USES OF THE DATA

The data from this survey will be used by educators and by federal and state policy makers to address important issues facing the nation's schools: educational standards, high school course-taking patterns, dropping out of school, the education of the disadvantaged, the needs of language minority students, and the features of effective schools.

ASSURANCE OF CONFIDENTIALITY

The collection of information in this survey is authorized by Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382 and continued under the auspices of the Education Sciences Reform Act of 2002, Public Law 107-279. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Information will be protected from disclosure by federal statute (20 USC 9003a-9007, as amended). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.
Educational Organizations That Have Endorsed ELS:2002

American Association of School Administrators
American Association of School Librarians
   American Federation of Teachers
Council of Chief State School Officers
   Council of the Great City Schools
National Association of Independent Schools
   National Association of Secondary School Principals
National Catholic Educational Association Department of Secondary Schools
   National Education Association
   National Parent Teacher Association
National Resource Center for Safe Schools
   National School Boards Association
   National School Safety Center

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

FILLING IN CIRCLES:

It is important that you completely fill in the circles next to your answers and print clearly.

Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:
   Dark and thick, circle completely filled

Incorrect Marks:
   Light and thin

   ☐ ☒ ☐ ☑
PLEASE READ EACH QUESTION CAREFULLY. It is important that you follow the directions for responding to each kind of question. Here are examples of five types of items:

I. MARK ONE RESPONSE

1. What is the color of your eyes?

   (MARK ONE RESPONSE)

   Brown................. ○
   Blue.................. ○
   Green............... ●
   Another color.... ○

   If the color of your eyes is green, you would mark the circle beside green.

II. MARK ALL THAT APPLY

2. Last week, did you do any of the following?

   (MARK ALL THAT APPLY)

   Saw a play.......................... ○
   Went to a movie.................... ●
   Attended a sporting event....... ●
   None of the above............... ○

   If you went to a movie and attended a sporting event last week, but did not see a play, you would mark the two circles as shown.

III. MARK ONE RESPONSE ON EACH LINE

3. Do you plan to do any of the following next week?

   (MARK ONE RESPONSE ON EACH LINE)

   Yes   No   Don't know

   a. Study at a friend's house........●.................................○..............○
   b. Go to a museum........................○.................................●...............○
   c. Visit a relative........................○.................................●...............○

   If you plan to study at a friend's house, do not plan to go to a museum, and do not plan to visit a relative, you would mark one circle on each line as shown.
IV. MARK ONE RESPONSE IN EACH COLUMN

4. What is your favorite color and your best friend's favorite color?  
BE SURE TO ANSWER BOTH A AND B BELOW.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your favorite color</td>
<td>Your best friend's favorite color</td>
</tr>
<tr>
<td>Blue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you like blue best and your best friend likes yellow best, you would mark one circle in each column as shown.

V. QUESTION WITH A SKIP

5. Do you eat sweet foods?

Yes.... ○ → GO TO QUESTION 6
No..... ● → SKIP TO QUESTION 7

6. Do you brush your teeth after eating sweet foods?  

Yes.... ○  
No..... ○

7. Last week, did you do any of the following?  

(MARK ALL THAT APPLY)

Attended a sporting event........ ○
Went to a movie...................... ○
None of the above................... ●

If you did not attend a sporting event or go to a movie last week, you would mark none of the above.

THIS IS THE END OF THE EXAMPLES.

THIS QUESTIONNAIRE IS NOT A TEST.

WE HOPE YOU WILL ANSWER EVERY QUESTION (OTHER THAN THE ONES YOU ARE DIRECTED TO SKIP OVER), BUT YOU MAY SKIP ANY QUESTION YOU DO NOT WISH TO ANSWER.

PLEASE GO TO THE NEXT PAGE TO BEGIN THE QUESTIONNAIRE.
1. When were you born?

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>January.........</td>
<td>1</td>
<td>1982 or before</td>
</tr>
<tr>
<td>February.......</td>
<td>2</td>
<td>1983............</td>
</tr>
<tr>
<td>March..........</td>
<td>3</td>
<td>1984............</td>
</tr>
<tr>
<td>April..........</td>
<td>4</td>
<td>1985............</td>
</tr>
<tr>
<td>May............</td>
<td>5</td>
<td>1986............</td>
</tr>
<tr>
<td>June...........</td>
<td>6</td>
<td>1987 or later...</td>
</tr>
<tr>
<td>July...........</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>August.........</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>September....</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>October.......</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>November.....</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December.....</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What is your sex?

Male............ ○
Female........... ○

3. Are you Hispanic or Latino/Latina?

Yes............ ○ → GO TO QUESTION 4
No............. ○ → SKIP TO QUESTION 5 ON PAGE 2

4. If you are Hispanic or Latino/Latina, which one of the following are you?

(MARK ONE RESPONSE)

Mexican, Mexican-American, Chicano......... ○
Cuban..................................................○.
Dominican...............................................○
PuertoRican...........................................○
Central American (Guatemalan, Salvadoran,
   Nicaraguan, Costa Rican, Panamanian,
   Honduran)............................................○
South American (such as Colombian,
   Argentinean, Peruvian)..............................○
5. Please select one or more of the following choices to best describe your race.

(MARK ALL THAT APPLY)

- White..........................................................................
- Black/African American..........................................  ○
- Asian...........................................................................  ○
- Native Hawaiian or Other Pacific Islander............  ○
- American Indian or Alaska Native.........................  ○

IF YOU MARKED ASIAN, GO TO QUESTION 6.
IF YOU DID NOT MARK ASIAN, SKIP TO QUESTION 7.

6. If you marked Asian in question 5, which one of the following are you?

(MARK ONE RESPONSE)

- Chinese..........................................................................
- Filipino........................................................................
- Japanese.....................................................................  ○
- Korean........................................................................  ○
- Southeast Asian (Vietnamese, Laotian,
  Cambodian/Kampuchean, Thai, Burmese)..............  ○
- South Asian (Asian Indian, Bangladeshi, Sri Lankan)..  ○

7. Is English your native language (the first language you learned to speak when you were a child)?

Yes....  ○  →  SKIP TO QUESTION 10 ON PAGE 4
No......  ○  →  GO TO QUESTION 8 ON PAGE 3
8. What is your native language (the first language you learned to speak when you were a child)?

(MARK ONE RESPONSE)

Spanish................................................... o
A Chinese language.............................. o
Japanese.............................................. o
Korean................................................ o
A Filipino language.............................. o
Italian................................................ o
French............................................... o
German............................................. o
Greek............................................... o
Polish.............................................. o
Arabic............................................... o
Farsi............................................... o
Urdu............................................... o
Hindi, Tamil, or other
   Indian subcontinent language........ o
Portuguese....................................... o
Vietnamese....................................... o
Cambodian...................................... o
Other Southeast Asian language........ o
American Indian language............... o
Other.............................................. o

9. How well do you do the following?

(MARK ONE RESPONSE ON EACH LINE)

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Well</th>
<th>Not well</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Understand spoken English</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>b. Speak English</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>c. Read English</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>d. Write English</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
10. Were you enrolled in the 10th grade at any school in the United States in the spring term of 2002?

Yes..... O
No...... O

11. Were you ever held back (made to repeat) a grade in school?

Yes..... O → GO TO QUESTION 12
No...... O → SKIP TO QUESTION 13

12. What grade(s) did you repeat?

(MARK ALL THAT APPLY)

Kindergarten................................. O
1st grade........................................ O
2nd grade................................. O
3rd grade........................................ O
4th grade........................................ O
5th grade........................................ O
6th grade........................................ O
7th grade........................................ O
8th grade........................................ O
9th grade........................................ O
10th grade.................................... O
11th grade.................................... O
12th grade.................................... O

13. Which of the following people live in the same household with you at least half of the time?

(MARK ONE RESPONSE ON EACH LINE)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
a.   Mother (biological or adoptive)... O ................ O
b.   Father (biological or adoptive).... O ................ O
c.   Other female guardian (such as step-mother, foster mother, grandmother, or other female adult).............................. O ................. O
d.   Other male guardian (such as step-father, foster father, grandfather, or other male adult)........................................ O ................. O
14. What kind of work does your mother normally do? That is, what is the job called?
(If she is unemployed, retired, or disabled, answer for her most recent job. If she works more than one job, answer for the job you consider to be her major activity.)

Your mother/female guardian is a full-time homemaker. → ☐
Does not apply........................................................................... → ☐ } GO TO QUESTION 15

OCCUPATION: __________________________________________________________

What does she actually do in that job? That is, what are her main duties?
.............................................................................................................
...............................................................................................................

15. What kind of work does your father normally do? That is, what is the job called?
(If he is unemployed, retired, or disabled, answer for his most recent job. If he works more than one job, answer for the job you consider to be his major activity.)

Your father/male guardian is a full-time homemaker. → ☐
Does not apply...................................................................................... → ☐ } GO TO QUESTION 16 ON PAGE 6

OCCUPATION: __________________________________________________________

What does he actually do in that job? That is, what are his main duties?
.............................................................................................................
.............................................................................................................
16. How far in school did your parents go? Indicate your mother's and father's highest level of education. BE SURE TO ANSWER BOTH A AND B BELOW.

<table>
<thead>
<tr>
<th>(MARK ONE)</th>
<th>(MARK ONE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Father (or male guardian)</td>
<td>Mother (or female guardian)</td>
</tr>
</tbody>
</table>

Did not finish high school.................................................................................... ○ ........................ ○
Graduated from high school or equivalent (GED)................................................ ○ ........................ ○
Graduated from high school and attended a two-year school (such as a vocational or technical school, a junior college, or a community college), but did not complete a degree........................................................................................................... ○ ........................ ○
Graduated from a two-year school (such as a vocational or technical school, junior college, or a community college).......................................................................................... ○ ........................ ○
Graduated from high school and went to college, but did not complete a four-year degree................................................................................................................................................ ○ ........................ ○
Graduated from college................................................................................................ ○ ........................ ○
Completed a Master's degree or equivalent.................................................................. ○ ........................ ○
Completed a Ph.D., M.D., or other advanced professional degree............................... ○ ........................ ○
Don't know................................................................................................................... ○ ........................ ○
Does not apply............................................................................................................... ○ ........................ ○

17. Does your family have the following in your home?

(MARK ONE RESPONSE ON EACH LINE)

<table>
<thead>
<tr>
<th>Has</th>
<th>Does not have</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>○</td>
</tr>
<tr>
<td>b.</td>
<td>○</td>
</tr>
<tr>
<td>c.</td>
<td>○</td>
</tr>
<tr>
<td>d.</td>
<td>○</td>
</tr>
<tr>
<td>e.</td>
<td>○</td>
</tr>
<tr>
<td>f.</td>
<td>○</td>
</tr>
<tr>
<td>g.</td>
<td>○</td>
</tr>
<tr>
<td>h.</td>
<td>○</td>
</tr>
<tr>
<td>i.</td>
<td>○</td>
</tr>
<tr>
<td>j.</td>
<td>○</td>
</tr>
</tbody>
</table>