

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



NHES-PFI
Informational Copy



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

Please STOP now and call 1-888-840-8353 so we can verify that you received the correct survey.

Full-day kindergarten **GRADEAT**

Partial-day kindergarten

grade (1 through 12) **GRADEBT**

2. What type of school does this child attend?

Private, Catholic **SCPUBRI**

Private, religious but not Catholic **GO TO question 5**

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 **DISTASSI**

Yes

4. Is this school a charter school?

No **SCHRTSCHL**

Yes

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

No

SNEIGHBRX

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

SPUBCHOIX

Yes

Don't know

7. Did you consider other schools for this child?

No **GO TO question 9**

Yes **SCONSIDR**

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 **SPERFORM**

Yes

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

No **S1STCHOI**

Yes

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

No **SSAMSC**

Yes

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

month (1 through 12) **SMVMTH**

24036030



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

"This child enjoys school."

- Strongly agree SEENJOY
- 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 SEGRADES
- 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 SEADPLCXX
- 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.

- | | Number |
|---|----------------------|
| a. Behavior problems this child is having in school | <input type="text"/> |
| SEBEHAVX | |
| b. Problems this child is having with school work | <input type="text"/> |
| SESCHWRK | |
| c. Very good behavior | <input type="text"/> |
| SEGBEHAV | |
| d. Very good school work | <input type="text"/> |
| SEGWORK | |

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

days SEABSNT

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

- No → GO TO question 19
- Yes SEREPEAT

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

Mark all that apply.

Elementary through Middle school

- Kindergarten SEREPTK
- First grade SEREPT1
- Second grade SEREPT2
- Third grade SEREPT3
- Fourth grade SEREPT4
- Fifth grade SEREPT5
- Sixth grade SEREPT6
- Seventh grade SEREPT7
- Eighth grade SEREPT8

High school

- Ninth grade - freshman SEREPT9
- Tenth grade - sophomore SEREPT10
- Eleventh grade - junior SEREPT11
- Twelfth grade - senior SEREPT12

19. Has this child ever had the following experiences?

Mark ONE box for each item below.

- | | No | Yes |
|---|--------------------------|--------------------------|
| | ▼ | ▼ |
| a. An out-of-school suspension | <input type="checkbox"/> | <input type="checkbox"/> |
| SESUSOUT | | |
| b. An in-school suspension not counting detentions. | <input type="checkbox"/> | <input type="checkbox"/> |
| SESUSPIN | | |
| c. Been expelled from school. | <input type="checkbox"/> | <input type="checkbox"/> |
| SEEXPEL | | |



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

Mark ONE only. SEFUTUREX

- 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

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

Mark ONE only. SEGRADEQ

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

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.

- No → GO TO question 25
- Yes SNETCRSX

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

Mark all that apply.

- Your local public school SPBSCH
- Your state SSTATE
- A charter school SCHRTR
- Another public school SAPBSCH
- A private school SPRIVSCH
- A college, community college, or university SUNIVSCH
- Someplace else – Specify: ↴ SOTHSCH

SOTHSCOS

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

- No SINSTFEE
- Yes

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 → GO TO question 30
- 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. HMSCHARR
- This child is homeschooled for some classes or subject areas and also attends a public or private school. } GO TO question 27
- This child is not homeschooled. This child attends a public or private school for all classes or subject areas. ↴

GO TO question 30

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 ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|-------------------------------------|
| a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSSAFETYX | |
| b. You are dissatisfied with the academic instruction at other schools? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSDISSATX | |
| c. You prefer to teach this child at home so that you can provide religious instruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSRELGN | |
| d. You prefer to teach this child at home so that you can provide moral instruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSMORAL | |
| e. This child has a physical or mental health problem that has lasted six months or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSDISABLX | |
| f. This child has a temporary illness that prevents him/her from going to school? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | HSILLX | |
| g. This child has other special needs that you feel the school can't or won't meet? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSSPCLNDX | |
| h. You are interested in a nontraditional approach to children's education? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSALTX | |
| i. You have another reason for homeschooling your child? — Specify: ↴ | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSOTHERX | |

HSOTHERXOS

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.

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

		FSFREQ
		number of times

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 **FSNOTESX**
- Yes

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

- No **FSMEMO**
- Yes

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

- No **FSPHONCHX**
- Yes

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

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

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

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

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

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

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

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

a. The school this child attends this year?

- Very satisfied **FCSCHOOL**
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

b. The teachers this child has this year?

- Very satisfied **FCTEACHR**
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

c. The academic standards of the school?

- Very satisfied **FCSTDS**
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

d. The order and discipline at the school?

- Very satisfied **FCORDER**
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

e. The way that school staff interacts with parents?

- Very satisfied **FCSUPPRT**
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied



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 FHHOME
- 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
question 42

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

FHWKHSR
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 FHAMOUNT
- 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 FHCAMT
- It's too little

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

- No FHPLACE
- 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 FHCHECKX
- 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 FHHELP
- 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.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Told him/her a story (Do not include reading to this child.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | FOSTORY2X | |
| b. Done activities like arts and crafts, coloring, painting, pasting, or using clay. | <input type="checkbox"/> | <input type="checkbox"/> |
| | FOCRAFTS | |
| c. Played board games or did puzzles with him/her | <input type="checkbox"/> | <input type="checkbox"/> |
| | FOGAMES | |
| d. Worked on a project like building, making, or fixing something. | <input type="checkbox"/> | <input type="checkbox"/> |
| | FOBUILDX | |
| e. Played sports, active games, or exercised together. | <input type="checkbox"/> | <input type="checkbox"/> |
| | FOSPORT | |
| f. Discussed with him/her how to manage time. | <input type="checkbox"/> | <input type="checkbox"/> |
| | FORESPON | |
| g. Talked with him/her about the family's history or ethnic heritage. | <input type="checkbox"/> | <input type="checkbox"/> |
| | FOHISTX | |

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

Write '0' if none.

days **FODINNERX**

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

Mark ONE box for each item below.

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



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.

- | | No
▼ | Yes
▼ |
|---|--------------------------|-------------------------------------|
| a. An intellectual disability (mental retardation) | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDINTDIS | |
| b. A speech or language impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDSPEECHX | |
| c. A serious emotional disturbance | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDISTRBX | |
| d. Deafness or another hearing impairment | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | HDDEAFIMX | |
| e. Blindness or another visual impairment not corrected with glasses. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDBLINDX | |
| f. An orthopedic impairment. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDORTHOX | |
| g. Autism. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDAUTISM | |
| h. Pervasive Developmental Disorder (PDD). | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPDDX | |
| i. Attention Deficit Disorder, ADD or ADHD | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDADDX | |
| j. A specific learning disability. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDLEARNX | |
| k. A developmental delay. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDELAYX | |
| l. Traumatic brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDTRBRAIN | |
| m. Another health impairment lasting 6 months or more. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDOOTHERX | |

47. Did you mark yes to any condition in question 46?

- No → **GO TO question 55**
- Yes **HDMRKYES**

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

- No → **GO TO question 53**
- Yes **HDRECSER**

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

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Your local school district | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDSCHLX | |
| b. A state or local health or social service agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDSCHLX | |
| c. A doctor, clinic, or other health care provider. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDOCTORX | |
| d. This child's <u>private</u> school. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPRISCH | |

50. Are any of these services provided through an Individualized Education Program (IEP) or services plan?

- No → **GO TO question 53**
- Yes **HDIEPX**

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 **HDDEVIEPX**
- Yes

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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 **HDCOMMUX**
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

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

- Very satisfied **HDTCHR**
- 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 **HDACCOMX**
- 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 **HDCOMMITX**
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

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

- No **HDSPCLED**
- 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.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Learn..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDLEARN | |
| b. Participate in sports, clubs,
or other organized activities. . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPLAY | |
| c. Attend school on a regular
basis | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDOUT | |
| d. Make friends | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDFRND | |

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Child's Background

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

--	--	--	--	--	--	--	--	--	--

 /

--	--	--	--	--	--	--	--	--	--

month year
CDOBMM CDOBY

56. Where was this child born?

One of the 50 United States or the District of Columbia

GO TO question 58 CPLCBRTH

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

Another country

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

--	--

CMOVEAGE

age

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

No CHISPAN

Yes

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

American Indian or Alaska Native CAMIND

Asian CASIAN

Black or African American CBLACK

Native Hawaiian or other Pacific Islander CPACI

White CWHITE

60. What is this child's sex?

Male CSEX

Female

61. Does this child live at this address and another address (for example, because of a joint custody arrangement)?

Do not include vacation properties.

No → **GO TO question 63**

Yes CLIVYN

62. If yes, does this child... CLIVELSWX

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?

Mark ONE only. CSPEAKX

Child is not able to speak

GO TO question 65

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 CENGLPRG

Yes

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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 **HHTOTALXX**

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)

Write '0' if none.

- | This child's... | Number |
|--|----------------------|
| a. Brother(s) | <input type="text"/> |
| HHBROSX | |
| b. Sister(s) | <input type="text"/> |
| HHSISSX | |
| c. Mother (birth, adoptive, step, or foster) | <input type="text"/> |
| HHMOM | |
| d. Father (birth, adoptive, step, or foster) | <input type="text"/> |
| HHDAD | |
| e. Aunt(s) | <input type="text"/> |
| HHAUNTSX | |
| f. Uncle(s) | <input type="text"/> |
| HHUNCLSX | |
| g. Grandmother(s) | <input type="text"/> |
| HHGMASX | |
| h. Grandfather(s) | <input type="text"/> |
| HHGPASX | |
| i. Cousin(s) | <input type="text"/> |
| HHCSNSX | |
| j. Parent's girlfriend/boyfriend/partner | <input type="text"/> |
| HHPRTRSX | |
| k. Other relative(s) | <input type="text"/> |
| HHORELSX | |
| l. Other non-relative(s) | <input type="text"/> |
| HHONRELSX | |

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:

RELATIONOS

68. Which language(s) are spoken at home by the adults in this household?

Mark all that apply.

- English **HHENGLISH**
- Spanish or Spanish Creole **HHSPANISH**
- French (including Patois, Creole, Cajun) **HHFRENCH**
- Chinese **HHCHINESE**
- Other languages - Specify: **HHOTHLANG**

HHOTHLANGOS

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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 **P1REL**
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

70. Is this person male or female?

- Male **P1SEX**
- Female

71. What is this person's current marital status?

- Mark ONE only. **P1MRSTA**
- Now married → **GO TO question 73**
- Widowed
- Divorced
- Separated
- Never married

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

- No **P1BFGF**
- Yes

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

Mark ONE only. **P1FRLNG**

- English → **GO TO question 78**
- 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?

Mark ONE only. **P1SPEAK**

- English → **GO TO question 78**
- 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 **P1DIFFI**
- 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 **P1SCINT**
- Yes

77. Does the school have written materials, such as newsletters or school notices, that are translated into this person's native language?

- No **P1WRMTL**
- Yes



78. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia

GO TO question 80 P1PLCBRTH

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

Another country

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

P1AGEMV

age

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

No P1HISPAN

Yes

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

American Indian or Alaska Native P1AMIND

Asian P1ASIAN

Black or African American P1BLACK

Native Hawaiian or other Pacific Islander P1PACI

White P1WHITE

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

Mark 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 P1ENRL

Yes



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

Mark ONE only. P1EMPL

- Employed for pay or income
- Self-employed
- Unemployed or out of work → GO TO question 86
- 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
PIHRSWK
hours

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

- No P1LKWRK
- Yes

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

P1MTHSWRK
months

88. How old is this person?

P1AGE
age

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

P1AGEPAR
age

Don't know P1AGEPARDK

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 → GO TO question 112
- Yes P2GUARD

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

- Biological parent P2REL
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

92. Is this person male or female?

- Male P2SEX
- Female

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

Mark ONE only. P2MRSTA

- Now married → GO TO question 95
- Widowed
- Divorced
- Separated
- Never married

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

- No P2BFGF
- Yes



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

Mark ONE only. P2FRLNG

- English → 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 ONE only. P2SPEAK

- English → 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

→ 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
age

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

24036188



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

Mark 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 P2ENRL
- Yes

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

Mark ONE only. P2EMPL

- Employed for pay or income
 - Self-employed
 - Unemployed or out of work → GO TO question 108
 - Full-time student
 - Stay at home parent
 - Retired
 - Disabled or unable to work
- } GO TO question 109

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?

→ GO TO question 109
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 P2LKWRK
- Yes

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

P2MTHSWRK
months

110. How old is this person?

P2AGE
age

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

P2AGEPAR
age

Don't know P2AGEPARDK

24036196



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.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HWELFTAN | |
| b. Your state welfare or family assistance program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HWELFST | |
| c. Women, Infants, and Children, or WIC..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HWIC | |
| d. Food Stamps..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HFOODST | |
| e. Medicaid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HMEDICAID | |
| f. Child Health Insurance Program (CHIP)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HCHIP | |
| g. Section 8 housing assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSECN8 | |

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.

- | | |
|---|----------------|
| <input type="checkbox"/> \$0 to \$10,000 | TTLHINC |
| <input type="checkbox"/> \$10,001 to \$20,000 | |
| <input type="checkbox"/> \$20,001 to \$30,000 | |
| <input type="checkbox"/> \$30,001 to \$40,000 | |
| <input type="checkbox"/> \$40,001 to \$50,000 | |
| <input type="checkbox"/> \$50,001 to \$60,000 | |
| <input type="checkbox"/> \$60,001 to \$75,000 | |
| <input type="checkbox"/> \$75,001 to \$100,000 | |
| <input type="checkbox"/> \$100,001 to \$150,000 | |
| <input type="checkbox"/> \$150,001 or more | |

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

Write '0' if less than 1 year. YRSADDR

years at this address

115. Is this house...

Mark ONE only. OWNRNTHB

- 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 HVINTPHO
- Yes

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

- No HVINTCOM
- Yes

118. How often do you use the Internet?

- Everyday USEINTRNT
- A few times a week
- A few times a month
- A few times a year
- Never

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If you found and marked this child's school in the list provided in question 119, then **SKIP** this question and return your survey in the postage-paid envelope. Otherwise, continue with question 120.

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:

S C H O O L

a. School name SCHNAME

SCHOOL NAME

b. School street address SCHADDRE

NUMBER AND STREET ADDRESS

c. School city SCHCITY

CITY

d. School state SCHST

STATE

e. School zip code SCHZIP

ZIP

Informational Copy



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**

Informational Copy

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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 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.

