

# EDUCATION LONGITUDINAL STUDY OF 2002



## NEW PARTICIPANT SUPPLEMENT

### First Follow-up

Sponsored by:

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

Conducted by:  
RTI



### 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.



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0652. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** National Center for Education Statistics, ESLSD, 1990 K Street, N.W., Washington, D.C., 20006.

### **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



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GENERAL INSTRUCTIONS

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.**

	(MARK ONE) A	(MARK ONE) B
	Your favorite color	Your best friend's favorite color
Blue.....	<input checked="" type="radio"/>	<input type="radio"/>
Green.....	<input type="radio"/>	<input type="radio"/>
Yellow.....	<input type="radio"/>	<input checked="" type="radio"/>
Purple.....	<input type="radio"/>	<input type="radio"/>
None of the above.....	<input type="radio"/>	<input type="radio"/>

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**

If you do not eat sweet foods, you would mark the circle as shown. You would not answer Question 6. Instead you would skip over Question 6 and go directly to Question 7. Sometimes you will be asked to skip more than one question.

**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.....

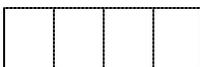
If you did not attend a sporting event or go to a movie last week, you would mark none of the above.

**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.**





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**

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8. What is your native language (the first language you learned to speak when you were a child)?

(MARK ONE RESPONSE)

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

9. How well do you do the following?

(MARK ONE RESPONSE ON EACH LINE)

- |                                   | Very well             | Well                  | Not well              | Not at all            |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Understand spoken English..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Speak English.....             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Read English.....              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Write English.....             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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10. Were you enrolled in the 10th grade at any school in the United States in the spring term of 2002?

Yes.....

No.....

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

Yes.....   GO TO QUESTION 12

No.....   SKIP TO QUESTION 13

12. What grade(s) did you repeat?

(MARK ALL THAT APPLY)

Kindergarten.....

1st grade.....

2nd grade.....

3rd grade.....

4th grade.....

5th grade.....

6th grade.....

7th grade.....

8th grade.....

9th grade.....

10th grade.....

11th grade.....

12th grade.....

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)

Yes No

a. Mother (biological or adoptive)...  .....

b. Father (biological or adoptive)...  .....

c. Other female guardian (such as step-mother, foster mother, grandmother, or other female adult).....  .....

d. Other male guardian (such as step-father, foster father, grandfather, or other male adult).....  .....

Four empty boxes for data entry.



**WHEN WE SAY PARENT(S), MOTHER, OR FATHER, ANSWER FOR THE PARENT, GUARDIAN, OR STEPPARENT WITH WHOM YOU LIVE MOST OF THE TIME.**

**IN THE FOLLOWING QUESTIONS, "GUARDIAN(S)" MAY INCLUDE FOSTER PARENTS, LEGAL GUARDIANS, OR OTHER OLDER ADULTS LIVING IN YOUR HOUSEHOLD, SUCH AS GRANDPARENTS, WHO ARE RESPONSIBLE FOR YOU.**

**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..   } **GO TO QUESTION 15**  
Does not apply.....   }

**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.....   } **GO TO QUESTION 16 ON PAGE 6**  
Does not apply.....   }

**OCCUPATION:** \_\_\_\_\_

**What does he actually do in that job? That is, what are his main duties?**  
\_\_\_\_\_  
\_\_\_\_\_

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**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.**

	(MARK ONE)	(MARK ONE)
	<b>A</b>	<b>B</b>
	<b>Mother</b>	<b>Father</b>
	<b>(or female guardian)</b>	<b>(or male guardian)</b>
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)

	Has	Does not have
a. A daily newspaper.....	○	○
b. Regularly received magazine.....	○	○
c. A computer .....	○	○
d. Access to the Internet.....	○	○
e. DVD player.....	○	○
f. Electric dishwasher.....	○	○
g. Clothes dryer.....	○	○
h. More than 50 books.....	○	○
i. A room of your own.....	○	○
j. A fax machine.....	○	○

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