

# The National Household Education Survey

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



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

Sponsored by

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



**NHES-41BE(INFO)(VARS)**  
(12/26/2012)



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## Instructions

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

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.
  - ◆ If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.
  - ◆ Our toll-free number is 1-888-840-8353.
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We are authorized to collect this information by Section 9543, 20 U.S. Code. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 U.S. Code). Your responses will be combined with those from other participants to produce summary statistics and reports.

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



# 1. Child's Schooling

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

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.

- 1 ☐ 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.

- 2 ☐ Full-day kindergarten

- 3 ☐ Partial-day kindergarten **GRADEAT**

grade (1 through 12) **GRADEBT**

2. Is this child being schooled at home instead of at school for some classes or subjects? **HOMIESCHLX**

- 2 ☐ No

- 1 ☐ Yes

3. What type of school does this child attend?

- 1 ☐ Private, Catholic **SCPUBPRI**

- 2 ☐ Private, religious but not Catholic

- 3 ☐ Private, not religious

GO TO question 6

- 4 ☐ Public school

4. Is it his/her regularly assigned school?

- 2 ☐ No **SCHOICEX**

- 1 ☐ Yes

5. Is this school a charter school?

- 2 ☐ No **SCHRTSCHL**

- 1 ☐ Yes

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

**SNEIGHBRX**

- 2 ☐ No

- 1 ☐ Yes

7. Does your public school district let you choose which public school you want this child to attend? **SPUBCHOIX**

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.

- 2 ☐ No

- 1 ☐ Yes

- 3 ☐ Don't know

8. Did you consider other schools for this child?

- 2 ☐ No → GO TO question 10

- 1 ☐ Yes **SCONSIDR**

9. 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?

- 2 ☐ No **SPERFORM**

- 1 ☐ Yes

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

- 2 ☐ No **S1STCHOI**

- 1 ☐ Yes

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

- 2 ☐ No **SSAMSC**

- 1 ☐ Yes

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

month (1 through 12)

**SMVMTH**

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

"This child enjoys school." **SEENJOY**

- 1 ☐ Strongly agree  
2 ☐ Agree  
3 ☐ Disagree  
4 ☐ Strongly disagree

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

- 1 ☐ Mostly A's  
2 ☐ Mostly B's  
3 ☐ Mostly C's  
4 ☐ Mostly D's or lower  
5 ☐ This child's school does not give these grades

**SEGRADES**

15. Is he/she currently enrolled in advanced placement classes?

**SEADPLCX**

- 2 ☐ No  
1 ☐ Yes  
3 ☐ Does not apply

16. 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. **SEBEHAVX**

- b. Problems this child is having with school work. **SESCHWRK**

- c. Very good behavior . . . . . **SEGBEHAV**

- d. Very good school work. . . . . **SEGWORK**

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

days

18. Since starting kindergarten, has this child repeated any grades? **SEREPEAT**

- 2 ☐ No → **GO TO question 20**

- 1 ☐ Yes

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

Mark ☒ all that apply.

**Elementary through Middle school**

- 1 ☐ Kindergarten **SEREPTK**

- 1 ☐ First grade **SEREPT1**

- 1 ☐ Second grade **SEREPT2**

- 1 ☐ Third grade **SEREPT3**

- 1 ☐ Fourth grade **SEREPT4**

- 1 ☐ Fifth grade **SEREPT5**

- 1 ☐ Sixth grade **SEREPT6**

- 1 ☐ Seventh grade **SEREPT7**

- 1 ☐ Eighth grade **SEREPT8**

**High school**

- 1 ☐ Ninth grade - freshman **SEREPT9**

- 1 ☐ Tenth grade - sophomore **SEREPT10**

- 1 ☐ Eleventh grade - junior **SEREPT11**

- 1 ☐ Twelfth grade - senior **SEREPT12**

► Continue with question 20 on the next page.

**20. Has this child ever had the following experiences?**

Mark ☒ ONE box for each item below.

**SESUSOUT**

No Yes  
▼ ▼

- a. An out-of-school suspension . . . ☐ 2 ☐ 1
- b. An in-school suspension not counting detentions . . . . . ☐ 2 ☐ 1
- SESUSPIN**
- c. Been expelled from school. . . . ☐ 2 ☐ 1

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

Mark ☒ ONE only. **SEFUTUREX**

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

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

**SEGRADEQ**

Mark ☒ ONE only.

- 1 ☐ Excellent
- 2 ☐ Above average
- 3 ☐ Average
- 4 ☐ Below average
- 5 ☐ Failing

**23. Some students take school-related courses over the Internet. Is this child receiving any instruction this way?**

**SNETCRS**

- 2 ☐ No → **GO TO question 26**

- 1 ☐ Yes

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

Mark ☒ all that apply.

- 1 ☐ Your local public school **SPBSCH**
- 1 ☐ A charter school **SCHRTR**
- 1 ☐ Another public school **SAPBSCH**
- 1 ☐ A private school **SPRIVSCH**
- 1 ☐ A college, community college, or university **SUNIVSCH**
- 1 ☐ Someplace else — Specify: **SOTHSCOS** **SOTHSCH**

**25. Is there a charge or fee for that instruction?**

**SINSTFEE**

- 2 ☐ No
- 1 ☐ Yes

► **Continue with section 2, question 26, on the next page.**



## 2. Families & School

26. 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<br>▼                    | Yes<br>▼                   |
|--|----------------------------|----------------------------|
| a. Attended a school or class event, such as a play, dance, sports event, or science fair. . . .                     | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSSPORTX</b>  |                            |                            |
| b. Served as a volunteer in this child's classroom or elsewhere in the school. . . . .                               | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSVOL</b>   |                            |                            |
| c. Attended a general school meeting, for example, an open house, or a back-to-school night. <b>FSMTNG</b> . . . . . | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSMTNG</b>  |                            |                            |
| d. Attended a meeting of the parent-teacher organization or association. <b>FSPT.MTNG</b> . .                        | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSPT.MTNG</b>   |                            |                            |
| e. Gone to a regularly scheduled parent-teacher conference with this child's teacher. . <b>FSATCNFN</b> . . . . .    | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSATCNFN</b>  |                            |                            |
| f. Participated in fundraising for the school. <b>FSFUNDRS</b> . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSFUNDRS</b>  |                            |                            |
| g. Served on a school committee . . <b>FSCOMMTE</b> . .  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSCOMMTE</b>  |                            |                            |
| h. Met with a guidance counselor in person. . . . .  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FSCOUNSLR</b>   |                            |                            |

27. 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**

28. 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? **FSNOTESX**

2 ☐ No

1 ☐ Yes

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

2 ☐ No **FSMEMOSX**

1 ☐ Yes

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

2 ☐ No **FSPHONCHX**

1 ☐ Yes

29. 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.

1 ☐ Very well **FSSPPERF**

2 ☐ Just okay

3 ☐ Not very well

4 ☐ Does not do it at all

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

1 ☐ Very well **FSSPHW**

2 ☐ Just okay

3 ☐ Not very well

4 ☐ Does not do it at all



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

- 1 ☐ Very well **FSSPCOUR**  
 2 ☐ Just okay  
 3 ☐ Not very well  
 4 ☐ Does not do it at all

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

- 1 ☐ Very well **FSSPROLE**  
 2 ☐ Just okay  
 3 ☐ Not very well  
 4 ☐ Does not do it at all

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

- 1 ☐ Very well **FSSPCOLL**  
 2 ☐ Just okay  
 3 ☐ Not very well  
 4 ☐ Does not do it at all  
 5 ☐ Does not apply

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

**a. The school this child attends this year?**

- 1 ☐ Very satisfied **FC SCHOOL**  
 2 ☐ Somewhat satisfied  
 3 ☐ Somewhat dissatisfied  
 4 ☐ Very dissatisfied

**b. The teachers this child has this year?**

- 1 ☐ Very satisfied **FC TEACHR**  
 2 ☐ Somewhat satisfied  
 3 ☐ Somewhat dissatisfied  
 4 ☐ Very dissatisfied

**c. The academic standards of the school?**

- 1 ☐ Very satisfied **FCSTDS**  
 2 ☐ Somewhat satisfied  
 3 ☐ Somewhat dissatisfied  
 4 ☐ Very dissatisfied

**d. The order and discipline at the school?**

- 1 ☐ Very satisfied **FC ORDER**  
 2 ☐ Somewhat satisfied  
 3 ☐ Somewhat dissatisfied  
 4 ☐ Very dissatisfied

**e. The way that school staff interacts with parents?**

- 1 ☐ Very satisfied **FCSUPPRT**  
 2 ☐ Somewhat satisfied  
 3 ☐ Somewhat dissatisfied  
 4 ☐ Very dissatisfied



### 3. Homework

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

1 ☐ Less than once a week **FHHOME**

2 ☐ 1 to 2 days a week

3 ☐ 3 to 4 days a week

4 ☐ 5 or more days a week

5 ☐ Never

6 ☐ Child does not have homework

GO TO section 4,  
question 38

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

number of hours per week

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

1 ☐ The amount is about right

2 ☐ It's too much **FHAMOUNT**

3 ☐ It's too little

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

1 ☐ The amount is about right

2 ☐ It's too much **FHCAMT**

3 ☐ It's too little

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

2 ☐ No **FHPLACE**

1 ☐ Yes

3 ☐ Child does not do homework at home

36. How often does any adult in your household check to see that this child's homework is done?

1 ☐ Never

**FHCHECKX**

2 ☐ Rarely

3 ☐ Sometimes

4 ☐ Always

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

1 ☐ Less than once a week

2 ☐ 1 to 2 days a week **FHHELP**

3 ☐ 3 to 4 days a week

4 ☐ 5 or more days a week

5 ☐ Never

Continue with section 4, question 38, on the next page.



## 4. Family Activities

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

Mark ☒ ONE box for each item below.

- |  | No<br>▼                    | Yes<br>▼                   |
|--|----------------------------|----------------------------|
| a. Told him/her a story (Do not include reading to this child.) . . . . .                      | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOSTORY2X</b>   |                            |                            |
| b. Done activities like arts and crafts, coloring, painting, pasting, or using clay. . . . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOCRAFTS</b>  |                            |                            |
| c. Played board games or did puzzles with him/her . . . . .                                    | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOGAMES</b>   |                            |                            |
| d. Worked on a project like building, making, or fixing something. . . . .                     | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOBUILDX</b>  |                            |                            |
| e. Played sports, active games, or exercised together. . . . .                                 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOSPORT</b>   |                            |                            |
| f. Discussed with him/her how to manage time. <b>FORESPON</b> . . . . .                        | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| g. Talked with him/her about the family's history or ethnic heritage. <b>FOHISTX</b> . . . . . | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

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

Write '0' if none.

days

**FODINNERX**

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

Mark ☒ ONE box for each item below.

- |  | No<br>▼                    | Yes<br>▼                   |
|--|----------------------------|----------------------------|
| a. Visited a library . . . . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOLIBRAYX</b>   |                            |                            |
| b. Visited a bookstore . . . . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOBOOKSTX</b>   |                            |                            |
| c. Gone to a play, concert, or other live show . . . . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOCONCRTX</b>   |                            |                            |
| d. Visited an art gallery, museum, or historical site . . . . .  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOMUSEUMX</b>   |                            |                            |
| e. Visited a zoo or aquarium . . . . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOZOOX</b>  |                            |                            |
| f. Attended an event sponsored by a community, religious, or ethnic group . . . . .                        | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOGROUPX</b>  |                            |                            |
| g. Attended an athletic or sporting event outside of school in which this child was not a player . . . . . | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <b>FOSPRTEVX</b>   |                            |                            |

Continue with section 5, question 41, on the next page.



## 5. Child's Health

41. In general, how would you describe this child's health? **HDHEALTH**

- 1 ☐ Excellent  
 2 ☐ Very good  
 3 ☐ Good  
 4 ☐ Fair  
 5 ☐ Poor

42. 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<br>▼                    | Yes<br>▼                   |
|---|----------------------------|----------------------------|
| a. A specific learning disability. . . . .<br><b>HDLEARNX</b>                                   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. An intellectual disability (mental retardation). . . . .<br><b>HDINTDIS</b>                  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. A speech or language impairment. <b>HDSPEECHX</b> . . . . .                                  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| d. A serious emotional disturbance. <b>HDDISTRBX</b> . . . . .                                  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| e. Deafness or another hearing impairment. <b>HDDEAFIMX</b> . . . . .                           | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| f. Blindness or another visual impairment not corrected with glasses. <b>HDBLINDX</b> . . . . . | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| g. An orthopedic impairment. . . . .<br><b>HDORTHOX</b>   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| h. Autism. <b>HDAUTISM</b> . . . . .  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| i. Pervasive Developmental Disorder (PDD). <b>HDPPDDX</b> . . . . .                             | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| j. Attention Deficit Disorder, ADD or ADHD. <b>HDADDDX</b> . . . . .                            | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| k. A developmental delay. . . . .<br><b>HDDELAYX</b>  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| l. Traumatic brain injury. . . . .<br><b>HDTRBRAIN</b>  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| m. Another health impairment lasting 6 months or more. . . . .<br><b>HDOTHERX</b>               | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

43. Did you mark yes to any condition in question 42?

☐ No → **GO TO question 51**

☐ Yes **HDANYCON\***

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

2 ☐ No → **GO TO question 49**

1 ☐ Yes **HDRECSER**

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

Mark ☒ ONE box for each item below.

- |   | No<br>▼                    | Yes<br>▼                   |
|---|----------------------------|----------------------------|
| a. Your local school district. . . . .<br><b>HDSCHLX</b>                        | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. A state or local health or social service agency. . . . .<br><b>HDGOVTX</b>  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. A doctor, clinic, or other health care provider. . . . .<br><b>HDDOCTORX</b> | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

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

2 ☐ No → **GO TO question 49**

1 ☐ Yes **HDIEP**

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

2 ☐ No **HDDEVIEPX**

1 ☐ Yes

\* An asterisk indicates that the variable does not appear on the data file



**48. During this school year, how satisfied or dissatisfied have you been with the following aspects of this child's IEP?**

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

- 1 ☐ Very satisfied **HDCOMMUX**
- 2 ☐ Somewhat satisfied
- 3 ☐ Somewhat dissatisfied
- 4 ☐ Very dissatisfied
- 5 ☐ Does not apply

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

- 1 ☐ Very satisfied **HDTCHR**
- 2 ☐ Somewhat satisfied
- 3 ☐ Somewhat dissatisfied
- 4 ☐ Very dissatisfied
- 5 ☐ Does not apply

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

- 1 ☐ Very satisfied **HDACCOMX**
- 2 ☐ Somewhat satisfied
- 3 ☐ Somewhat dissatisfied
- 4 ☐ Very dissatisfied
- 5 ☐ Does not apply

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

- 1 ☐ Very satisfied **HDCOMMITX**
- 2 ☐ Somewhat satisfied
- 3 ☐ Somewhat dissatisfied
- 4 ☐ Very dissatisfied
- 5 ☐ Does not apply

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

2 ☐ No **HDSPCLED**

1 ☐ Yes

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

Mark ☒ ONE box for each item below.

1 ☐ Child no longer has condition  
**HDGONE**

No Yes  
▼ ▼

- |   |                            |                            |
|---|----------------------------|----------------------------|
| a. Learn . . . <b>HDLEARN</b> . . . . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. Participate in sports, clubs, or other organized activities. . . <b>HDPLAY</b> | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. Attend school on a regular basis . . . <b>HDOUT</b> . . . . .                  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| d. Make friends . <b>HDFRND</b> . . . . .   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

► **Continue with section 6, question 51, on the next page.**



## 6. Child's Background

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

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

month

year

**CDOBMM**

**CDOBY**

52. Where was this child born? **CPLCBRTH**

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



**GO TO question 54**

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

- 3 ☐ Another country

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

--	--

age

**CMOVEAGE**

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

- 2 ☐ No

- 1 ☐ Yes **CHISPAN**

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

- 1 ☐ American Indian or Alaska Native

**CAMIND**

- 1 ☐ Asian **CASIAN**

- 1 ☐ Black or African American **CBLACK**

- 1 ☐ Native Hawaiian or other Pacific Islander

**CPACI**

- 1 ☐ White **CWHITE**

- 55b. What is this child's sex? **CSEX**

- 1 ☐ Male

- 2 ☐ Female

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

Do not include vacation properties.

- 1 ☐ Child usually lives at this address

- 2 ☐ Child usually lives at another address

57. What language does this child speak most at home? **CSPEAKX**

Mark ☒ ONE only.

- 1 ☐ Child is not able to speak

- 2 ☐ English

- 3 ☐ Spanish

- 4 ☐ A language other than English or Spanish

- 5 ☐ English and Spanish equally

- 6 ☐ English and another language equally

**GO TO section 7**

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

- 2 ☐ No **CENGLPRG**

- 1 ☐ Yes

► Continue with section 7 on the next page.



## 7. Child's Family

### PARENT 1 LIVING IN HOUSEHOLD

Answer questions 59 to 78 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 59 to 78 about one of this child's parents or guardians living in the household.

#### 59. Is this parent or guardian the child's...

- 1 ☐ Biological parent
- 2 ☐ Adoptive parent **P1REL**
- 3 ☐ Stepparent
- 4 ☐ Foster parent
- 5 ☐ Grandparent
- 6 ☐ Other guardian

#### 60. Is this person male or female?

- 1 ☐ Male **P1SEX**
- 2 ☐ Female

#### 61. What is the current marital or partner status of this parent or guardian?

Mark ☒ ONE only. **P1MRSTA**

- 1 ☐ Married
- 2 ☐ In a registered domestic partnership or civil union
- 3 ☐ Living with a partner
- 4 ☐ Separated
- 5 ☐ Divorced
- 6 ☐ Widowed
- 7 ☐ Never married

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

Mark ☒ ONE only. **P1FRLNG**

- 1 ☐ English → **GO TO question 67**
- 2 ☐ Spanish
- 3 ☐ A language other than English or Spanish
- 4 ☐ English and Spanish equally
- 5 ☐ English and another language equally

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

Mark ☒ ONE only. **P1SPEAK**

- 1 ☐ English → **GO TO question 67**
- 2 ☐ Spanish
- 3 ☐ A language other than English or Spanish
- 4 ☐ English and Spanish equally
- 5 ☐ English and another language equally

#### 64. 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? **P1DIFFI**

- 1 ☐ Very difficult
- 2 ☐ Somewhat difficult
- 3 ☐ Not at all difficult

#### 65. Does the school have interpreters who speak this person's native language for meetings or parent-teacher conferences?

- 2 ☐ No **P1SCINT**
- 1 ☐ Yes

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

- 2 ☐ No **P1WRMTL**
- 1 ☐ Yes



67. Where was this parent or guardian born?

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



GO TO question 69

- 2 ☐ One of the U.S. territories **P1PLCBRTH**  
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

- 3 ☐ Another country

68. How old was this person when he or she first moved to the 50 United States or the District of Columbia? **P1AGEMV**

age

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

- 2 ☐ No **P1HISPAN**

- 1 ☐ Yes

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

- 1 ☐ American Indian or Alaska Native **P1AMIND**

- 1 ☐ Asian **P1ASIAN**

- 1 ☐ Black or African American **P1BLACK**

- 1 ☐ Native Hawaiian or other Pacific Islander **P1PACI**

- 1 ☐ White **P1WHITE**

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

Mark ☒ ONE only. **P1EDUC**

- 1 ☐ 8th grade or less

- 2 ☐ High school, but no diploma

- 3 ☐ High school diploma or equivalent (GED)

- 4 ☐ Vocational diploma after high school

- 5 ☐ Some college, but no degree

- 6 ☐ Associate's degree (AA, AS)

- 7 ☐ Bachelor's degree (BA, BS)

- 8 ☐ Some graduate or professional education, but no degree

- 9 ☐ Master's degree (MA, MS)

- 10 ☐ Doctorate degree (PhD, EdD)

- 11 ☐ Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

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

- 2 ☐ No **P1ENRL**

- 1 ☐ Yes

► Continue with question 73 on the next page.



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

Mark ☒ ONE only. **P1EMPL**

1 ☐ Employed for pay or income

2 ☐ Self-employed

3 ☐ Unemployed or out of work → **GO TO question 75**

4 ☐ Full-time student

5 ☐ Stay at home parent

6 ☐ Retired

7 ☐ Disabled or unable to work

**GO TO question 76**

74. (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 76**

hours **P1HRSWK**

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

2 ☐ No **P1LKWRK**

1 ☐ Yes

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

months **P1MTHSWRK**

77. How old is this person?

age **P1AGE**

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

age **P1AGEPAR**

1 ☐ Don't know **P1AGEPARDK**

## PARENT 2 LIVING IN HOUSEHOLD

Answer questions 79 to 99 about a second parent or guardian living in the household.

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

2 ☐ No → **GO TO question 100**

1 ☐ Yes **P2GUARD**

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

1 ☐ Biological parent **P2REL**

2 ☐ Adoptive parent

3 ☐ Stepparent

4 ☐ Foster parent

5 ☐ Grandparent

6 ☐ Other guardian

81. Is this person male or female?

1 ☐ Male **P2SEX**

2 ☐ Female

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

Mark ☒ ONE only. **P2MRSTA**

1 ☐ Married

2 ☐ In a registered domestic partnership or civil union

3 ☐ Living with a partner

4 ☐ Separated

5 ☐ Divorced

6 ☐ Widowed

7 ☐ Never married



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

Mark ☒ ONE only. **P2FRLNG**

- 1 ☐ English → **GO TO question 88**
- 2 ☐ Spanish
- 3 ☐ A language other than English or Spanish
- 4 ☐ English and Spanish equally
- 5 ☐ English and another language equally

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

Mark ☒ ONE only. **P2SPEAK**

- 1 ☐ English → **GO TO question 88**
- 2 ☐ Spanish
- 3 ☐ A language other than English or Spanish
- 4 ☐ English and Spanish equally
- 5 ☐ English and another language equally

85. 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?

- 1 ☐ Very difficult **P2DIFFI**
- 2 ☐ Somewhat difficult
- 3 ☐ Not at all difficult

86. Does the school have interpreters who speak this person's native language for meetings or parent-teacher conferences?

- 2 ☐ No **P2SCINT**
- 1 ☐ Yes

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

- 2 ☐ No **P2WRMTL**
- 1 ☐ Yes

88. Where was this parent or guardian born?

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

→ **GO TO question 90**

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

- 3 ☐ Another country **P2PLCBRTH**

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

age **P2AGEMV**

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

- 2 ☐ No **P2HISPAN**

- 1 ☐ Yes

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

- 1 ☐ American Indian or Alaska Native **P2AMIND**

- 1 ☐ Asian **P2ASIAN**

- 1 ☐ Black or African American **P2BLACK**

- 1 ☐ Native Hawaiian or other Pacific Islander **P2PACI**

- 1 ☐ White **P2WHITE**

► Continue with question 92 on the next page.



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

Mark ☒ ONE only. **P2EDUC**

- 1 ☐ 8th grade or less
- 2 ☐ High school, but no diploma
- 3 ☐ High school diploma or equivalent (GED)
- 4 ☐ Vocational diploma after high school
- 5 ☐ Some college, but no degree
- 6 ☐ Associate's degree (AA, AS)
- 7 ☐ Bachelor's degree (BA, BS)
- 8 ☐ Some graduate or professional education, but no degree
- 9 ☐ Master's degree (MA, MS)
- 10 ☐ Doctorate degree (PhD, EdD)
- 11 ☐ Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

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

- 2 ☐ No **P2ENRL**
- 1 ☐ Yes

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

Mark ☒ ONE only. **P2EMPL**

- 1 ☐ Employed for pay or income
- 2 ☐ Self-employed
- 3 ☐ Unemployed or out of work →
- 4 ☐ Full-time student
- 5 ☐ Stay at home parent
- 6 ☐ Retired
- 7 ☐ Disabled or unable to work

95. (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**

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

- 2 ☐ No **P2LKWRK**
- 1 ☐ Yes

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

months **P2MTHSWRK**

98. How old is this person?

age **P2AGE**

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

age **P2AGEPAR**

- 1 ☐ Don't know **P2AGEPARDK**

► Continue with section 8, question 100, on the next page.



## 8. Your Household

**100. Including yourself, how many total people live in this household?**

people

**HHTOTALX**

**101. Other than the parents or guardians already reported, how many of the following people live in the household with this child?**

Example: Brother(s)

Write '0' if none.

This child's...

Number

Brother(s) . . . . .

**HHBROS**

Sister(s) . **HHSISS** . . . . .

Aunt(s) . **HHAUNTS** . . . . .

Uncle(s) . **HHUNCLS** . . . . .

Grandmother(s) . . . . .

**HHGMAS**

Grandfather(s) . . . . .

**HHGPAS**

Cousin(s) . **HHCSNS** . . . . .

Parent's girlfriend/  
boyfriend/partner . . . . .

**HHPRTNRS**

Other relative(s) . . . . .

**HHORELS**

Other non-relative(s) . . . . .

**HHONRELS**

**102. How are you related to this child?**

Mark ☒ ONE only. **RELATION**

1 ☐ Mother (birth, adoptive, step, or foster)

2 ☐ Father (birth, adoptive, step, or foster)

3 ☐ Aunt

4 ☐ Uncle

5 ☐ Grandmother

6 ☐ Grandfather

7 ☐ Parent's girlfriend/boyfriend/partner

8 ☐ Other relationship – Specify: ↴

**RELATIONOS**

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

Mark ☒ all that apply.

1 ☐ English **HHENGLISH**

1 ☐ Spanish or Spanish Creole **HHSPANISH**

1 ☐ French (including Patois, Creole, Cajun) **HHFRENCH**

1 ☐ Chinese **HHCHINESE**

1 ☐ Other languages – Specify: ↴

**HHOTHLANG**

**HHOTHLANGOS**

► Continue with question 104 on the next page.



**104. 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<br>▼                    | Yes<br>▼                   |
|--|----------------------------|----------------------------|
| a. Temporary Assistance for Needy Families, or TANF. . . . . <b>HWELFTAN</b> | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. Your state welfare or family assistance program. . . . . <b>HWELFST</b>   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. Women, Infants, and Children, or WIC . . . <b>HWIC</b> . . . . .          | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| d. Food Stamps . . <b>HFOODST</b> . . . . .                                  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| e. Medicaid . <b>HMEDICAID</b> . . . . .                                     | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| f. Child Health Insurance Program (CHIP) . . <b>HCHIP</b> . . . . .          | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| g. Section 8 housing assistance. . . <b>HSECN8</b>                           | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

**105. Which category best fits the total income of all persons in your household over the past 12 months?**

Include your own income. **TTLHHINC**

Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.

- 1 ☐ \$0 to \$10,000
- 2 ☐ \$10,001 to \$20,000
- 3 ☐ \$20,001 to \$30,000
- 4 ☐ \$30,001 to \$40,000
- 5 ☐ \$40,001 to \$50,000
- 6 ☐ \$50,001 to \$60,000
- 7 ☐ \$60,001 to \$75,000
- 8 ☐ \$75,001 to \$100,000
- 9 ☐ \$100,001 to \$150,000
- 10 ☐ \$150,001 or more

**106. How many years have you lived at this address? **YRSADDR****

Write '0' if less than 1 year.

years at this address

**107. Is this house...**

Mark ☐ ONE only. **OWNRNTHB**

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

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

- 2 ☐ No **OTHMADDR\***
- 1 ☐ Yes

**109. Do you have access to the Internet at this address?**

- 2 ☐ No **HVINTRNT**
- 1 ☐ Yes

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

- 2 ☐ No **LANDLINE\***
- 1 ☐ Yes

**111. Do you have a working cell phone?**

- 2 ☐ No **HVCELLPH\***
- 1 ☐ Yes

► Continue with question 112 on the next page.

**\* An asterisk indicates that the variable does not appear on the data file**



112. We would like to identify this child’s school so we can include information about the school in our study. **SCHOOL\***

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 113.

	School Name ▼	Address ▼	City ▼
1 <input type="checkbox"/>			
2 <input type="checkbox"/>			
3 <input type="checkbox"/>			
4 <input type="checkbox"/>			
5 <input type="checkbox"/>			
6 <input type="checkbox"/>			
7 <input type="checkbox"/>			
8 <input type="checkbox"/>			
9 <input type="checkbox"/>			
10 <input type="checkbox"/>			
11 <input type="checkbox"/>			
12 <input type="checkbox"/>			
13 <input type="checkbox"/>			
14 <input type="checkbox"/>			
15 <input type="checkbox"/>			

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*\* An asterisk indicates that the variable does not appear on the data file*



If you found and marked this child's school in the list provided in question 112, then **SKIP** this question and return your survey in the postage-paid envelope. Otherwise, continue with question 113.

**113. 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 **SCHLNAME\***

SCHOOL NAME

b. School street address **SCHLADDR\***

NUMBER AND STREET ADDRESS

c. School city **SCHLCITY\***

CITY

d. School state **SCHLSTAT\***

STATE

e. School zip code **SCHLZIP\***

ZIP

\* An asterisk indicates that the variable does not appear on the data file

**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**

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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 (Section 9573, 20 U.S. Code).

**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](http://www.nces.ed.gov/nhes).

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

- A: The National Center for Education Statistics, within the Department of Education, is authorized to conduct this study (Section 9543, 20 U.S. Code). This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is 1850-0768. You may send any comments about this survey, including its length, to the Federal Government. Write to: Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send email to [NHES@census.gov](mailto:NHES@census.gov). If you have any questions about the study, contact us toll-free at 1-888-840-8353.

