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
Instructions

◆ In response to the survey you answered earlier, we recorded that the child/youth listed below is currently homeschooled for at least some classes. If this child attends public or private school instead of homeschooling, or is not homeschooled for kindergarten through 12th grade or equivalent, 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.

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 Zukerberg, 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 Homeschooling

Thank you for your help with the previous survey your household completed.

Answer all the survey questions thinking about the child listed below:

1. Who is the person that mainly provides this child’s home instruction?
   - [ ] Mother
   - [ ] Father
   - [ ] Grandparent
   - [ ] Brother/sister
   - [ ] Another person

Who is that?

2. Is any of this child’s home instruction provided by a private tutor or teacher?
   - [ ] No
   - [ ] Yes

3. Is any of this child’s instruction provided by a local homeschooling group or co-op?
   - [ ] No
   - [ ] Yes

4. Does this child attend a public or private school or a college or university for instruction?
   - [ ] No
   - [ ] Yes

GO TO question 7

5. What type of school(s) does this child attend?
   - [ ] Public school (K - 12)  **HSPUBLIC**
   - [ ] Private school (K - 12) **HSPRIVATE**
   - [ ] College, community college, or university **HSCOLLEGE**

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

   [ ] hours  **HSSCHR**
7. What grade or year would this child be in if he/she was attending school?  
Mark ONE only.

1 □ Kindergarten  GRADEEQA

☐ Grade (1 through 12)  GRADEEQB

8. These next questions ask you to estimate the amount of time you homeschool this child.

a. How many days each week is this child homeschooled?  HSDAYS

□ days each week

b. About how many total hours each week is he/she homeschooled?  HSHOURS

□ hours per week

9. Since September, has this child participated in activities with other children who are homeschooled?  HSKACTIV

2 □ No

1 □ Yes

10. Which of the following statements best describes the teaching style used to homeschool this child?  HSSTYL

Mark ONE only.

1 □ We strictly follow a formal curriculum.

2 □ We mostly follow a formal curriculum, but also use informal learning (i.e. child-led learning, “teaching moments”).

3 □ We mostly use informal learning, but sometimes use a formal curriculum.

4 □ We always use informal learning, and never follow a formal curriculum.

11. Thinking about sources of curriculum or books you use to homeschool this child, please tell us about all the sources that apply to you.

Since September, have you used materials from...

Mark ONE box for each item below.

a. A public library? HSLIBRX.  □ 2 □ 1

b. A homeschooling catalog, publisher, or individual who specializes in homeschooling materials? HSECSPUBX . .  □ 2 □ 1

c. Another educational publisher? HSCEDPUBX . .  □ 2 □ 1

d. A homeschooling organization? HSCORGX . .  □ 2 □ 1

e. A church, synagogue, or other religious organization? HSCCHURX Your local public school or school district? HSCPUBLX . .  □ 2 □ 1

g. A private school? HSCPRIVX  □ 2 □ 1

h. A bookstore or other store (including online)? HSCRELX  □ 2 □ 1

i. Websites, excluding retailers? HSCNETX  □ 2 □ 1

j. Other source — Specify:  . .  □ 2 □ 1

12. In the past year, have you or another family member taken any courses, either online or in-person, to help you prepare your child’s home instruction? HSCOURS

1 □ No

2 □ Yes, both online and in-person

3 □ Yes, online only

4 □ Yes, in-person only
13. Some homeschooled children take courses over the Internet taught by people outside the household. Is this child receiving any instruction this way?

2 □ No ➔ GO TO question 16
1 □ Yes HSINTNET

14. Is that instruction provided by any of the following places?
Mark □ all that apply.

1 □ Your local public school HSINTPUB
1 □ A charter school HSINTCH
1 □ Another public school HSINTAPB
1 □ A private school HSINTPRI
1 □ A college, community college, or university HSINTCOL
1 □ Offered by my state HSINTST
1 □ Someplace else — Specify: HSINTOTHOS

16. Thinking about typical grade levels, for which grades was this child schooled at home for at least some classes or subjects?
Mark □ all that apply.
Include the current year.

Elementary through Middle School

1 □ Kindergarten (including transitional K and Pre-first grade) HOMEKX
1 □ First grade HOME1
1 □ Second grade HOME2
1 □ Third grade HOME3
1 □ Fourth grade HOME4
1 □ Fifth grade HOME5
1 □ Sixth grade HOME6
1 □ Seventh grade HOME7
1 □ Eighth grade HOME8

High School

1 □ Ninth grade - freshman HOME9
1 □ Tenth grade - sophomore HOME10
1 □ Eleventh grade - junior HOME11
1 □ Twelfth grade - senior HOME12
17. 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.

a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure?  
   \[\square \quad \square \quad 1\]

b. You are dissatisfied with the academic instruction at other schools?  
   \[\square \quad \square \quad 1\]

c. You prefer to teach this child at home so that you can provide religious instruction?  
   \[\square \quad \square \quad 1\]

d. You prefer to teach this child at home so that you can provide moral instruction?  
   \[\square \quad \square \quad 1\]

e. This child has a physical or mental health problem that has lasted six months or more?  
   \[\square \quad \square \quad 1\]

f. This child has a temporary illness that prevents him/her from going to school?  
   \[\square \quad \square \quad 1\]

g. This child has other special needs that you feel the school can’t or won’t meet?  
   \[\square \quad \square \quad 1\]

h. You are interested in a nontraditional approach to children’s education?  
   \[\square \quad \square \quad 1\]

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

   \[\square \quad \square \quad 1\]

18. 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 17 for the most important reason you chose to homeschool your child.  

\[\square \quad \square \quad 1\]

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

Mark **ONE** only.

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
20. Thinking about all years this child has been homeschooled, which of the following subject areas has this child been taught during his or her home instruction?

Mark all that apply.

1 ☐ Art
1 ☐ Music
1 ☐ Basic algebra (Algebra I)
1 ☐ Advanced algebra (Algebra II)
1 ☐ Geometry
1 ☐ Calculus
1 ☐ Probability
1 ☐ Scientific inquiry or experiments
1 ☐ Earth sciences or geology
1 ☐ Biology
1 ☐ Chemistry or physics
1 ☐ Geography
1 ☐ English or literature
1 ☐ Computer science (e.g., computer programming)
1 ☐ Social science, history, social studies
1 ☐ Foreign language

▶ Continue with section 2, question 21 on the next page.
2. Family Activities

21. In the past week, has anyone in your family done the following things with this child?
Mark ONE box for each item below.

Mark [X] ONE box for each item below.

No □ Yes □

a. Told him/her a story (Do not include reading to this child.).
   [ ] 2 [ ] 1
   [FOSTORY2X]

b. Done activities like arts and crafts, coloring, painting, pasting, or using clay.
   [ ] 2 [ ] 1
   [FOCRAFTS]

c. Played board games or did puzzles with him/her.
   [ ] 2 [ ] 1
   [FOGAMES]

d. Worked on a project like building, making, or fixing something.
   [ ] 2 [ ] 1
   [FOBUILDX]

e. Played sports, active games, or exercised together.
   [ ] 2 [ ] 1
   [FOSPORT]

f. Discussed with him/her how to manage time.
   [ ] 2 [ ] 1
   [FORESPON]

g. Talked with him/her about the family’s history or ethnic heritage.
   [ ] 2 [ ] 1
   [FOHISTX]

22. In the past week, how many days has your family eaten the evening meal together?
Write ‘0’ if none.

FODINNERX

[ ] days

23. In the past month, has anyone in your family done the following things with this child?
Mark [X] ONE box for each item below.

Mark [X] ONE box for each item below.

No □ Yes □

a. Visited a library.
   [ ] 2 [ ] 1
   [FOLIBRAYX]

b. Visited a bookstore.
   [ ] 2 [ ] 1
   [FOBOOKSTX]

c. Gone to a play, concert, or other live show.
   [ ] 2 [ ] 1
   [FOCONCRTX]

d. Visited an art gallery, museum, or historical site.
   [ ] 2 [ ] 1
   [FOMUSEUMX]

e. Visited a zoo or aquarium.
   [ ] 2 [ ] 1
   [FOZOOX]

f. Attended an event sponsored by a community, religious, or ethnic group.
   [ ] 2 [ ] 1
   [FOGROUPX]

g. Attended an athletic or sporting event outside of school in which this child was not a player.
   [ ] 2 [ ] 1
   [FOSPRTEVX]

24. Does your family participate in the activities or meetings of a local homeschooling association, co-op, or other local homeschool group?

HSASSNX

[ ] No   [ ] Yes

25. Since September, how many times has your family gone to meetings or participated in the activities of a local homeschooling association, co-op, or other local homeschool group?

HSFREQX

[ ] number of times

26. Is your family or someone in your household a member of a national homeschooling organization?

HSNATL

[ ] No   [ ] Yes
3. Child’s Health

27. In general, how would you describe this child’s health?
   - [ ] Excellent
   - [ ] Very good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

28. Has a health or education professional told you that this child has any of the following conditions?
   Mark [X] ONE box for each item below.
   - [ ] A specific learning disability.
   - [ ] An intellectual disability (mental retardation).
   - [ ] A speech or language impairment.
   - [ ] A serious emotional disturbance.
   - [ ] Deafness or another hearing impairment.
   - [ ] Blindness or another visual impairment not corrected with glasses.
   - [ ] An orthopedic impairment.
   - [ ] Autism.
   - [ ] Pervasive Developmental Disorder (PDD).
   - [ ] Attention Deficit Disorder, ADD or ADHD.
   - [ ] A developmental delay.
   - [ ] Traumatic brain injury.
   - [ ] Another health impairment lasting 6 months or more.

29. Did you mark yes to any condition in question 28?
   - [ ] No
   - [ ] Yes

30. Is this child receiving services for his/her condition?
   - [ ] No
   - [ ] Yes

31. Are these services provided by any of the following sources?
   Mark [X] ONE box for each item below.
   - [ ] Your local school district.
   - [ ] A state or local health or social service agency.
   - [ ] A doctor, clinic, or other health care provider.

32. Are any of these services provided through an Individualized Education Program (IEP)?
   - [ ] No
   - [ ] Yes

33. Did any adult in your household work with the service provider or school to develop or change this child’s IEP?
   - [ ] No
   - [ ] Yes

* An asterisk indicates that the variable does not appear on the data file.
### 34. During this school year, how satisfied or dissatisfied have you been with the following aspects of this child’s IEP?

<table>
<thead>
<tr>
<th></th>
<th>a. The service provider’s or school’s communication with your family?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat satisfied</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat dissatisfied</td>
</tr>
<tr>
<td>4</td>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>5</td>
<td>Does not apply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>b. The child’s special needs teacher or therapist?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat satisfied</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat dissatisfied</td>
</tr>
<tr>
<td>4</td>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>5</td>
<td>Does not apply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>c. The service provider’s or school’s ability to accommodate this child’s special needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat satisfied</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat dissatisfied</td>
</tr>
<tr>
<td>4</td>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>5</td>
<td>Does not apply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>d. The service provider’s or school’s commitment to help this child learn?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat satisfied</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat dissatisfied</td>
</tr>
<tr>
<td>4</td>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>5</td>
<td>Does not apply</td>
</tr>
</tbody>
</table>

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

- [ ] No HDSPCLED
- [x] Yes

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

Mark X ONE box for each item below.

<table>
<thead>
<tr>
<th></th>
<th>a. Learn</th>
<th>HDLEARN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Very dissatisfied</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does not apply</td>
<td></td>
</tr>
</tbody>
</table>

|   | b. Participate in sports, clubs, or other organized activities | HDPLAY |
|---|---------------------------------------------------------------|
| 1 | Very satisfied |
| 2 | Somewhat satisfied |
| 3 | Somewhat dissatisfied |
| 4 | Very dissatisfied |
| 5 | Does not apply |

|   | c. Attend school on a regular basis | HDOUT |
|---|-----------------------------------|
| 1 | Very satisfied |
| 2 | Somewhat satisfied |
| 3 | Somewhat dissatisfied |
| 4 | Very dissatisfied |
| 5 | Does not apply |

|   | d. Make friends | HDFRNDX |
|---|-----------------|
| 1 | Very satisfied |
| 2 | Somewhat satisfied |
| 3 | Somewhat dissatisfied |
| 4 | Very dissatisfied |
| 5 | Does not apply |

Continue with section 4, question 37 on the next page.
4. Child’s Background

37. In what month and year was this child born?
   
   month / year

   CDOBMM CDOBYY

38. Where was this child born?
   
   1 □ One of the 50 United States or the District of Columbia
   
   ▶ GO TO question 40

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

   3 □ Another country CPLCBRTH

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

40. Is this child of Spanish, Hispanic, or Latino origin?
   
   1 □ No CHISPAN
   
   ▶ GO TO question 41

   2 □ Yes

41. 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

41b. What is this child’s sex? CSEX
   
   1 □ Male
   
   2 □ Female

42. 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

43. What language does this child speak most at home? CSPEAKX
   Mark X ONE only.
   
   1 □ Child is not able to speak
   
   ▶ GO TO section 5

   2 □ English
   
   3 □ Spanish
   
   4 □ A language other than English or Spanish
   
   5 □ English and Spanish equally
   
   6 □ English and another language equally

44. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?
   
   1 □ No CENGLPRG
   
   2 □ Yes

▶ Continue with section 5, on the next page.
5. Child’s Family

PARENT 1 LIVING IN HOUSEHOLD

Answer questions 45 to 61 about yourself if you are the child’s parent or guardian.

If you are not the child’s parent or guardian, answer questions 45 to 61 about one of this child’s parents or guardians living in the household.

45. Is this parent or guardian the child’s...

1  □ Biological parent  
2  □ Adoptive parent  
3  □ Stepparent  
4  □ Foster parent  
5  □ Grandparent  
6  □ Other guardian

46. Is this person male or female?

1  □ Male  
2  □ Female

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

Mark □ ONE only.  

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

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

Mark □ ONE only.  

1  □ English  
2  □ Spanish  
3  □ A language other than English or Spanish  
4  □ English and Spanish equally  
5  □ English and another language equally

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

Mark □ ONE only.  

1  □ English  
2  □ Spanish  
3  □ A language other than English or Spanish  
4  □ English and Spanish equally  
5  □ English and another language equally

50. Where was this parent or guardian born?

Mark □ ONE only.  

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

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

□  

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

1  □ Yes  
2  □ No
53. 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

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

- 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)

55. 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

56. Which of the following best describes this person’s employment status?

- 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

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

- P1HRSWK

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

- No
- Yes

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

- P1MTHSWRK
60. How old is this person?

- [ ] Don’t know

age **P1AGE**

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

- [ ] Don’t know

age **P1AGEPAR**

1  [ ] Don’t know **P1AGEPARDK**

---

**PARENT 2 LIVING IN HOUSEHOLD**

Answer questions 62 to 79 about a second parent or guardian living in the household.

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

1  [ ] Yes **P2GUARD**

2  [ ] No  **GO TO question 80**

63. Is this person the child’s...

1  [ ] Biological parent **P2REL**

2  [ ] Adoptive parent

3  [ ] Stepparent

4  [ ] Foster parent

5  [ ] Grandparent

6  [ ] Other guardian

64. Is this person male or female?

1  [ ] Male **P2SEX**

2  [ ] Female

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

Mark [X] 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
66. What was the first language this parent or guardian learned to speak?

   Mark [X] ONE only. \textit{P2FRLNG}

   1 [ ] English \quad \textit{GO TO question 68}
   2 [ ] Spanish
   3 [ ] A language other than English or Spanish
   4 [ ] English and Spanish equally
   5 [ ] English and another language equally

67. What language does this person speak most at home now? \textit{P2SPEAK}

   Mark [X] ONE only.

   1 [ ] English
   2 [ ] Spanish
   3 [ ] A language other than English or Spanish
   4 [ ] English and Spanish equally
   5 [ ] English and another language equally

68. Where was this parent or guardian born?

   1 [ ] One of the 50 United States or the District of Columbia \quad \textit{GO TO question 70}
   2 [ ] One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
   3 [ ] Another country \textit{P2PLCBRTH}

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

   age \textit{P2AGEMV}

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

   2 [ ] No \textit{P2HISPAN}
   1 [ ] Yes

71. What is this person’s race? You may mark one or more races.

   1 [ ] American Indian or Alaska Native \textit{P2AMIND}
   1 [ ] Asian \textit{P2ASIAN}
   1 [ ] Black or African American \textit{P2BLACK}
   1 [ ] Native Hawaiian or other Pacific Islander \textit{P2PACI}
   1 [ ] White \textit{P2WHITE}

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

   Mark [X] ONE only. \textit{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)
73. 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 [x] Yes

74. 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 [ ]

75. (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

76. (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 [x] Yes

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

[ ] months P2MTHSWRK

78. How old is this person?

[ ] age P2AGE

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

1 [ ] Don’t know P2AGEPARDK

Continue with section 6, question 80 on the next page.
6. Your Household

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

[ ] people HHTOTALX

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

Example: Brother(s) 2

This child’s... Write ‘0’ if none.

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

82. How are you related to this child?

Mark [X] 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: HHORELS

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

Mark [X] all that apply.

1 [ ] English HHENGLISH
2 [ ] Spanish or Spanish Creole HHSPANISH
3 [ ] French (including Patois, Creole, Cajun) HHFRENCH
4 [ ] Chinese HHCHINESE
5 [ ] Other languages – Specify: HHOTHLANG

Continue with question 84 on the next page.
84. In the past 12 months, did your family ever receive benefits from any of the following programs? Mark **ONE box for each item below.**

<table>
<thead>
<tr>
<th>Program</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Temporary Assistance for Needy Families, or TANF.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Your state welfare or family assistance program</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Women, Infants, and Children, or WIC.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Food Stamps.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. Medicaid.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. Child Health Insurance Program (CHIP).</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. Section 8 housing assistance.</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

85. 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.

<table>
<thead>
<tr>
<th>Income Category</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 to $10,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$10,001 to $20,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$20,001 to $30,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$30,001 to $40,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$40,001 to $50,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$50,001 to $60,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$60,001 to $75,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$75,001 to $100,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$100,001 to $150,000</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>$150,001 or more</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

Write '0' if less than 1 year.

87. Is this house... Mark **ONE only. OWNRTNB**

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

88. Other than this address, does anyone in this household currently receive mail at another address including P.O. Boxes? □ No **OTHMADDR**

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

1. □ Yes

90. Is there at least one telephone inside this home that is currently working and not a cell phone? □ No **LANDLINE**

91. Do you have a working cell phone? □ No

* 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
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 age?

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 homeschooling.

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 homeschooling from your perspective. It is the Department of Education’s primary source of information on homeschooling in America. 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? 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. If you have any questions about the study, contact us toll-free at 1-888-840-8353.