

# EDUCATION LONGITUDINAL STUDY OF 2002



## STUDENT QUESTIONNAIRE (SHORT VERSION)

**Base Year**  
**10th Grade**

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.

### CONFIDENTIALITY

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of 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. 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. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 U.S. Code 242m, Section 308d). 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.

Draft

For Office Use Only ○

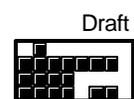
--	--	--	--	--	--

--	--





--	--	--	--	--

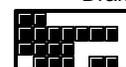


According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0652. The time required to complete this information collection is estimated to average 25 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

Draft





--	--	--	--	--



**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



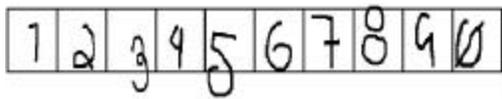
**PRINTING NUMBERS IN BOXES:**

Print one number per box. The numbers should be printed with solid connected lines and should not touch or cross any of the box lines. Do not cross zeroes or sevens.

Write digits like this:



Do not write digits like this:



**KEY FOR MONTHS:**

01 = January  
02 = February  
03 = March  
04 = April

05 = May  
06 = June  
07 = July  
08 = August

09 = September  
10 = October  
11 = November  
12 = December



**GENERAL INSTRUCTIONS**

**IMPORTANT NOTE: MANY QUESTIONS WERE DROPPED FROM THE FULL-LENGTH STUDENT QUESTIONNAIRE TO CREATE THIS SHORTENED VERSION. THEREFORE, SOME QUESTION NUMBERS ARE SKIPPED OVER.**

**PLEASE READ EACH QUESTION CAREFULLY.** It is important that you follow the directions for responding to each kind of question. Here are examples of the 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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Go to a museum	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Visit a relative	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**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?**

**(MARK ONE RESPONSE IN EACH COLUMN)**

	<b>Your favorite color</b>	<b>Your best friend's favorite color</b>
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?**

**(MARK ONE RESPONSE)**

- Yes <sup>®</sup> **(GO TO QUESTION 6)**
- No <sup>®</sup> **(SKIP TO QUESTION 7)**

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

**(MARK ONE RESPONSE)**

- Yes
- No

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

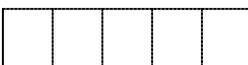
**(MARK ALL THAT APPLY)**

- Attend a sporting event
- Go to a movie
- None of the above

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.

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.**



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



**PART I: INFORMATION FOR FUTURE FOLLOW-UP**

— 1. Please print your name, address, home telephone number, and e-mail address.

**Name:**

\_\_\_\_\_  
Last Name                      First Name                      MI

**Address (include number, street, apartment number, P.O. Box, etc):**

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City                                      State                                      Zip code

**Telephone:**

(        )                      \_\_\_\_\_                       I do not have a telephone  
Area code                      Telephone number

**E-mail address:**

\_\_\_\_\_                       I do not have an e-mail address

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

— 2. Please fill in your mother's name in the space below. If you have both a mother and a female guardian, write in the name of the one you live with most of the time.

**Name:**

\_\_\_\_\_  
Last Name                      First Name                      MI

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



— 3. Is her address and telephone number the same as yours?

(MARK ONE RESPONSE)

- No <sup>®</sup> (GO TO QUESTION 4)
- Yes <sup>®</sup> (SKIP TO QUESTION 5)
- She is no longer living <sup>®</sup> (SKIP TO QUESTION 6 ON PAGE 3)

— 4. Please fill in her address and telephone number in the space below. If you don't know the complete address, fill in as much as you know.

Address (include number, street, apartment number, P.O. Box, etc):

\_\_\_\_\_

Address Line 1

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

City State Zip code

I don't know any of her address

**Home Telephone:**

( ) \_\_\_\_\_  
 Area code Telephone number

She does not have a telephone  
 I don't know her phone number

— 5. What is her work phone number?

**Work Telephone:**

( ) \_\_\_\_\_  
 Area code Telephone number Extension

She does not work  
 I don't know the number



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



- 6. Please fill in your father's name in the space below. If you have both a father and a male guardian, write in the name of the one you live with most of the time.

Name:

\_\_\_\_\_

Last Name                                      First Name                                      MI

- 7. Is his address and telephone number the same as yours?

(MARK ONE RESPONSE)

- No ® (GO TO QUESTION 8)
- Yes ® (SKIP TO QUESTION 9)
- He is no longer living ® (SKIP TO QUESTION 10 ON PAGE 4)

- 8. Please fill in his address and telephone number in the space below. If you don't know the complete address, fill in as much as you know.

Address (include number, street, apartment number, P.O. Box, etc):

\_\_\_\_\_

Address Line 1

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

City                                      State                                      Zip code

- I don't know any of his address

Home Telephone:

(                      ) \_\_\_\_\_

Area code                      Telephone number

- He does not have a telephone
- I don't know his phone number

- 9. What is his work phone number?

Work Telephone:

(                      ) \_\_\_\_\_

Area code                      Telephone number                      Extension

- He does not work
- I don't know the number

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

— 10. Please write in the name, address, and telephone number of a relative or close friend who does not live with you and who will always know how to contact you.

Name:

\_\_\_\_\_

Last Name

First Name

MI

Address (include number, street, apartment number, P.O. Box, etc). If you don't know the complete address, fill in as much as you know.

\_\_\_\_\_

Address Line 1

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

City

State

Zip code

I don't know any of his/her address

Telephone:

This person does not have a telephone

I don't know his/her phone number

( \_\_\_\_\_ )

Area code

Telephone number

11. What is this person's relationship to you?

(MARK ONE RESPONSE)

A parent

A grandparent

An aunt or uncle

A brother or sister

A friend

Other

12. Do you have a nickname?

Yes <sup>®</sup> (WRITE IN NICKNAME) \_\_\_\_\_

No

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

— 13. When were you born?

Month		Day		Year			
				1	9		

— 14. What is your sex?

- Male
- Female

— 15. Are you Hispanic or Latino/Latina?

- Yes <sup>®</sup> (GO TO QUESTION 16)
- No <sup>®</sup> (SKIP TO QUESTION 17)

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

(MARK ONE RESPONSE)

- Mexican, Mexican-American, Chicano
- Cuban
- Dominican
- Puerto Rican
- Central American (Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, Honduran)
- South American (Colombian, Argentinian, Peruvian, etc.)

— 17. 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

<sup>®</sup> IF YOU DID NOT MARK ASIAN, SKIP TO THE INSTRUCTION BOX BEFORE QUESTION 19 ON PAGE 6.

<sup>®</sup> IF YOU MARKED ASIAN, GO TO QUESTION 18 ON PAGE 6.

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



– 18. If you marked Asian in question 17, 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)

**QUESTION 19, LIKE ALL ITEMS IN THIS QUESTIONNAIRE, IS VOLUNTARY. WE HOPE YOU WILL ANSWER EVERY QUESTION, BUT YOU MAY SKIP ANY QUESTION YOU DO NOT WISH TO ANSWER.**

– 19. What is your social security number?

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

- I don't know my social security number



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



**PART II: SCHOOL EXPERIENCES AND ACTIVITIES**

**28. How much do you like school?**

**(MARK ONE RESPONSE)**

- Not at all
- Somewhat
- A great deal

**34. Overall, about how much time do you spend on homework each week, both in and out of school?**

Total time spent on homework: All subjects	
In school <input type="text"/> <input type="text"/> hours	Out of school <input type="text"/> <input type="text"/> hours

**35. In your current math course, about how much time do you spend on homework each week, both in and out of school?**

Math	
In school <input type="text"/> <input type="text"/> hours	Out of school <input type="text"/> <input type="text"/> hours
<input type="radio"/> I am not taking a math class	

**36. In your current English course, about how much time do you spend on homework each week, both in and out of school?**

English	
In school <input type="text"/> <input type="text"/> hours	Out of school <input type="text"/> <input type="text"/> hours
<input type="radio"/> I am not taking an English class	

**37. How important are good grades to you?**

**(MARK ONE RESPONSE)**

- Not important
- Somewhat important
- Important
- Very important

**41. Have you participated in the following school-sponsored activities this school year?**

**(MARK ONE RESPONSE ON EACH LINE)**

	<b>Yes</b>	<b>No</b>
a. Band, orchestra, chorus, choir	<input type="radio"/>	<input type="radio"/>
b. School play or musical	<input type="radio"/>	<input type="radio"/>
c. Student government	<input type="radio"/>	<input type="radio"/>
d. National Honor Society (NHS) or other academic honor society	<input type="radio"/>	<input type="radio"/>
e. School yearbook, newspaper, literary magazine	<input type="radio"/>	<input type="radio"/>
f. Service club	<input type="radio"/>	<input type="radio"/>
g. Academic club	<input type="radio"/>	<input type="radio"/>
h. Hobby club	<input type="radio"/>	<input type="radio"/>
i. Vocational education club, vocational student organization (e.g., DECA, VICA, FFA, FHA)	<input type="radio"/>	<input type="radio"/>

**42. In a typical week, how much time do you spend on school-sponsored extracurricular activities (for example, sports, school clubs)?**

--	--

 hours

**43. How much additional reading do you do each week on your own outside of school - not in connection with schoolwork? (Do not count any school-assigned reading.)**

--	--

 hours

--	--	--	--	--

**PART III: PLANS FOR THE FUTURE**

**54. How important is each of the following to you in your life?**

**(MARK ONE RESPONSE ON EACH LINE)**

	<b>Not important</b>	<b>Somewhat important</b>	<b>Very important</b>
a. Being successful in my line of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Finding the right person to marry and having a happy family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Having lots of money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Having strong friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being able to find steady work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Helping other people in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Being able to give my children better opportunities than I've had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Living close to parents and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Getting away from this area of the country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Working to correct social and economic inequalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Having children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Having leisure time to enjoy my own interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Getting away from my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Becoming an expert in my field of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Getting a good education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**— 56. As things stand now, how far in school do you think you will get?**

**(MARK ONE RESPONSE)**

Less than high school graduation	<input type="radio"/>	} ® (SKIP TO QUESTION 67 ON PAGE 10)
High school graduation or GED only	<input type="radio"/>	
Attend or complete a 2-year school course in a community or vocational school	<input type="radio"/>	} ® (GO TO QUESTION 57 ON PAGE 10)
Attend college, but not complete a 4-year degree	<input type="radio"/>	
Graduate from college	<input type="radio"/>	
Obtain a Master's degree or equivalent	<input type="radio"/>	
Obtain a Ph.D., M.D., or other advanced degree	<input type="radio"/>	
Don't know	<input type="radio"/>	

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



— 57. Do you plan to continue your education right after high school or at some time in the future?

(MARK ONE RESPONSE)

- Yes, right after high school
- Yes, after staying out of school for one year
- Yes, after staying out of school for over a year
- Yes, but I don't know when
- No, I don't plan to continue my education after high school
- I don't know if I will continue my education after high school

**PART IV: LANGUAGE**

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

- Yes <sup>®</sup> (SKIP TO QUESTION 81 ON PAGE 12)
- No <sup>®</sup> (GO TO QUESTION 68)

— 68. 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



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



**69. How often do you speak your native language with ...**

**(IF ANY EXAMPLE DOES NOT APPLY TO YOU, PLEASE MARK "Does not apply.")**

**(MARK ONE RESPONSE ON EACH LINE)**

	Never	Some- times	About half of the time	Always or most of the time	Does not apply
a. your mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. your father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. your brothers and sisters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**70. 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"/>

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

**PART VI: FAMILY**

**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.**

— **81. a. 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.)

My mother/female guardian is a full-time homemaker ® **(GO TO QUESTION 82)**

Does not apply ® **(GO TO QUESTION 82)**

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

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

\_\_\_\_\_  
\_\_\_\_\_

— **82. a. 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.)

My father/male guardian is a full-time homemaker ® **(GO TO QUESTION 83 ON PAGE 13)**

Does not apply ® **(GO TO QUESTION 83 ON PAGE 13)**

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

— 83. How far in school did your parents go? Indicate your mother's and father's highest level of education.

(MARK ONE RESPONSE IN EACH COLUMN)

	Mother (or female guardian)	Father (or male guardian)
Did not finish high school	<input type="radio"/>	<input type="radio"/>
Graduated from high school or equivalent (GED)	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>
Graduated from a two-year school (such as a vocational or technical school, junior college, or a community college)	<input type="radio"/>	<input type="radio"/>
Graduated from high school and went to college, but did not complete a four-year degree	<input type="radio"/>	<input type="radio"/>
Graduated from college	<input type="radio"/>	<input type="radio"/>
Completed a Master's degree or equivalent	<input type="radio"/>	<input type="radio"/>
Completed a Ph.D., M.D., or other advanced professional degree	<input type="radio"/>	<input type="radio"/>
Don't Know	<input type="radio"/>	<input type="radio"/>
Does Not Apply	<input type="radio"/>	<input type="radio"/>

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

(MARK ONE RESPONSE ON EACH LINE)

	Have	Does not have
a. A daily newspaper	<input type="radio"/>	<input type="radio"/>
b. Regularly received magazine	<input type="radio"/>	<input type="radio"/>
c. A computer	<input type="radio"/>	<input type="radio"/>
d. Access to the Internet	<input type="radio"/>	<input type="radio"/>
e. DVD player	<input type="radio"/>	<input type="radio"/>
f. Electric dishwasher	<input type="radio"/>	<input type="radio"/>
g. Clothes dryer	<input type="radio"/>	<input type="radio"/>
h. More than 50 books	<input type="radio"/>	<input type="radio"/>
i. A room of your own	<input type="radio"/>	<input type="radio"/>
j. A fax machine	<input type="radio"/>	<input type="radio"/>

--	--	--	--	--

**85. How often do your parents do the following?**

**(MARK ONE RESPONSE ON EACH LINE)**

	Never	Rarely	Sometimes	Often
a. Check on whether you have done your homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Help you with your homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Give you privileges as a reward for good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Limit privileges because of poor grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Require you to do work or chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Limit the amount of time watching TV/playing video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Limit the amount of time going out with friends on school nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**86. In the first semester or term of this school year, how often have you discussed the following with either or both of your parents or guardians?**

**(MARK ONE RESPONSE ON EACH LINE)**

	Never	Sometimes	Often
a. Selecting courses or programs at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. School activities or events of particular interest to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Things you've studied in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Transferring to another school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Plans and preparation for ACT or SAT tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Going to college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Community, national and world events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Things that are troubling you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**98. Please fill in today's date.**

Month		Day		Year			
				2	0	0	2

**THANK YOU FOR YOUR COOPERATION**

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