worked in the field..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Enrolled in a certificate or degree program from a college, technical school, or trade school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Took a certification or licensing exam..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Submitted a portfolio of work..... | <input type="checkbox"/> | <input type="checkbox"/> |

39. As part of working on this certification or license, have you taken any classes or trainings from a college, technical school, or trade school?

- ☐ No
- ☐ Yes

GO TO question 41

40. As part of working on this certification or license, how many classes or trainings have you taken from a college, technical school, or trade school?

number of classes or trainings

41. As part of working on this certification or license, have you taken any classes or trainings from a company, association, or union?

- ☐ No
- ☐ Yes

GO TO question 43

42. As part of working on this certification or license, how many classes or trainings have you taken from a company, association, or union?

number of classes or trainings

43. As part of working on this certification or license, have you studied on your own using textbooks or online resources?

- ☐ No
- ☐ Yes

44. Did (or will) any of the following help pay for this certification or license (for example, exam fees, tuition, books, or supplies)?

Mark [X] ONE box for EACH ITEM below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Your employer (include reimbursements)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A scholarship or grant from the federal government | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A loan from the federal government..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A scholarship or grant from a school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A loan from a private financial institution | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A family member or a friend..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

45. Did (or will) your employer give you paid release time to work on this certification or license? That is, did (or will) your employer let you work on this certification or license as part of your paid work hours?

- ☐ Not applicable, have not been employed while working on this certification or license
- ☐ No
- ☐ Yes

46. Do any of the following describe why you are working on this certification or license?

Mark [X] ONE box for EACH ITEM below.

	No ▼	Yes ▼
a. To get a different job in the same field.....	<input type="checkbox"/>	<input type="checkbox"/>
b. To get a job in a new field.....	<input type="checkbox"/>	<input type="checkbox"/>
c. To keep your job.....	<input type="checkbox"/>	<input type="checkbox"/>
d. To get a promotion or increase your pay	<input type="checkbox"/>	<input type="checkbox"/>
e. To meet an employer requirement or expectation	<input type="checkbox"/>	<input type="checkbox"/>
f. To satisfy the requirements for working in your field	<input type="checkbox"/>	<input type="checkbox"/>
g. To make you more marketable to employers or clients	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>



Certifications and Licenses You Have Considered Getting

47. In the past five years, have you seriously considered working on a new professional certification or license that you did not end up getting?

- ☐ No
- ☐ Yes

GO TO THANK YOU box at bottom of page 11

48. Thinking of all the new professional certifications or licenses you considered working on in the past five years but did not end up getting – to what extent was each of the following a barrier to getting any of these certifications or licenses?

a. Cost of preparation activities

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

b. Timing or location of preparation activities (for example, exams, classes, or work experience programs)

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

c. Difficulty of classes or exams

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

d. Dissatisfaction with classes or training materials

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

e. Work responsibilities

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

f. Family/home responsibilities

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

g. Transportation constraints

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

h. Personal problems, injury or illness

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

i. Not sure about the process of obtaining the certification or license

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

j. Not sure of the value of the certification or license

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

k. Other (specify)

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much



Thank You.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
[RETURN ADDRESS HERE]**

Commonly Asked Questions

Q: How was my household chosen?

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 U.S. households. The sample was designed so that surveys of only a few thousand people will accurately describe the educational experiences of almost all Americans.

Q: Why should I participate? Do I have to do this?

A: Your answers are very important to the success of this study. You represent thousands of other adults like yourself, and you cannot be replaced. This survey is voluntary. You may choose not to answer any or all questions in this survey, but in order for the survey to be representative, it is important that you complete and return it. Those who do not return the survey will not be represented in statistics used by policymakers and researchers. There are no penalties should you choose not to participate in the study.

Q: Will the information I provide be kept confidential? Will my privacy be protected?

A: Your responses will be combined with those from other adults to produce statistical summaries about education and training in the United States. 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 (20 USC § 9573).

Q: How will my response help the Federal Government?

A: The U.S. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. Your responses will be combined with those from other households to inform educators, policymakers, and schools about how adults in the U.S. learn the skills needed for work.

Q: Who is conducting this study?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to xxxx@census.gov or you may call the Census Bureau toll-free at 1-800-xxx-xxxx