A Survey About Students’ and Families’ Experience with Their Schools
Part of the 2016 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
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 toll-free at 1-888-840-8353 to let us know.

◆ These questions should be filled in by a parent or guardian who knows about:

Please answer all the survey questions thinking about this child or youth.

◆ 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.

◆ 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 U.S.C., §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 1850-0768. The time required to complete this survey is estimated to average 20 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: Sarah Grady, National Household Education Survey, National Center for Education Statistics, 1990 K Street, NW, Room 9016, Washington, DC 20006-5650. Do not return the completed form to this address. You may send email to NHES@census.gov. If you have any questions about the study, contact the Census Bureau toll-free at 1-888-840-8353.
**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:

1. **What is this child’s current grade or year of school?**
   
   If this child is not assigned a specific grade, mark or write the grade he/she would be in at a school with regular grades.

   - [ ] Child has not yet started kindergarten
   - [ ] Full-day kindergarten
   - [ ] Partial-day kindergarten
   - [ ] grade (1 through 12)

2. **What type of school does this child attend?**
   
   - [ ] Private, Catholic
   - [ ] Private, religious but not Catholic
   - [ ] Private, not religious
   - [ ] Public school

3. **Is it his/her district-assigned school?**
   
   A district-assigned school is the school that your local public school district told you that this child can attend, based on the location of your residence.

   - [ ] No
   - [ ] Yes

4. **Is this school a charter school?**
   
   - [ ] No
   - [ ] Yes

5. **Did you move to your current neighborhood so that this child could attend his/her current school?**
   
   - [ ] No
   - [ ] Yes

6. **Does your public school district let you choose which public school you want this child to attend?**
   
   This may include applying to a magnet program in a public school, transferring to another public school within the district, or transferring to a public school outside of the district.

   - [ ] No
   - [ ] Yes
   - [ ] Don’t know

7. **Did you consider other schools for this child?**
   
   - [ ] No
   - [ ] 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 for 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 this school year?**
    
    - [ ] month (1 through 12)
12. How much do you agree or disagree with the following statement: "This child enjoys school."

- 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 or lower  
- This child’s school does not give these grades

14. Is he/she currently enrolled in any high school Advanced Placement (AP) classes?

Advanced Placement is a program that offers college-level courses to high school students, with the option for students to take AP exams to earn college credit.

- No
- Yes

15. Since the beginning of this school year, how many times have any of this child’s teachers or school staff contacted your household about...

Write ‘0’ if none.

| a. Behavior problems this child is having in school | Number |
| b. Problems this child is having with school work | |
| c. Very good behavior | |
| d. Very good school work | |

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

| days |

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

- No  
- Yes  

18. 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

19. Has this child ever had the following experiences?

Mark ONE box for each item below.

- An out-of-school suspension
- An in-school suspension not counting detentions
- Been expelled from school

**Mark X all that apply.**

Informational Copy
20. 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

SEFUTUREX

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

Mark ONE only. 
- Excellent
- Above average
- Average
- Below average
- Failing

SEGRADEQ

22. Is this child taking any school-related courses online instead of in-person with the teacher?

Do not include courses that use the Internet only for selected assignments.

Mark ONE only. 
- No
- Yes

SENETCRSX

23. Is that instruction provided by any of the following places?

Mark all that apply.
- Your local public school
- Your state
- A charter school
- Another public school
- A private school
- A college, community college, or university
- Someplace else — Specify:

SPBSCH SSTATE SCHRTR SAPBSCH SPRIVSCH SUNIVSCH

24. Is there a charge or fee for that instruction?

☐ No
☐ Yes

SINSTFEE

25. Some parents decide to educate their children at home rather than send them to a public or private school. Is this child being schooled at home instead of at school for at least some classes or subjects?

☐ No
☐ Yes

HOMESCHLX

26. Which of the following statements best describes your homeschooling arrangement for this child?

☐ This child is homeschooled for all classes or subject areas.
☐ This child is homeschooled for some classes or subject areas and also attends a public or private school.
☐ This child is not homeschooled. This child attends a public or private school for all classes or subject areas.

GO TO question 27

HMSCHARR

27. How many hours each week does this child usually go to a public or private school for instruction? Do not include time spent in extracurricular activities.

☐ hours

HSSCHR
28. There are many different reasons that parents choose to homeschool their children. Did your family choose to homeschool this child because:

Mark [X] ONE box for each item below.

a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure?... 

b. You are dissatisfied with the academic instruction at other schools?

c. You prefer to teach this child at home so that you can provide religious instruction?

d. You prefer to teach this child at home so that you can provide moral instruction?

e. This child has a physical or mental health problem that has lasted six months or more?

f. This child has a temporary illness that prevents him/her from going to school?

g. This child has other special needs that you feel the school can’t or won’t meet?

h. You are interested in a nontraditional approach to children’s education?

i. You have another reason for homeschooling your child? — Specify.

29. Of the reasons your family chose to homeschool this child, which one would you say is the most important to you?

Write the letter from question 28 for the most important reason you chose to homeschool your child.

HSMOSTX

letter from question 28
Families & School

30. 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 □ ONE box for each item below.

a. Attended a school or class event, such as a play, dance, sports event, or science fair.
   □ No □ Yes
   FSSPORTX

b. Served as a volunteer in this child’s classroom or elsewhere in the school.
   □ No □ Yes
   FSVOL

c. Attended a general school meeting, for example, an open house, or a back-to-school night.
   □ No □ Yes
   FSMTNG

d. Attended a meeting of the parent-teacher organization or association.
   □ No □ Yes
   FSPTMTNG

e. Gone to a regularly scheduled parent-teacher conference with this child’s teacher.
   □ No □ Yes
   FSATCNFN

f. Participated in fundraising for the school.
   □ No □ Yes
   FSFUNDRS

g. Served on a school committee.
   □ No □ Yes
   FSCOMMTE

h. Met with a guidance counselor in person.
   □ No □ Yes
   FSCOUNSLR

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

□ number of times

FSFREQ

32. 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
   FSNOTESX

b. Newsletters, memos, emails, or notices addressed to all parents?
   □ No □ Yes
   FSMEMO

c. Phone calls specifically about this child from his/her teachers or school administrators?
   □ No □ Yes
   FSPHONCHX

33. 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 okay □ Not very well □ Does not do it at all
   FSSPPERF

b. Providing information about how to help this child with homework.
   □ Very well □ Just okay □ Not very well □ Does not do it at all
   FSSPHW
c. Providing information about why this child is placed in particular groups or classes.

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

FSSPCOUR

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

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

FSSPROLE

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

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

FSSPCOLL

34. How satisfied or dissatisfied are you with each of the following:

a. The school this child attends this year?

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

FCSCHOOL

b. The teachers this child has this year?

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

FCTEACHER

c. The academic standards of the school?

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

FCSTDS

d. The order and discipline at the school?

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

FCORDER

e. The way that school staff interacts with parents?

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

FCSUPPRT
Homework

35. How often does this child do homework 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

36. In an average week, how many hours does this child spend on homework outside of school?
□ number of hours per week

37. 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

38. 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

39. 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

40. How often does any adult in your household check to see that this child’s homework is done?
□ Never  
□ Rarely  
□ Sometimes  
□ Always

41. 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
Family Activities

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

Mark ONE box for each item below.

a. Told him/her a story (Do not include reading to this child.). □ □

b. Done activities like arts and crafts, coloring, painting, pasting, or using clay. □ □

c. Played board games or did puzzles with him/her. □ □

d. Worked on a project like building, making, or fixing something. □ □

e. Played sports, active games, or exercised together. □ □

f. Discussed with him/her how to manage time. □ □

g. Talked with him/her about the family’s history or ethnic heritage. □ □

43. In the past week, how many days has your family eaten the evening meal together?

Write ‘0’ if none.

□ days

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

Mark ONE box for each item below.

a. Visited a library ...........................................

b. Visited a bookstore ..............................................

c. Gone to a play, concert, or other live show ..............................................

d. Visited an art gallery, museum, or historical site ..............................................

e. Visited a zoo or aquarium ..............................................

f. Attended an event sponsored by a community, religious, or ethnic group ...........................

g. Attended an athletic or sporting event outside of school in which this child was not a player ...........................
Child’s Health

45. In general, how would you describe this child’s health?
   ☐ Excellent  HDHEALTH
   ☐ Very good
   ☐ Good
   ☐ Fair
   ☐ Poor

46. Has a health or education professional told you that this child has any of the following conditions?
   Mark ☑ ONE box for each item below.

   a. An intellectual disability (mental retardation)................. HDINTDIS
   b. A speech or language impairment ............................... HDSPEECHX
   c. A serious emotional disturbance ................................. HDDISTRBX
   d. Deafness or another hearing impairment ...................... HDDEAFIMX
   e. Blindness or another visual impairment not corrected with glasses........... HDBLINDX
   f. An orthopedic impairment ........................................ HDORTHOX
   g. Autism ............................................................... HDAUTISM
   h. Pervasive Developmental Disorder (PDD) ....................... HDPDDX
   i. Attention Deficit Disorder, ADD or ADHD ................... HDADDX
   j. A specific learning disability ...................................... HDLEARNX
   k. A developmental delay ............................................. HDDELAYX
   l. Traumatic brain injury .............................................. HDTRBRAIN
   m. Another health impairment lasting 6 months or more .......... HDOTHERX

47. Did you mark yes to any condition in question 46?
   ☐ No ➔ GO TO question 55
   ☐ Yes

48. Is this child receiving services for his/her condition?
   ☐ No ➔ GO TO question 53
   ☐ Yes

49. Are these services provided by any of the following sources?
   Mark ☑ ONE box for each item below.
   a. Your local school district ............................. HDSCHLX
   b. A state or local health or social service agency .......... HDGOVTX
   c. A doctor, clinic, or other health care provider .......... HDOCTORX
   d. This child’s private school .................................. HDPRISCH

50. Are any of these services provided through an Individualized Education Program (IEP) or services plan?
   ☐ No ➔ GO TO question 53
   ☐ Yes

51. Did any adult in your household work with the service provider or school to develop or change this child’s IEP or services plan?
   ☐ No
   ☐ Yes
52. Since September, how satisfied or dissatisfied have you been with the following aspects of this child’s IEP or services plan?

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 this 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 this child learn?
   - Very satisfied
   - Somewhat satisfied
   - Somewhat dissatisfied
   - Very dissatisfied
   - Does not apply

53. Is this child currently enrolled in any special education classes or services?
   - No
   - Yes

54. Does this child’s condition interfere with his/her ability to do any of the following things?

   Mark **ONE** box for each item below.

   - a. Learn
   - b. Participate in sports, clubs, or other organized activities
   - c. Attend school on a regular basis
   - d. Make friends

   - No
   - Yes
### Child’s Background

55. In what month and year was this child born?
   - [ ] __________ / __________
   - [ ] CDOBMM  CDOBYY
   - [ ] CDOBMM  CDOBYY

56. Where was this child born?
   - [ ] One of the 50 United States or the District of Columbia
   - [ ] One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
   - [ ] Other country

57. How old was this child when he/she first moved to the 50 United States or the District of Columbia?
   - [ ] __________
   - [ ] CMOVEAGE

58. Is this child of Hispanic, Latino, or Spanish origin?
   - [ ] No
   - [ ] Yes

59. 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

60. What is this child’s sex?
   - [ ] Male
   - [ ] Female

61. Does this child live at this address and another address (for example, because of a joint custody arrangement)?
   - [ ] No
   - [ ] Yes

62. If yes, does this child...
   - [ ] spend most time at this address?
   - [ ] spend most time at another address?
   - [ ] spend equal time at both addresses?

63. What language does this child speak most at home?
   - [ ] Child is not able to speak
   - [ ] English
   - [ ] Spanish
   - [ ] A language other than English or Spanish
   - [ ] English and Spanish equally
   - [ ] English and another language equally

64. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?
   - [ ] No
   - [ ] Yes
Household Members

65. How many people live in this household?
   Include adults and children who are temporarily away from home (for example, living in college housing) if they have no other permanent home.

   [ ] people

66. How many of the following people live in this household with this child?
   Do not include this child in your answer.

   Example: Brother(s) 2

   This child’s... Number
   a. Brother(s) ..................
   b. Sister(s) .....................
   c. Mother (birth, adoptive, step, or foster) ..........
   d. Father (birth, adoptive, step, or foster) ..........
   e. Aunt(s) ......................
   f. Uncle(s) ....................
   g. Grandmother(s) ...........
   h. Grandfather(s) ...........
   i. Cousin(s) ...................
   j. Parent’s girlfriend/boyfriend/partner ...........
   k. Other relative(s) ..........
   l. Other non-relative(s) ......

   Write ‘0’ if none.

67. How are you related to this child?
   Mark ONE only.
   RELATION
   □ Mother (birth, adoptive, step, or foster)
   □ Father (birth, adoptive, step, or foster)
   □ Aunt
   □ Uncle
   □ Grandmother
   □ Grandfather
   □ Parent’s girlfriend/boyfriend/partner
   □ Other relationship – Specify:

68. Which language(s) are spoken at home by the adults in this household?
   Mark all that apply.
   LANGUAGE
   □ English
   □ Spanish or Spanish Creole
   □ French (including Patois, Creole, Cajun)
   □ Chinese
   □ Other languages – Specify:
Child’s Family

PARENT 1 LIVING IN HOUSEHOLD
Answer questions 69 to 89 about yourself if you are the child’s parent or guardian.

If you are not the child’s parent or guardian, answer questions 69 to 89 about one of this child’s parents or guardians living in the household.

69. Is this parent or guardian the child’s...
   - [ ] Biological parent
   - [ ] Adoptive parent
   - [ ] Stepparent
   - [ ] Foster parent
   - [ ] Grandparent
   - [ ] Other guardian

70. Is this person male or female?
   - [ ] Male
   - [ ] Female

71. What is this person’s current marital status?
   - [ ] Now married
   - [ ] Widowed
   - [ ] Divorced
   - [ ] Separated
   - [ ] Never married

72. Is this person currently living with a boyfriend/girlfriend or partner in this household?
   - [ ] No
   - [ ] Yes

73. What was the first language this parent or guardian learned to speak?
   - [ ] English
   - [ ] Spanish
   - [ ] A language other than English or Spanish
   - [ ] English and Spanish equally
   - [ ] English and another language equally

74. What language does this person speak most at home now?
   - [ ] English
   - [ ] Spanish
   - [ ] A language other than English or Spanish
   - [ ] English and Spanish equally
   - [ ] English and another language equally

75. How difficult is it for this person to participate in activities at this child’s school because he/she speaks a language other than English?
   - [ ] Very difficult
   - [ ] Somewhat difficult
   - [ ] Not at all difficult

76. Does the school have interpreters who speak this person’s native language for meetings or parent-teacher conferences?
   - [ ] No
   - [ ] Yes

77. Does the school have written materials, such as newsletters or school notices, that are translated into this person’s native language?
   - [ ] No
   - [ ] Yes
78. Where was this parent or guardian born?

- [□] One of the 50 United States or the District of Columbia
- [□] One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- [□] Another country

GO TO question 80

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

[ ] age

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

- [□] No
- [□] Yes

81. 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

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

Mark [X] ONE only. P1EDUC

- [□] 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
- [□] Associate’s 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)

83. 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
84. 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
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work

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

**GO TO question 87**  
P1HRSWK

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

- No  
- Yes

**GO TO question 87**  
P1LKWRK

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

**GO TO question 87**  
P1MTHSWRK

88. How old is this person?

**GO TO question 87**  
P1AGE

89. How old was this person when he or she first became a parent to any child?

**GO TO question 87**  
P1AGEPAR

PARENT 2 LIVING IN HOUSEHOLD

Answer questions 90 to 111 about a second parent or guardian living in the household.

90. Is there a second parent or guardian living in this household?

- No  
- Yes  

**GO TO question 112**  
P2GUARD

91. Is this person the child’s...

- Biological parent  
- Adoptive parent  
- Stepparent  
- Foster parent  
- Grandparent  
- Other guardian

92. Is this person male or female?

- Male  
- Female

93. What is this person’s current marital status?

Mark **ONE** only.  

- Now married  
- Separated  
- Divorced  
- Widowed  
- Never married

94. Is this person currently living with a boyfriend/girlfriend or partner in this household?

- No  
- Yes
95. What was the first language this parent or guardian learned to speak?
Mark [x] ONE only.  P2FRLNG
- [ ] English  \(\Rightarrow\) GO TO question 100
- [ ] Spanish
- [ ] A language other than English or Spanish
- [ ] English and Spanish equally
- [ ] English and another language equally

96. What language does this person speak most at home now?
Mark [x] ONE only.  P2SPEAK
- [ ] English  \(\Rightarrow\) GO TO question 100
- [ ] Spanish
- [ ] A language other than English or Spanish
- [ ] English and Spanish equally
- [ ] English and another language equally

97. How difficult is it for this person to participate in activities at this child’s school because he/she speaks a language other than English?
- [ ] Very difficult  P2DIFFI
- [ ] Somewhat difficult
- [ ] Not at all difficult

98. Does the school have interpreters who speak this person’s native language for meetings or parent-teacher conferences?
- [ ] No  P2SCINT
- [ ] Yes

99. Does the school have written materials, such as newsletters or school notices, that are translated into this person’s native language?
- [ ] No  P2WRMTL
- [ ] Yes

100. Where was this parent or guardian born?
- [ ] One of the 50 United States or the District of Columbia \(\Rightarrow\) GO TO question 102
- [ ] One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- [ ] Another country  P2PLCBRTH

101. How old was this person when he or she first moved to the 50 United States or the District of Columbia?
- [ ] P2AGEMV

102. Is this person of Hispanic, Latino, or Spanish origin?
- [ ] No  P2HISPAN
- [ ] Yes

103. What is this person’s race? You may mark one or more races.
- [ ] American Indian or Alaska Native  P2AMIND
- [ ] Asian  P2ASIAN
- [ ] Black or African American  P2BLACK
- [ ] Native Hawaiian or other Pacific Islander  P2PACI
- [ ] White  P2WHITE
104. What is the highest grade or level of school that this parent or guardian completed?  
Mark [X] ONE only.  
P2EDUC  
☐ 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  
☐ Associate’s 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)  

105. 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  
P2ENRL  

106. Which of the following best describes this person’s employment status?  
Mark [X] ONE only.  
P2EMPL  
☐ Employed for pay or income  
☐ Self-employed  
☐ Unemployed or out of work  
☐ Full-time student  
☐ Stay at home parent  
☐ Retired  
☐ Disabled or unable to work  

107. (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  
P2HRSWK  

108. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?  
☐ No  
☐ Yes  
P2LKWRK  

109. In the past 12 months, how many months (if any) has this person worked for pay or income?  
☐ months  
P2MTHSSWRK  

110. How old is this person?  
☐ age  
P2AGE  

111. How old was this person when he or she first became a parent to any child?  
☐ Don’t know  
☐ age  
P2AGEPARDK
Your Household

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

Mark ONE box for each item below.

- a. Temporary Assistance for Needy Families, or TANF.
- b. Your state welfare or family assistance program.
- c. Women, Infants, and Children, or WIC.
- d. Food Stamps.
- e. Medicaid.
- f. Child Health Insurance Program (CHIP).
- g. Section 8 housing assistance.

113. 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

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

Write ‘0’ if less than 1 year.

☐ years at this address

115. 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?

116. Do you have Internet access on a cell phone?

☐ No
☐ Yes

117. Do you have Internet access at home on a computer or tablet?

☐ No
☐ Yes

118. How often do you use the Internet?

☐ Everyday
☐ A few times a week
☐ A few times a month
☐ A few times a year
☐ Never
119. We would like to identify this child’s school so we can include information about the school in our study.  RSCHOOL

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 120.

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120. To help us identify the school this child attends, write the name and address of this child’s school in the spaces below.

Please use block or capital letters, for example: 

a. School name SCHNAME

b. School street address SCHADDRE

c. School city SCHCITY

d. School state SCHST

e. School zip code SCHZIP
Thank you.

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

U.S. Census Bureau
ATTN: DCB 60-A (7198)
1201 E. 10th Street
Jeffersonville, IN 47132-0001
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 United States.

Q: How did you get my child’s name and grade?
A: When you returned the initial National Household Education Survey to us, we randomly chose one child to ask additional questions about. We are interested in understanding your child’s experiences with schooling.

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. Those who do not return the survey will not be represented in key statistics used by policymakers and researchers.

Q: How will the information I provide be used? Will my privacy be protected?
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 (20 USC § 9573).

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?
A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?
A: The Department of Education wants to understand the condition of education in the United States. This survey is the only way that the Department of Education can learn about schooling from your perspective. Your responses will be combined with those from other households to inform educators, policymakers, schools, and universities about changes in the condition of education in the United States. Reports from past surveys can be found at www.nces.ed.gov/nhes.

Q: Who is sponsoring the 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.