

National Household
Education Surveys Program

NHES:2011/2012 Field Test

Request for OMB Review

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Part C

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TABLE OF CONTENTS

| | |
|---|----|
| JUSTIFICATION OF NHES QUESTIONNAIRES..... | 1 |
| C.1 Screeners..... | 2 |
| C.2 Early Childhood Program Participation Survey..... | 6 |
| C.3 Parent and Family Involvement in Education Survey..... | 12 |

List of Exhibits

Exhibit

| | | |
|----|--|----|
| 8 | Content of Screen-out Screeners..... | 4 |
| 9 | Content of Engaging Screeners..... | 4 |
| 10 | Item-by-item descriptions of the Early Childhood Care and Programs Interview..... | 13 |
| 11 | Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions..... | 39 |
| 12 | Item-by-item descriptions of Homeschool Interviews and associated research questions..... | 56 |

PART C. JUSTIFICATION OF NHES QUESTIONNAIRES

NHES:2011 field test data will be collected using different test versions of a household screener questionnaire and two topical questionnaires. The NHES:2011 field test instruments are as follows:

- The household **screener** will be used to engage potential respondents and collect the information needed to identify eligible households and persons for topical surveys. Information that will be used to assess nonresponse will also be collected on some of the forms. The field test includes multiple versions of the screener, which will permit the assessment of survey questions intended to engage the respondent and of different ways of collecting the information needed to identify and sample eligible household members.
- The **Early Childhood Program Participation Survey (ECPP)**, to be administered to a parent or guardian knowledgeable about the care and education of children from birth through age 6 and not yet in kindergarten (infants, toddlers, and preschoolers).
- The **Parent and Family Involvement in Education Survey (PFI)**, to be administered to a parent or guardian knowledgeable about the education of children enrolled in school in kindergarten through grade 12 or homeschooled at these grade levels (homeschool version will be administered in 2012 but not in 2011). To reduce respondents' burden, two questionnaires were developed for this survey: one for parents of children attending school and one for parents of homeschooled children. For the field test, the homeschool version will not be used and these households will be coded as ineligible.

As noted throughout this document, the NHES:2011 field test is being conducted to test methodological alternatives for the larger NHES:2012 data collection. The testing of multiple versions of the household screener and topical instrument reflects this goal.

As noted previously, only methodological results will be published from the NHES:2011. However, the NHES:2012 will provide full data sets using similar instruments to those tested during NHES:2011. The topics addressed in the ECPP and PFI have been covered in previous NHES administrations. Many of the items were reworded to account for the change from an interviewer administration mode to a self administered one. In revising the survey instruments, it was necessary to remove some past ECPP and PFI items and simplify others. The instruments went through multiple rounds of cognitive interviewing and are currently in the final stages of these interviews. In some cases, alternate wording or question structures were proposed. These alternates will be tested through a split panel during the NHES:2011.

The screeners, ECPP questionnaires, and PFI questionnaires appear in Appendix B. It is important to note that question wording and content may be modified as a result of the final round of cognitive interviewing. Topic areas are not expected to change.

C.1 Screeners

The household screener is an essential part of the NHES survey instrumentation. It is used to confirm that the sampled address is a residential address, determine whether the household includes potentially eligible children or youth, and collect information required for conducting within-household sampling.

For the NHES:2011 field test, there are five versions of the screener which will be randomly assigned to households. The four versions differ in their content and the questions used to enumerate children. Content differences are the result of the inclusion of education policy and opinion questions. The NHES:2009 screenout questionnaire will be included as an overall control group. A description of the content of the screeners follows. The screener version that best maximizes response among targeted households will carry forward in the NHES:2012. If it is learned that the screeners have a differential impact on response based on household characteristics (e.g., household size or zip code), we may use multiple screener versions and target them based on frame data in the NHES:2012.

Household Characteristics. All versions of the screener contain household characteristics questions in an effort to collect information about the composition of the household. A household respondent is asked about the number of children 20 or younger living within the household. In the “Engaging” version only, the household respondent is also asked about tenure (rent/own) and length of tenure at this address. Questions are also asked on the Engaging form about highest level of education and language among household members. A telephone number is collected on all screener versions, except the 2009 pilot form, in case topical survey mail contact attempts fail and telephone follow-up is necessary.

Opinions on Current Issues. This content applies only to the “Engaging” versions of the screener, and the specific items are subject to change based on the results of cognitive testing. A household respondent is asked general questions on the quality and safety of schools in his/her community and about school quality nationally. Questions are asked about education or training courses taken by adults to improve skills, keep a job, or find a new job. Also, questions related to household literacy environment are asked, such as the availability of 10 or more books, possession of magazines or other reading materials, and the number of hours the respondent reads each week. These questions have been included on the advice of methodological experts in order to explore a method of increasing response by engaging the respondent with relevant and interesting questions that better reflect the topic and sponsoring agency. Further potential uses of these items are as measures related to nonresponse to the topical questionnaire.

Child Enumeration. In all versions of the screener, some form of child enumeration is used; the screeners differ in the layout and design of these questions. The engaging questionnaires use a column format over three pages for collecting information on up to six children within the household. This form of navigation is the same as other areas of the questionnaire. The screen-out questionnaires use a grid format over two pages that are viewable on opposite facing pages when the questionnaire is prepared in booklet format. This form of navigation reduces the space necessary for enumerating children and may be easier for respondents to navigate, reducing the potential for respondent errors such as omission of a child.

The “name” versions ask for the child’s first name, initials, or nickname so the selected child can be specified in the topical questionnaire. In both versions, the respondent is also asked for the child’s age, gender, enrollment status and grade. These items are used to determine which topical questionnaire will be sent to the household for the sampled child and will also be used to specify the selected child in the topical interview.

Commonly Asked Questions. The back of each version of the screener contains commonly asked questions and responses intended to address questions that may be common among respondents. The purpose of this material is to inform respondents fully and assure them of the sponsorship, legitimacy, and privacy protections of the study.

Exhibit 8 includes item-by-item descriptions of the NHES screeners, below.

Exhibit 8. Content of Screen-out Screeners

| Question #, (Pilot Version) | Question #, Version 1 (With Names) | Question #, Version 2 (Without Names) | Item Stem | Research Question/Purpose |
|--------------------------------|--|---|--|------------------------------------|
| 1 | 1 | 1 | Are there any youth or children age 20 or younger living in this household? | Determine Eligibility |
| 2 | 2 | 2 | How many youth or children age 20 or <u>younger</u> live in this household? | Determine Eligibility |
| 3 | 3 | N/A | What is his or her first name, initials, or nickname? | Sampling |
| 4 | 4 | 3 | How old is this child in years? | Sampling |
| 5 | 5 | 4 | What is this child's sex? | Sampling |
| 6 | 6 | 5 | Is this child currently in... | Sampling |
| 7 | 7 | 6 | What is this child's current grade or equivalent? | Sampling |
| N/A | 8 | 7 | What is the best phone number to reach you if we have any questions about your survey? | Sampling and nonresponse follow-up |

Exhibit 9 includes item-by-item descriptions of the items in the engaging screeners.

Exhibit 9. Content of Engaging Screeners

| Question #, Version 1 (With Names) | Question #, Version 2 (Without Names) | Item Stem | Research Question |
|--|---|--|---------------------|
| 1 | 1 | Where do people in this household look for information about current events? | Engaging Respondent |
| 2 | 2 | Are there 10 or more books in your home right now? | Engaging Respondent |
| 3 | 3 | Are there a variety of magazines and other reading materials in your home? | Engaging Respondent |
| 4 | 4 | In a typical week, how many hours do you spend reading a book, magazine, or newspaper? | Engaging Respondent |
| 5 | 5 | In the past 12 months, has any adult in this household taken any courses or training to find a <u>new</u> job? | Engaging Respondent |
| 6 | 6 | In the past 12 months, has any adult in this household taken any courses or training for a <u>current</u> job? | Engaging Respondent |
| 7 | 7 | In the past 12 months, has any adult in this household taken courses or training on the following topics? | Engaging Respondent |
| 8 | 8 | In the past 12 months, has any adult in this household taken any classes that are part of a program leading toward ... | Engaging Respondent |

Exhibit 9. Contents of Engaging Screeners—Continued

| Question #, Version 1 (With Names) | Question #, Version 2 (Without Names) | Item Stem | Research Question |
|--|---|---|---------------------------------------|
| 9 | 9 | Does any adult in this household have a professional certification or state or industry license? | Engaging Respondent |
| 10 | 10 | Does any adult in this household have an education certificate? | Engaging Respondent |
| 11 | 11 | Overall, do you think the nation's public schools are teaching students the skills they will need to be competitive in the workplace? | Engaging Respondent |
| 12 | 12 | How would you rate the quality of public schools nationally? | Engaging Respondent |
| 13 | 13 | How would you rate the quality of your community's public schools? | Engaging Respondent |
| 14 | 14 | Do you agree or disagree with the following statements about schools in your community? | Engaging Respondent |
| 15 | 15 | Does any adult in this household participate regularly in a community service activity... | Engaging Respondent |
| 16 | 16 | In a typical week, how many hours does any adult member of this household spend on community service activities? | Engaging Respondent |
| 17 | 17 | In the past 12 months, has any adult in this household attended a meeting on local, town, or school affairs? | Engaging Respondent |
| 18 | 18 | How many years have you lived at this address? | Engaging Respondent |
| 19 | 19 | Is this house... | Engaging Respondent |
| 20 | 20 | How many computers are in this household that can access the internet? | Engaging Respondent |
| 21 | 21 | Is there at least one phone inside your home that is currently working and is <u>not</u> a cell phone? | Engaging Respondent |
| 22 | 22 | Do you have a working cell phone? | Engaging Respondent |
| 23 | 23 | Of all the telephone calls that you receive are... | Engaging Respondent |
| 24 | 24 | What is the best phone number to reach you if we have more education questions about someone in your household? | Engaging Respondent and bias analysis |
| 25 | 25 | How many females live in this household? | Engaging Respondent |
| 26 | 26 | How many males live in this household? | Engaging Respondent |
| 27 | 27 | Of everyone in this household, how many are age 20 or younger? | Determine Eligibility |
| Child Enumeration Section | Child Enumeration Section | | |
| Youth/Child X | Youth/Child X | | |
| 1 | N/A | What is his or her first name, initials, or nickname? | Sampling |
| 2 | 1 | How old is this child in years? | Sampling |
| 3 | 2 | What is this child's sex? | Sampling |
| 4 | 3 | Is this child currently in ... | Sampling |
| 5 | 4 | What is this child's current grade or equivalent? | Sampling |

C.2 Early Childhood Program Participation Survey

The NHES ECPP interview draws questionnaire items from several previous NHES administrations and is very similar to the NHES:2005 and NHES:2001 ECPP interviews. The following topics are included in the survey:

- Participation in relative care, nonrelative care, and center-based programs, and Early Head Start/Head Start;
- Care/program characteristics such as location, days and hours per week, and cost;
- Care provider characteristics such as language and race/ethnicity;
- Difficulty in finding care and child care selection criteria;
- Family education activities such as visiting a library and reading to a child;
- Emerging literacy and numeracy;
- Children's health and disability;
- Parent characteristics; and
- Household characteristics.

Below, the survey items are discussed in more detail. The descriptions are presented in the order the questions appear in the printed instrument.

Instructions

The first page of the questionnaire identifies the selected child using information from the screener and provides the respondent with instructions for completing the questionnaire. Contact information is provided (a toll free number) in case there is confusion about the selected child or the household has no child fitting the description given.

Section 1. Early Childhood Care and Programs

A major focus of the ECPP Survey is addressed in the first three sections of the questionnaire, which focus on types of nonparental care and education: care by relatives, care by nonrelatives, and center-based programs. Three sets of items within section 1 collect extensive information to describe the different types of nonparental care and education that children may receive. These items provide detailed information on the extent of current participation in the different types of care arrangements and programs, location, amount of time children spend in current arrangements or programs, and the financial cost of current care arrangements or programs to the child's household. This information can in turn be related to children's personal, family, and household characteristics. The following information is collected in each of these series of items:

- The number of current arrangements or programs of the respective type;
- The location of the arrangement or program (including whether programs are located at parents' workplaces);
- The number of days and hours per week the child receives care or attends a program on a weekly basis, and the length of time in attendance of the arrangement or program;
- The language of the care provider;
- Whether the care provider will care for the child when the child is sick;
- Services provided by center-based programs; and
- The cost to the household of the arrangement or program, and assistance in paying for the arrangement.

In addition to these common items, the section on relative care contains an item concerning the relationship of the care provider to the child and an item asking the age of the relative care provider. Age of the nonrelative care provider and if the parent already knew the care provider is also obtained in the nonrelative care section. The section on center-based care asks additional items on whether the center provides health services such as hearing, speech, or vision testing, and if the center is religiously affiliated.

Care Your Child Receives From Relatives (Questions 1-16). This section collects information regarding care provided on a regular basis by relatives other than the child's parents. This includes grandparents, aunts or uncles, brothers or sisters, etc. Occasional babysitting is explicitly excluded. The care may be provided in the child's home or in another home. For the child care

arrangement in which the child spends the most time, key facets of care such as location, hours, and cost are collected. Limited information on other relative care arrangements is collected to provide a full accounting of time spent in care without undue burden.

Care Your Child Receives from Nonrelatives (Questions 17-33). This section collects information on care provided in a private home on a regular basis by nonrelatives. This includes home child care providers, regular sitters, or neighbors. Care may be provided in the child's home or in another home. Occasional babysitting is explicitly excluded. Key indicators (e.g., location, hours, cost) are collected for the primary nonrelative care arrangement, and hours for other arrangements are collected to provide a full accounting of time spend in care.

Day Care Centers and Preschool Programs Your Child Attends (Questions 34-50). This series collects information on programs provided for groups of children in day care centers, preschools, and pre-kindergartens. This can include daycare centers, preschools, prekindergartens, or center-based Head Start or Early Head Start programs. Key indicators (e.g., location, hours, and cost) are collected for the primary center-based program arrangement, and hours for other arrangements are collected to provide a full accounting of time spend in care.

Early Head Start/Head Start (Questions 37 and 51). Head Start is a federally funded early childhood education program for disadvantaged children. Most participants are 3 to 5 years old. Participation in an Early Head Start program may begin at birth. Respondents with a child in center based care are asked if it is a Head Start arrangement. Following the collection of relative, nonrelative, and center-based care arrangements, respondents are asked if the child has ever attended Head Start or Early Head Start. These items help to characterize the arrangements in which a child participates.

Section 2: Finding and Choosing Care for Your Child (Questions 51-54)

Access to care and early education programs is a topic of concern to experts in child development and early education and to policymakers. This section asks parents if they feel they have good choices for child care where they live and the difficulty parents have had finding the type of child care they want. The last item addresses the importance of factors in choosing child care and early education arrangements.

Section 3: Family Activities (Questions 55-59)

Activities with potential education benefits that families can do together are measured in this section of the questionnaire. Parents are asked about reading to their children and the amount of time spent reading to the child every day. In addition, parents are asked about other activities such as telling a story, teaching letters or numbers, or doing arts and crafts. Also asked of parents is whether someone in the family has visited a library with the child in the past month. These items are indicators of the richness of the child's education environment at home and the parents' involvement in promoting the child's development.

Section 4: Things Your Child May Be Learning (Questions 60-67)

This series measures the child's accomplishment of developmental tasks that indicate readiness for school. Analysts and policymakers are interested in tracking progress in emerging literacy and numeracy across time and examining the relationship of emerging literacy and numeracy with preschool program participation and family education activities.

Section 5: This Child's Health (Questions 68-76)

This section includes items about the child's overall health, any serious medical conditions, and disability services the child may be receiving. The presence of diagnosed conditions is an important risk factor and is related to children's development and education experiences in the preschool years as well as their later experiences in school. Condition status may be associated with access to nonparental care and education programs.

Section 6: Child's Background (Questions 77-84)

Questions about the child's month and year of birth, race/ethnicity, country of origin, and language will be used to examine differences in children's participation in care and education programs. For children whose primary language is not English, a question about participation in English language education is asked. English language education may help children to participate in other early education and prepare for school.

Sections 7 and 8: Child’s Mother or Female Guardian/ Child’s Father or Male Guardian (Questions 85-115)

These sections collect information on the child’s parents or guardians who reside in the household: mother and father, or other guardians if parents are not present. The topics include age at first becoming a parent or guardian, native language, country of origin, education attainment, and employment status. These items on parent characteristics measure factors that may be associated with participation in early care and education and may also indicate risk factors, such as low parent education, that could be associated with participation in care, child development, and preparation for school.

Sections 9 and 10: Your Household and Questions about You (Questions 116-131)

This final series of items collects information on the relationship of people in the household to the child, receipt of public assistance, and household income. Household composition is an indicator of resources for care and opportunity for interaction within the household. Receipt of public assistance and household income are used to classify families according to the economic resources available to them, and to examine the relationship of the family’s economic status to early childhood program participation. These variables, taken along with parent characteristics, can be used to identify children who may be at risk in terms of development and education preparation.

Early Childhood Care and Program Interview Research Questions

The items in the Early Childhood Care and Program (ECCP) Interview will obtain information useful for investigating the following research questions.

1. To what extent do preschool children (birth to age 6 and not yet in kindergarten) participate in nonparental care and early childhood programs?
 - a. In what different types of nonparental care arrangements/programs do children participate?
 - b. How many children participate in multiple care arrangements/programs?
 - c. Where are care arrangements/programs located?
 - d. How much time do children spend in nonparental care arrangements/programs?

- e. What is the relationship of relative care providers to the children for whom they are caring?
 - f. What is the cost and what payment arrangements are made for the cost of care arrangements/programs?
 - g. How are child and family characteristics related to the care or early childhood education children receive?
 - h. What resources do parents use to find child care?
 - i. Is (emergent) literacy and numeracy related to the type of child care, amount of time in child care, or stability of child care?
 - j. What is the availability of sick child care?
 - k. How does parents' employment status influence their choice of arrangements?
 - l. Do parents report difficulty in finding child care?
 - m. What factors do parents consider important when selecting child care arrangements?
2. How has the participation of preschool children in nonparental care arrangements/programs changed from the 1991 to the present?
- a. Have the subpopulations of children participating in various types of care arrangements/programs changed?
 - b. Has the amount of time children spend in care arrangements/programs changed?
3. Do at-risk children have the same access to nonparental care arrangements/programs as other children?
- a. Are at-risk children more or less likely to participate in nonparental care arrangements/programs than other children?
 - b. Do at-risk children participate in different numbers and/or types of care arrangements/ programs than those children not classified as at-risk?
4. What type of child care subsidies/benefits have parents received from government agencies or from their employers?
5. What is the extent of families' involvement in family-child education activities?
- a. To what extent do families participate in selected education activities at home with their child?
 - b. Is participation in education activities related to preschoolers' emerging literacy and numeracy?

6. How is children's health/disability status related to their participation in nonparental care and education?

These research questions are reflected in exhibit 10 which includes item-by-item descriptions of the ECPP questions and their associated research questions.

C.3 Parent and Family Involvement in Education Survey

The PFI questionnaires draw upon the PFI surveys of 1996, 2003 and 2007. The PFI is for parents of children enrolled in school and was developed for ease of respondent self-administration. The following topics are included in the PFI survey:

- School characteristics such as control (public/private) and school choice;
- Student experiences in school, academic grades, and grade repetition;
- Parent and family involvement/participation in school including involvement in school decision-making and barriers to such participation;
- School practices to involve and support families;
- Family involvement in children's schoolwork;
- Homeschooling (will not be included in 2011 but will be in 2012);
- Family activities such as arts and crafts, visiting a library, or attending a play or concert;
- Children's backgrounds;
- Children's health and disability;
- Parent characteristics; and
- Household characteristics.

Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|---|
| Throughout this table, an asterisk denotes items in which the Yes/No categories have been flipped in the alternate version for ease of navigation. | | | |
| Mainline-Section 1: Childhood Care and Programs (1-50);Alternate- Questions (1-53) | | | |
| 1 | 1 | Child receiving relative care from someone other than a parent or guardian | Household/family composition; Research Question 1a. |
| Mainline | | Alternate | |
| <p>1. Is this child now receiving care from a relative other than a parent on a <u>regular basis</u>, for example, from grandparents, brothers or sisters, or any other relatives?</p> <p>No → GO TO question 17.</p> <p>Yes</p> | | <p>1. Is this child now receiving care from a relative other than a parent or guardian on a <u>regular basis</u>, for example, from grandparents, brothers or sisters, or any other relatives?</p> <p>No → GO TO question 17</p> <p>Yes</p> | |
| 2 | 2 | Arrangements regularly scheduled at least once a week | Research Question 1d. |
| 3 | 3 | Relative care provider's relationship to the child | Research Question 1e. |
| 4 | 4 | Age of relative care provider | Research Question 1e. |
| 5 | 5 | Place care is provided | Research Question 1c. |
| 6 | 6 | Number of days each week child receives care | Research Question 1d. |
| 7 | 7 | Number of hours each week child receives care | Research Question 1d. |
| 8 | 8 | Age of child when this particular care began | Determine Eligibility |
| 9 | 9 | Language relative speaks while giving care | Research Question 1g. |
| 10 | 10* | Relative care for child when sick | Research Question 1j. |
| 11 | 11* | Fee charged for care | Research Question 1f. |
| 12 | 12* | People/programs/organizations that help pay childcare expenses | Research Question 1f, 4a. |

Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|---|---|
| 13 | 13 | Total amount of childcare | Research Question 1f. |
| 14 | 14 | Number of children amount covers, including sampled child | Research Question 1f. |
| 15 | 15* | Any other relative care arrangements | Research Question 1a. |
| 16 | 16 | Total hours each week spent in those other relative care arrangements | Research Question 1d. |
| 17 | 17 | Child receiving non-relative home-based care on a regular basis | Household/family composition; Research Question 1a. |
| <p>Mainline</p> <p><i>The next questions ask about any care this child receives from someone <u>not</u> related to him/her, either in your home or someone else's home. This includes home child care providers or neighbors, but not day care centers or preschools.</i></p> <p>17. Is this child now receiving care in your home or another home on a <u>regular basis</u> from someone who is <u>not</u> related to him/her?</p> <p>No → GO TO question 34.</p> <p>Yes</p> | | <p>Alternate</p> <p><i>The next questions ask about any care this child receives from someone <u>not</u> related to him/her, <u>either in your home or someone else's home.</u> This includes home child care providers or neighbors, but not day care centers or preschools.</i></p> <p>17. Is this child now receiving care in your home or another home on a <u>regular basis</u> from someone who is <u>not</u> related to him/her?</p> <p>No → GO TO question 35.</p> <p>Yes</p> | |
| 18 | 18 | Arrangements regularly scheduled at least once a week | Research Question 1d. |
| 19 | 19 | Care provided in home or in another home | Research Question 1c. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|------------------------------|
| Mainline 19. These next questions are about the care that this child receives from someone who is <u>not</u> related to him/her who provides the most care. Is this care provided in your own home or in another home? Own home Other home Both | | Alternate 19. These next questions are about the care that this child receives from someone who is <u>not</u> related to him/her who provides the most care. Is this care provided in your own home or in another home? Own home Other home Both | |
| 20 | 20* | Care provider lives in HH | Research Question 1c. |
| 21 | 21 | Number of days each week child receives care | Research Question 1d. |
| 22 | 22 | Number of hours each week child receives care | Research Question 1d. |
| 23 | 23 | Age of child when this particular care arrangement began | Determine Eligibility |
| 24 | 24* | Was the care provider someone the respondent knew | Research Question 1h. |
| 25 | 25* | Provider aged 18 or over | Determine Eligibility |
| 26 | 26 | Language non-relative speaks while giving care | Research Question 1g. |
| 27 | 27* | Non-relative care for child when sick | Research Question 1j. |
| N/A | 28 | Would you recommend this care provider to another parent | Research Question 1h. |
| 28 | 29* | Fee charged for care that is paid by respondent or another person/agency | Research Question 1f. |
| 29 | 30* | People/programs/organizations that help pay childcare expenses | Research Question 1f, 4a. |
| 30 | 31 | Total amount of childcare | Research Question 1f. |
| 31 | 32 | Number of children amount covers, including sampled child | Research Question 1f. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|--|------------------------------|
| 32 | 33* | Any other non-relative home-based care arrangements | Research Question 1a. |
| 33 | 34 | Total hours each week spent in those other non-relative home-based care arrangements | Research Question 1d. |
| Mainline | | Alternate | |
| <p>32. Does this child have any other care arrangements with someone who is not a relative on a <u>regular basis</u>? Do not include arrangements at day care centers or preschools.</p> <p>Yes</p> <p>No → GO TO question 34.</p> | | <p>33. Does this child have any other home-based care arrangements on a <u>regular basis</u> with someone who is not a relative? Do not include arrangements at day care centers or preschools.</p> <p>No → GO TO question 35</p> <p>Yes</p> | |
| 34 | 35 | Is child now in any center-based/Pre-school/Pre-K care arrangements | Research Question 1a. |
| 35 | 36 | Does child go to a center-based care/Pre-school/Pre-K at least once a week | Research Question 1d. |
| N/A | 37 | What is the child's current program | Research Question 1a, 3b. |
| 37 | 38 | Is this program a Head Start or Early Head Start program | Research Question 1a, 3b. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|--|------------------------------|
| <p>Mainline</p> <p>36 The next questions ask about the program where this child spends the most time. Where is this program located?</p> <p>Mark [X] ONE only.</p> <p>Church, synagogue, or other place of worship</p> <p>Public preschool or school (K-12)</p> <p>Private preschool or school (K-12)</p> <p>College or university</p> <p>Community center</p> <p>Public library</p> <p>Its own building, or storefront</p> <p>Some other place</p> <p>↳ Specify: _____</p> | | <p>Alternate</p> <p>39. Where is this program located?</p> <p>Mark <input checked="" type="checkbox"/> ONE only.</p> <p>In a church, synagogue, or other place of worship</p> <p>In a public elementary or secondary school</p> <p>In a private elementary or secondary school</p> <p>At a college or university</p> <p>At a community center</p> <p>At a public library</p> <p>In its own building, office space, or storefront</p> <p>Some other place</p> <p>↳ Specify: <input type="text"/></p> | |
| 36 | 39 | Location of center-based care arrangement | Research Question 1a, 3b. |
| 38 | 40 | Religious affiliation of childcare | Research Question 1c, 1g. |
| 39 | 41 | Care provided at parents workplace | Research Question 1c. |
| 40 | 42 | Number of days each week child receives care | Research Question 1d. |
| 41 | 43 | Number of hours each week child receives care | Research Question 1d. |
| 42 | 44 | Age of child when care this particular care arrangement began | Determine Eligibility |
| 43 | 45 | Language main care provider speaks while giving care | Research Question 1g. |
| N/A | 46 | Would you recommend this program to another parent | Research Question 1h. |
| 44 | 47* | Program provides services to the child/family | Research Question 1f. |
| 45 | 48* | Fee charged for care | Research Question 1f. |
| 46 | 49* | People/programs/organizations that help pay childcare expenses | Research Question 1f, 4a. |
| 47 | 50 | Total amount of childcare for this program | Research Question 1f. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|----------------------------------|---|---|
| 48 | 51 | Number of children amount covers, including sampled child | Research Question 1f. |
| 49 | 52* | Does this child have any other center-based care arrangements | Research Question 1a. |
| 50 | 53 | Total hours each week spent in those other center-based care arrangements | Research Question 1d. |
| Mainline-Section 2: Finding and Choosing Care (51-54);Alternate-Questions (54-58) | | | |
| 51 | 54 | Has child ever attended Head Start | Research Question 1g, 2a, 2b, 3a, 3b, 4a. |
| N/A | 55 | Main reason for wanting childcare | Research Question 1l, 1m. |
| 54 | 56 | Good choices for childcare | Research Question 1l, 1m. |
| Mainline | | Alternate | |
| 54. Do you feel there are good choices for child care or early childhood programs where you live? Yes No Don't know / Have not tried to find care | | 56. Do you feel there are good choices for child care or early childhood programs where you live? No Yes Don't know | |
| 52 | 57 | Difficulty finding care | Research Question 1l, 1m. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|------------------------------|
| Mainline 52. How much difficulty did you have finding the type of child care or early childhood program you wanted for this child? A lot of difficulty Some difficulty A little difficulty No difficulty Did not find the child care program you wanted | | Alternate 57. How much difficulty did you have finding the type of child care or early childhood program you wanted for this child? Have not tried to find care → GO TO question 59 Did not find the child care program you wanted A lot of difficulty Some difficulty A little difficulty No difficulty | |
| 53 | 58 | Importance of factors considered when choosing childcare arrangement | Research Question 11, 1m. |
| Mainline-Section 3: Family Activities (55-59);Alternate- Questions (59-65) | | | |
| 55 | 59 | Number of books this child owns | Research Question 1i. |
| 56 | 60 | Number of times child was read to in the past week | Research Question 1i. |
| Mainline 56. How many times have you or someone in your family read to this child in the past week? Not at all → GO TO question 58. 1 or 2 times 3 or more times Every day | | Alternate 60. How many times have you or someone in your family read to this child in the past week? Not at all → GO TO question 62 <input type="text"/> <input type="text"/> times | |
| 57 | 61 | During those times, how many minutes are spent reading to the child | Research Question 1i. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|--|------------------------------|
| Mainline 57. About how many minutes on each of those days did you or someone in your family read to this child? _ _ minutes | | Alternate 61. About how many minutes on each of those times did you or someone in your family read to this child? _ minutes | |
| 58 | 62 | Activities done in the past week | Research Question 1i. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|--|------------------------------|
| <p>Mainline</p> <p>58. In the past week, how many times has anyone in your family done the following things with this child?</p> <p>a. Told this child a story?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> <p>b. Taught this child letters, words, or numbers?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> <p>c. Taught this child songs or music?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> <p>d. Worked on arts and crafts with this child?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> | | <p>Alternate</p> <p>62. In the past week, how many times has anyone in your family done the following things with this child?</p> <p>a. Told this child a story? (Do not include reading to this child.)</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> <p>b. Taught this child letters, words, or numbers?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> <p>c. Sang songs with this child?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> <p>d. Worked on arts and crafts with this child?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> 1 or 2 times</p> <p><input type="checkbox"/> 3 or more times</p> | |
| 59 | 63* | Visited the library in the past month | Research Question 1i. |
| N/A | 64 | Visited a bookstore in the past month | Research Question 1i. |
| N/A | 65 | Eaten meals together in the past week | Research Question 1i. |
| Mainline-Section 4: Things your Child may be Learning (60-67); Alternate- Questions (66-73) | | | |
| 60 | 66* | Child 2 years of age or younger/older | Research Question 1i, 5b. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---------------------------------|----------------------------------|--|--------------------------------------|
| 61 | 67* | Child can identify primary colors by name | Research Question 1i, 5b. |
| 62 | 68* | Child can recognize letter of the alphabet | Research Question 1i, 5b. |
| 63 | 69 | How high can this child count | Research Question 1i, 5b. |
| 64 | 70* | Can child write his/her name even if words are backwards | Research Question 1i, 5b. |
| 65 | 71* | Does this child read or pretend to read storybooks on their own | Research Question 1i, 5b. |
| N/A | 72 | Does this child actually read the words written in books or does he/she look at the book and pretend to read | Research Question 1i, 5b. |
| 66 | 73* | When child pretends to read, does it sound like a connected story | Research Question 1i, 5b. |
| 67 | N/A | Is this child able to read story books on his/her own | Research Question 1i, 5b. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|---|---|
| | | <p>Mainline</p> <p>65. Does this child ever look at a book and pretend to read?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO question 67.</p> <p>66. When this child pretends to read a book, does it sound like a connected story, or does he/she tell what's in each picture without much connection between them?</p> <p>Sounds like connected story</p> <p>Tells what's in each picture</p> <p>Does both</p> <p>67. Is this child able to read story books on his/her own now?</p> <p>Yes</p> <p>No</p> | <p>Alternate</p> <p>71. Does this child ever read or pretend to read storybooks on his/her own?</p> <p>No → GO TO question 74</p> <p>Yes</p> <p>72. Does this child actually read the words written in the book, or does he/she look at the book and pretend to read?</p> <p>Pretends to read</p> <p>Actually reads the written words</p> <p>Does both</p> <p>GO TO question 74</p> <p>73. When this child pretends to read a book, does it sound like a connected story, or does he/she tell what's in each picture without much connection between them?</p> <p>Sounds like connected story</p> <p>Tells what's in each picture</p> <p>Does both</p> <p>Does neither</p> |
| Mainline-Section 5: This Child's Health (68-76); Alternate-(74-83) | | | |
| 68 | 74 | Describe child's health | Research Question 1g, 3a, 3b. |
| 69 | 75* | Child's diagnosed conditions | Research Question 1g, 3a, 3b. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|-------------------------------|--------------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--|---|--|---------|----------|--------------------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <p>Mainline</p> <p>69. Has a health professional told you that this child has any of the following conditions? <i>Mark [X] ONE box for each item below.</i></p> <table border="1" data-bbox="240 604 816 1486"> <thead> <tr> <th></th> <th>Yes ▼</th> <th>No ▼</th> </tr> </thead> <tbody> <tr><td>a. A specific learning disability. .</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>b. Mental retardation.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>c. A speech or language delay..</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>d. A serious emotional disturbance.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>e. Deafness or another hearing impairment.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>f. Blindness or another visual impairment not corrected with glasses.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>g. An orthopedic impairment.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>h. Autism.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>i. Attention deficit disorder, ADD or ADHD.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>j. Pervasive Developmental Disorder or PDD.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>k. Another health impairment lasting 6 months or more.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> | | Yes ▼ | No ▼ | a. A specific learning disability. . | <input type="checkbox"/> | <input type="checkbox"/> | b. Mental retardation..... | <input type="checkbox"/> | <input type="checkbox"/> | c. A speech or language delay.. | <input type="checkbox"/> | <input type="checkbox"/> | d. A serious emotional disturbance..... | <input type="checkbox"/> | <input type="checkbox"/> | e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | g. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> | i. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> | j. Pervasive Developmental Disorder or PDD..... | <input type="checkbox"/> | <input type="checkbox"/> | k. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> | | <p>Alternate</p> <p>75. Has a health, education, or early intervention professional told you that this child has any of the following conditions? <i>Mark <input type="checkbox"/> ONE box for each item below.</i></p> <table border="1" data-bbox="873 604 1450 1686"> <thead> <tr> <th></th> <th>No ▼</th> <th>Yes ▼</th> </tr> </thead> <tbody> <tr><td>a. A specific learning disability. .</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>b. An orthopedic impairment.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>c. A speech or language impairment.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>d. A serious emotional disturbance.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>e. Deafness or another hearing impairment.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>f. Blindness or another visual impairment not corrected with glasses.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>g. Intellectual disabilities.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>h. Autism.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>i. Pervasive Developmental Disorder (PDD).....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>j. Attention deficit disorder, ADD or ADHD.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>k. Developmental delays.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>l. Traumatic brain injury.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>m. Infant or toddler under 3 years old is “at-risk” for substantial developmental delay.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>n. Another health impairment lasting 6 months or more.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> | | No ▼ | Yes ▼ | a. A specific learning disability. . | <input type="checkbox"/> | <input type="checkbox"/> | b. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | c. A speech or language impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | d. A serious emotional disturbance..... | <input type="checkbox"/> | <input type="checkbox"/> | e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | g. Intellectual disabilities..... | <input type="checkbox"/> | <input type="checkbox"/> | h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> | i. Pervasive Developmental Disorder (PDD)..... | <input type="checkbox"/> | <input type="checkbox"/> | j. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> | k. Developmental delays..... | <input type="checkbox"/> | <input type="checkbox"/> | l. Traumatic brain injury..... | <input type="checkbox"/> | <input type="checkbox"/> | m. Infant or toddler under 3 years old is “at-risk” for substantial developmental delay..... | <input type="checkbox"/> | <input type="checkbox"/> | n. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Yes ▼ | No ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. A specific learning disability. . | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Mental retardation..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. A speech or language delay.. | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. A serious emotional disturbance..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Pervasive Developmental Disorder or PDD..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | No ▼ | Yes ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. A specific learning disability. . | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. A speech or language impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. A serious emotional disturbance..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Intellectual disabilities..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Pervasive Developmental Disorder (PDD)..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Developmental delays..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Traumatic brain injury..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Infant or toddler under 3 years old is “at-risk” for substantial developmental delay..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | 76 | Response to question 75 | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 77* | Child receiving services for condition | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose | | | | | | | | | | | | | | | |
|--|--------------------------|--|-----------------------------------|--|---------|----------|----------------|--------------------------|--------------------------|--|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
| 71 | 78 | Who are those services provided by | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 72 | 79* | Services provided by an IFSP or IEP | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 73 | 80* | Adult in HH help to develop/change child's IFSP or IEP | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 74 | 81 | Overall satisfaction/dissatisfaction with child's IFSP or IEP | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 75 | 82* | Child currently enrolled in special education classes/services | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 76 | N/A | Child's condition affect his/her ability to learn | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| N/A | 83 | Child's condition affect his/her ability to do the following things | Research Question 1g, 3a, 3b | | | | | | | | | | | | | | | |
| <p>Mainline</p> <p>76. Does this child's disability affect his/her ability to learn?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | | <p>Alternate</p> <p>83. Does this child's condition interfere with his/her ability to do any of the following things?</p> <p>Mark <input checked="" type="checkbox"/> ONE box for each item below.</p> <p><input type="checkbox"/> Child no longer has condition</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">No ▼</th> <th style="text-align: center;">Yes ▼</th> </tr> </thead> <tbody> <tr> <td>a. Learn?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Participate in play with other children?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Go n outings?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Make friends?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | No ▼ | Yes ▼ | a. Learn?..... | <input type="checkbox"/> | <input type="checkbox"/> | b. Participate in play with other children?..... | <input type="checkbox"/> | <input type="checkbox"/> | c. Go n outings?..... | <input type="checkbox"/> | <input type="checkbox"/> | d. Make friends?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | No ▼ | Yes ▼ | | | | | | | | | | | | | | | | |
| a. Learn?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| b. Participate in play with other children?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| c. Go n outings?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| d. Make friends?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Mainline-Section 6: Child's Background (77-84);Alternate-Questions (84-91) | | | | | | | | | | | | | | | | | | |
| 77 | 84 | In what month and year was this child born | Research Question 1g, 2a, 3a, 3b. | | | | | | | | | | | | | | | |
| 78 | 85 | Where was this child born | Research Question 1g, 2a, 3a, 3b. | | | | | | | | | | | | | | | |
| 79 | 86 | Age of child when first moved to the US/ District of Columbia | Research Question 1g, 2a, 3a, 3b. | | | | | | | | | | | | | | | |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|---|---|
| 80 | 87* | Is this child of Spanish, Hispanic, or Latino origin | Research Question 1g, 2a, 3a, 3b. |
| 81 | 88 | Child's race | Research Question 1g, 2a, 3a, 3b. |
| 82 | 89* | Child's address since the beginning of the school year | Research Question 1g, 2a, 3a, 3b. |
| Mainline | | Alternate | |
| <p>82. For the current school year, does this child usually live at another address, for example because of a joint custody arrangement?</p> <p><i>Do not include vacation properties.</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | | <p>89. Since September, has this child usually lived at this address or another address (for example because of a joint custody arrangement)?</p> <p><i>Do not include vacation properties.</i></p> <p><input type="checkbox"/> Child usually lived at this address</p> <p><input type="checkbox"/> Child usually lived at another address</p> | |
| 83 | 90 | Language child speaks at home | Research Question 1g, 2a, 3a, 3b. |
| Mainline | | Alternate | |
| <p>83. What language does this child speak most at home?</p> <p><i>Mark [X] ONE only.</i></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> A language other than English or Spanish</p> <p><input type="checkbox"/> English and Spanish equally</p> <p><input type="checkbox"/> English and another language equally</p> <p><input type="checkbox"/> Child has not started to speak</p> | | <p>90. What language does this child speak most at home?</p> <p><i>Mark <input checked="" type="checkbox"/> ONE only.</i></p> <p><input type="checkbox"/> Child has not started to speak</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> A language other than English or Spanish</p> <p><input type="checkbox"/> English and Spanish equally</p> <p><input type="checkbox"/> English and another language equally</p> | |
| | | <p>GO TO Section 7</p> | |
| 84 | 91* | Child currently enrolled in English as a second language, bilingual education, or an English immersion program | Demographic/ background characteristics |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|--|------------------------------|
| Mainline-Section7: Child’s Mother or Female Guardian (85-100);Alternate- Section 7: Child’s Family (92-126) | | | |
| Mother | Parent 1 | Parent/Guardian section | |
| This section has undergone a global change from asking about child’s mother to asking about “a parent/guardian” in each question. See questions 88 and 90 below for examples of the global language change. | | | |
| 85 | N/A | Mother/Female Guardian in the household | Research Question 1g. |
| 86 | 92 | Parent/guardian relationship to child | Research Question 1g. |
| Mainline 86. Is this person the child’s... Birth mother, Adoptive mother, Stepmother, Foster mother, Grandmother, or Other female guardian? | | Alternate 92. Is this parent or guardian the child’s... Biological parent Adoptive parent Step parent Foster parent Grandparent Other guardian | |
| N/A | 93 | Is this person male or female | Research Question 1g. |
| Mainline 87. How old was this woman when she first became a mother or guardian to <u>any</u> child? age | | Alternate 108. How old was this person when he or she first became a parent to <u>any</u> child? Age Don’t know | |
| 87 | 108 | Age when first became a parent/guardian to any child | Research Question 1g. |
| 88 | 94 | Marital status of this parent or guardian | Research Question 1g. |
| 89 | 95 | First language parent or guardian learned to speak | Research Question 1g. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|------------------------------|
| Mainline 88. What is the current marital status of this child's mother or female guardian? <i>Mark [X] ONE only.</i> <input type="checkbox"/> Married <input type="checkbox"/> Living with a partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married | | Alternate 94. What is the current marital or partner status of this parent or guardian? <i>Mark [X] ONE only.</i> <input type="checkbox"/> Married <input type="checkbox"/> In a registered domestic partnership or civil union <input type="checkbox"/> Living with a partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married | |
| 90 | 96 | Language does this person speak most at home now | Research Question 1g. |
| 91 | 97 | Where was this parent or guardian born | Research Question 1g. |
| 92 | 98 | How old was this person when he/ she first moved to the US/ District of Columbia | Research Question 1g. |
| 93 | 99* | Is this person of Spanish, Hispanic, or Latino origin | Research Question 1g. |
| 94 | 100 | What is this person's race | Research Question 1g. |
| 95 | 101 | Parent/guardian's highest level of education completed | Research Question 1g. |
| 96 | 102* | Is he or she currently attending or enrolled in a school/job training | Research Question 1g. |
| 97 | 103 | Parent/ guardian employment status | Research Question 1g. |
| 98 | 104 | Number of hours worked per week for pay, if employed/self employed | Research Question 1g, 1k. |
| 99 | 105* | Looking for work in the past 4 weeks, if unemployed | Research Question 1g, 1k. |
| 100 | 106 | Worked for pay or income in the past 12 months | Research Question 1g, 1k. |
| N/A | 107 | Age of parent/guardian | Research Question 1g. |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|------------------------------|
| Father | Parent 2 | Parent/Guardian section | |
| Mainline- Section 8 : Child’s Father or Male Guardian (101-115) Alternate- Section 7: Child’s Family (cont’d) | | | |
| N/A | 109 | Parent/guardian # 2 present in the HH relationship to child | Research Question 1g. |
| 101 | N/A | Father or Male Guardian in the household | Research Question 1g. |
| 102 | 110 | Parent/ Guardian relationship to child | Research Question 1g. |
| Mainline 102. Is this person the child’s... Birth father, Adoptive father, Stepfather, Foster father, Grandfather, or Other male guardian? | | Alternate 110. Is this parent or guardian the child’s... Biological parent Adoptive parent Step parent Foster parent Grandparent Other guardian | |
| N/A | 111 | Is this person male or female | Research Question 1g. |


**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|---|------------------------------|
| Mainline | | Alternate | |
| 103. What is the current marital status of this child's father or male guardian? <i>Mark [X] ONE only.</i> <input type="checkbox"/> Married <input type="checkbox"/> Living with a partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married | | 112. What is the current marital or partner status of this parent or guardian? <i>Mark <input checked="" type="checkbox"/> ONE only.</i> <input type="checkbox"/> Married <input type="checkbox"/> In a registered domestic partnership or civil union <input type="checkbox"/> Living with a partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married | |
| 103 | 112 | Marital status of this parent or guardian | Research Question 1g. |
| 104 | 113 | First language parent or guardian learned to speak | Research Question 1g. |
| | | | |
| 105 | 114 | Language this person speak most at home now | Research Question 1g. |
| 106 | 115 | Where was this parent or guardian born | Research Question 1g. |
| | | | |
| 107 | 116 | How old was this person when he/she first moved to the US/District of Columbia | Research Question 1g. |
| 108 | 117* | Is this person of Spanish, Hispanic, or Latino origin | Research Question 1g. |
| 109 | 118 | What is this person's race | Research Question 1g. |
| 110 | 119 | Parent/guardian highest level of education completed | Research Question 1g. |
| 111 | 120* | Is he or she currently attending or enrolled in a school/job training | Research Question 1g, 1k. |
| 112 | 121 | Parent/ guardian employment status | Research Question 1g, 1k. |
| 113 | 122 | Number of hours worked per week, if employed/self-employed | Research Question 1g, 1k. |
| 114 | 123* | Looking for work in the past 4 weeks, if unemployed | Research Question 1g, 1k. |



**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------------------------|------------------|--------|------------|---|-----------|---|---------|---|----------|---|----------------|---|----------------|---|-----------|---|--|---|-------------------|---|-----------------------|---|
| 115 | 124 | Worked for pay or income in the past 12 months | Research Question 1g. | | | | | | | | | | | | | | | | | | | | | | |
| N/A | 125 | Age of parent/guardian | Research Question 1g. | | | | | | | | | | | | | | | | | | | | | | |
| N/A | 126 | Age when first became a parent/guardian to any child | Research Question 1g. | | | | | | | | | | | | | | | | | | | | | | |
| Mainline-Section 9: Your Household (116-124);Alternate-Section 8: Your Household (127-139) | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | 127 | Number of people in HH | Household Demographics | | | | | | | | | | | | | | | | | | | | | | |
| Mainline | | Alternate | | | | | | | | | | | | | | | | | | | | | | | |
| <p>116. Please mark <u>all</u> of the people who live in the household with this child, <u>including</u> yourself and those you have already been asked about.</p> <p><i>Mark [X] all that apply.</i></p> <p>Mother – birth, adoptive, step, or foster</p> <p>Father – birth, adoptive, step, or foster</p> <p>Brother – full, half, adoptive, step, or foster</p> <p>Sister – full, half, adoptive, step, or foster</p> <p>Aunt</p> <p>Uncle</p> <p>Grandmother</p> <p>Grandfather</p> <p>Cousin</p> <p>Other relative</p> <p>Same sex parent</p> <p>Girlfriend or partner of this child’s parent or guardian</p> <p>Boyfriend or partner of this child’s parent or guardian</p> <p>Other nonrelatives</p> | | <p>128. Other than the parents or guardians already reported, how many of the following people live in the household with this child?</p> <p><i>Example:</i></p> <p>Brother(s) <input style="width: 30px; text-align: center;" type="text" value="2"/></p> <p><i>Write '0' if none.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">This child’s....</th> <th style="text-align: right;">Number</th> </tr> </thead> <tbody> <tr> <td>Brother(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Sister(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Aunt(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Uncle(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Grandmother(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Grandfather(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Cousin(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Parent’s girlfriend/ boyfriend/ partner</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Other relative(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Other non-relative(s)</td> <td style="text-align: right;"><input style="width: 30px;" type="text"/></td> </tr> </tbody> </table> | | This child’s.... | Number | Brother(s) | <input style="width: 30px;" type="text"/> | Sister(s) | <input style="width: 30px;" type="text"/> | Aunt(s) | <input style="width: 30px;" type="text"/> | Uncle(s) | <input style="width: 30px;" type="text"/> | Grandmother(s) | <input style="width: 30px;" type="text"/> | Grandfather(s) | <input style="width: 30px;" type="text"/> | Cousin(s) | <input style="width: 30px;" type="text"/> | Parent’s girlfriend/ boyfriend/ partner | <input style="width: 30px;" type="text"/> | Other relative(s) | <input style="width: 30px;" type="text"/> | Other non-relative(s) | <input style="width: 30px;" type="text"/> |
| This child’s.... | Number | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Sister(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Aunt(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Uncle(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandmother(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandfather(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Cousin(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent’s girlfriend/ boyfriend/ partner | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Other relative(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Other non-relative(s) | <input style="width: 30px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | N/A | Identify all who live in the HH with the sampled child | Household Demographics | | | | | | | | | | | | | | | | | | | | | | |

Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|---|
| N/A | 128 | How many of the following live in the household with this child | Household Demographics |
| 117 | N/A | How many females live in this household | Household Demographics |
| 118 | N/A | How many males live in this household | Household Demographics |
| 119 | N/A | How many aged 20 or younger in the HH | Household Demographics |
| 120 | 130 | Languages spoken by adults in HH | Household Demographics |
| Mainline | | Alternate | |
| <p>120. Which language(s) are spoken at home by the adults in this household? <i>Mark <input checked="" type="checkbox"/> all that apply.</i></p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish or Spanish Creole <input type="checkbox"/> French (including Patois, Creole, Cajun) <input type="checkbox"/> Chinese <input type="checkbox"/> Other languages</p> | | <p>130. What language(s) are spoken at home by the adults in this household? <i>Mark <input checked="" type="checkbox"/> all that apply.</i></p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish or Spanish Creole <input type="checkbox"/> French (including Patois, Creole, Cajun) <input type="checkbox"/> Chinese <input type="checkbox"/> Other languages – Specify: </p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> | |
| 121 | 134 | Home Ownership | Household Demographics |
| 122 | 135* | Mail received at another address including P.O. Boxes | Household Demographics |
| 123 | 131 | Benefits received in the past 12 months | Household Demographics |
| 124 | 132 | Total HH income | Variables used for weighting; Research Question 1g, 2a. |
| 127 | 133 | Number of Years at address | Household Demographics |
| Mainline-Section 10: Questions About You (125-131) Alternate-Section 8: Your Household (cont'd) | | | |
| 125 | 129 | Respondent relationship to child | Household Demographics |

**Exhibit 10. Item-by-item descriptions of the Early Childhood Care and Programs Interview—
Continued**

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|--|------------------------------|
| <p>Mainline</p> <p>125. How are you related to this child?</p> <p>Mark [X] ONE only.</p> <p>Mother/Father (birth, adoptive, step, or foster)</p> <p>Aunt/Uncle</p> <p>Grandparent</p> <p>Girlfriend/Boyfriend of this child's parent or guardian</p> <p>Other relationship – specify: </p> <div data-bbox="292 865 824 1008" style="border: 1px solid black; height: 68px; width: 328px;"></div> | | <p>Alternate</p> <p>129. How are you related to this child?</p> <p>Mark <input checked="" type="checkbox"/> ONE only.</p> <p><input type="checkbox"/> Mother (birth, adoptive, step, or foster)</p> <p><input type="checkbox"/> Father (birth, adoptive, step, or foster)</p> <p><input type="checkbox"/> Aunt</p> <p><input type="checkbox"/> Uncle</p> <p><input type="checkbox"/> Grandmother</p> <p><input type="checkbox"/> Grandfather</p> <p><input type="checkbox"/> Parent's girlfriend/ boyfriend/ partner</p> <p><input type="checkbox"/> Other relationship – Specify: </p> <div data-bbox="933 1045 1385 1129" style="border: 1px solid black; height: 40px; width: 278px;"></div> | |
| 126 | N/A | Respondent Sex | Household Demographics |
| 128 | 136* | Internet access in HH | Household Demographics |
| 129 | 137* | Presence of a landline telephone | Household Demographics |
| 130 | 138* | Own a working cell phone | Household Demographics |
| 131 | 139 | Calls received on cell phone | Household Demographics |

School enrollment or homeschooling status and grade are collected for all children in the screener and displayed at the beginning of the self-administered topical interview. Parents of children enrolled in kindergarten through high school, are administered questions on their children's school and their experiences in school. Parents of children in elementary or secondary school are asked about their children's experiences in school and feedback from teachers on school performance, their involvement in school, school practices to involve families, and their involvement in homework. All parents are asked questions on their home activities and family involvement outside of school. Finally, parents of all children are administered items on their children's health and disability and demographic characteristics, the characteristics of parents/guardians residing in the household, and household characteristics.

Below, the survey items are discussed in more detail. The descriptions below begin with the questionnaire for parents of children enrolled in school.

Parent and Family Involvement in Education Questionnaire

Instructions

The first page of the questionnaire identifies the selected child using information from the screener and provides the respondent with instructions for completing the questionnaire. Contact information is provided (a toll free number) in case there is confusion about the selected child or the household has no child fitting the description given.

Section 1: Child's Schooling (Questions 1 through 19)

This section covers questions that are asked of all parents with children in elementary, middle or high school who are not homeschoolers. The section provides detailed information on the characteristics of the school that children attend. This covers topics such as whether the school is a private or public school, whether it is a school that has been assigned or is a school that parents have chosen for their children, whether it is a charter school, and whether it is a Catholic or church-related school. The characteristics of schools provide important contextual variables that may be related to parent and family involvement and children's education experiences.

A series of questions (**Questions 6 through 9**) asks for information on whether parents chose the school that their children are enrolled in, including the information that parents obtained about the school before making a choice and whether the school was the parent's first choice for their child.

A list of schools in the family's area will be provided on the last page of the questionnaire. Identifying the child's school permits linking data about schools from existing data sources at NCES, notably the Common Core of Data and Private School Universe Survey. This permits the analysis of family experiences in the context of school characteristics including public/private control, religious affiliation, school size, urbanicity, standardized test performance, and school population measures. These measures can also be used to assess the accuracy of parent responses about school characteristics.

This section of the instrument also includes items that address specifics of children's and families' experiences with schools that may be associated with parent involvement:

- Student experiences in school including grades and academic performance (**Questions 13 and 19**);
- Teacher feedback on child's school performance and behavior (**Question 14**);
- Grade repetition since starting kindergarten (**Questions 16**);
- Suspension or expulsion from school (**Question 17**); and
- Parents' plans for their children's education after high school (**Question 18**).

Section 2: Families and Schools (Questions 20-25)

A core area of interest in the PFI Survey is parents' involvement in their children's schools. This section includes questions on the frequency and nature of parents' involvement in school including attending meetings, volunteering, serving on school committees, and other types of contact with school staff and teachers. Another aspect of parent's contact with the school involves school practices to communicate with parents regarding their child's progress and placement and the parent's expected role. Schools contact parents for various reasons including students' performance, school volunteering opportunities, other methods and opportunities that can help children in their education, and planning for attending college or work after completion of education. The nature of contact could include contact via letters or newsletters as well as email. Finally, parents are given the opportunity to express their level of satisfaction with the school.

Section 3: Homework (Questions 26-31)

Parent and family involvement in homework is another form of support for children's education; Section 3 addresses this topic. This section includes questions about the amount of homework that children receive, the home environment that families create for children to do homework, and the involvement of parents and other family members in ensuring that children complete their homework.

Section 4: Family Activities (Questions 32-34)

Parent and family involvement in non-school activities with potential education benefits represents another way that parents and families can support children's education and development. Parents of children in elementary school are asked about other activities such as telling a story, doing arts and crafts, playing sports and games, or getting involved in other projects. Parents are asked to report on the activities done with their child in the past week and in the past month with anyone in the family. Parents of older children who are in middle or high school are asked similar questions about activities that are appropriate to their age. Again, parents are asked to report on the activities done with their child in the past week and in the past month with any family member.

Section 5: Child's Health (Questions 35-43)

This section includes items to identify disabled children and to determine whether children with disabilities are receiving services. The presence of disabilities is an important risk factor for all children and is related to children's development and education experiences in school. These items will also provide the data to analyze the accessibility of special education and other programs and plans for disabled children.

Section 6: Child's Background (PFI-Enrolled, Questions 44-51)

This section collects demographic information on the child's race/ethnicity and country of origin. These characteristics can be correlated with the various levels of family involvement in children's education.

Sections 8 and 9: Child's Mother or Female Guardian/ Child's Father or Male Guardian (Questions 52-88)

These sections collect information on the child's mother or female guardian and on the father or male guardian who resides in the household. The topics for mothers include age at first becoming a mother or guardian, native language, country of origin, education attainment, and employment status. The same items are asked for fathers, except for the age at first becoming a parent. The alternate version of the questionnaire will test a revised set of items designed to better capture household arrangements. The headings have been revised to Parent 1 and Parent 2 and both parents are asked identical questions. The alternate version will also enumerate everyone in the household and their relationship to the reference child. These items on parental characteristics measure risk factors that could be associated with children's development and progress through school. Other questions within both parent characteristics sections can be used to relate family involvement in education with parents' characteristics including their education, choice of employment as well as the number of hours they work.

For parents of children who attend school, questions about school accommodations for mothers and fathers whose primary language is not English are also included in these sections. These are important indicators of possible barriers to parent involvement.

Sections 8 and 9: Your Household and Questions about You(Questions 89-106)

This final series of items collects information about who lives in the household with this child, receipt of public assistance, and household income. Receipt of public assistance and household income can be used to classify families according to the economic resources available to them, identify child risk factors, and examine the relationship of the family's economic status to school participation.

Parent and Family Involvement in Education Research Questions

The items in the Parent and Family Involvement in Education Interview will obtain information useful for investigating the following research questions.

1. In what ways and to what extent are parents and families involved in their children's schooling?
 - a. To what extent are parents and families involved in choosing their children's schools?
 - b. What are the reasons for parents' school choices and what types of information do parents obtain to make these choices?
 - c. In what ways are parents and families involved directly with their children's schools (e.g., meetings, volunteering, etc.)?
 - d. What is the relationship between parenting style and the extent of parents' and families' involvement in school choice and children's schooling?
 - e. What is the relationship between parent and family involvement in school and student experiences and performance (e.g., grades, retention).
2. What are parents' perceptions of communication by teachers or other school personnel with parents or families?
 - a. What is the type and purpose of school communication reported by parents including school contact to discuss both problems and how well the child is doing in school?
 - b. What frequency and modes of school contact with families do parents report?
 - c. What are the differences in parent perceptions of the purpose and frequency of communication by school characteristics?
 - d. How are parent perceptions of school/family communication related to their involvement with the school, in homework, and in learning activities outside of school?
3. What types of school practices to involve and support families are reported by parents?
 - a. What are the school practices that parents report?
 - b. What is the relationship between school practices and different types and levels of involvement with the school, in homework, and in learning activities outside of school?

- c. What are the differences in reports of school practices based on school characteristics?
 - d. What is the relationship of parent-reported school practices to levels of involvement by socioeconomic status?
 - e. What is the relationship between family involvement with the school and parent assessments of the school environment concerning parent and family involvement?
4. What are the barriers to school involvement by families?
- a. What are the language barriers that language minority families face and how do they relate to the type and extent of their involvement with the school?
 - b. Do parent perceptions of the efficacy of their involvement relate to the type and extent of family involvement?
5. In what ways and to what extent are parents and other household members involved in their children's homework?
- a. How does the involvement of household members in homework relate to student experiences and performance?
 - b. How often do household members help children with homework?
 - c. How does the environment that families create for homework completion relate to student experiences and performance?
 - d. How does parenting style relate to the extent of parents' involvement in children's homework?
6. In what ways are parents and family members involved in non-school activities with children at home?
- a. What is the type and extent of family involvement in daily activities and other learning activities of children and how does this relate to student experiences and performance?
7. How is children's health/disability status related to family involvement and student behavior, experiences and performance?
- a. How is children's health related to the level of parent and family involvement in their education?
 - b. What is the extent of parent reporting of children's disabilities?
 - c. How are children's health and disabilities related to the extent of parent and family involvement, school practices, and student experiences and performance?

- d. To what extent do children receive services for disabilities and from what sources?
 - e. What is the extent of children's participation in Individualized Education Programs or Plans (IEPs) or enrollment in special education classes?
 - f. What is the extent of parents' and families' involvement with the school in developing their children's IEPs?
 - g. Are parents satisfied with their children's IEPs or special education classes or services, including the school's communication with the family, the special needs teacher or therapist, and the school's ability to accommodate the child's special needs?
8. What is the extent of homeschooling of children during their school years?
- a. To what extent do homeschooled students also attend schools to receive some of their instruction?
 - b. To what extent do parents use homeschool communities or resources such as distance learning/Internet to obtain materials or develop curricula?
 - c. Of the total school-going years, how many years are children homeschooled?
 - d. What are the reasons for homeschooling by parents?
 - e. What is the role of the Internet and the use of other technology or media for homeschooling instruction and curriculum development?

These research questions are reflected in exhibit 11 which includes item-by-item descriptions of the NHES Parent and Family Involvement in Education Interview questions and their associated research questions.

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|-----------------------------|
| Throughout this table, an asterisk denotes items in which the Yes/No categories have been flipped in the alternate version for ease of navigation. | | | |
| Section 1: Childs Schooling: (1-19); Alternate (1-23) | | | |
| 1 | 1 | Confirm this child's grade | Research Question 1 |
| <p>Mainline</p> <p>1. This child's grade may be shown above. To confirm this child's grade please mark the grade or year of school this child is attending.</p> <p><i>If this child is not assigned a specific grade select the grade he/she would be in at a school with regular grades.</i></p> <p>Mark [X] ONE only.</p> | | <p>Alternate</p> <p>1. This child's grade may be shown above. To confirm this child's grade, please mark or write the grade this child is attending.</p> <p><i>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.</i></p> <p><input type="checkbox"/> Full-day kindergarten</p> <p><input type="checkbox"/> Partial-day kindergarten</p> <p>grade (1 through 12)</p> | |
| 2 | 2* | Child currently enrolled in advanced placement classes | Research Question 1e. |
| <p>Mainline</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>! If the child is enrolled in 9th grade or higher (high school) answer question 2, otherwise GO TO question 3.</p> </div> <p>2. (If enrolled in 9th – 12th grade) Is he/she currently enrolled in advanced placement classes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | | <p>Alternate</p> <p>2. Is he/she currently enrolled in advanced placement classes?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Does not apply</p> | |
| 3 | 3 | Type of school this child attends | Research Question 1a, 2b,3c |
| 4 | 4* | His/her regularly assigned school | Research Question 1a, 2b,3c |
| 5 | 5* | School a charter school | Research Question 1a, 2b,3c |
| 6 | 6* | Move so that this child could attend his/her current school | Research Question 1a, 1e. |
| 7 | 7* | Consider other schools for this child | Research Question 1a, 1e. |
| 8 | 8* | Seek information on the performance of the schools you were considering | Research Question 1a, 1e. |

Part C: Questionnaire Justification

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---------------------------------|----------------------------------|---|----------------------------------|
| 9 | 9* | School this child attends your first choice | Research Question 1a, 1e. |
| 10 | 10* | Child has been in the same school since the beginning of this school year | Research Question 1a |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|--|---------------------------|
| Mainline | | Alternate | |
| <p>10. Since the beginning of this school year, has this child been in the same school?</p> <p><input type="checkbox"/> Yes → GO TO question 12.</p> <p><input type="checkbox"/> No</p> | | <p>10. Since the beginning of this school year, has this child been in the same school?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| 11 | 11 | Month and Year child started at his/her current school | Research Question 1c. |
| 12 | 12 | Agree or Disagree with these statements | Research Question 3e. |
| 13 | 13 | Grades the child gets | Research Question 1e. |
| 14 | 14 | Number of times any of this child's school contacted your household | Research Question 1d. |
| Mainline | | Alternate | |
| <p>14. Since the beginning of this school year, how many times have any of this child's teachers or his/her school contacted any adult in your household about each of the following:</p> <p><i>Write '0' if none.</i></p> <p style="text-align: right;">Number</p> <p>a. Any behavior problems this child is having in school?..... <input type="text"/> <input type="text"/></p> <p>b. Any problems this child is having with school work?..... <input type="text"/> <input type="text"/></p> <p>c. Anything this child is doing particularly well or better in school?..... <input type="text"/> <input type="text"/></p> | | <p>14. Since the beginning of this school year, how many times have any of this child's teachers or school staff contacted your household about...</p> <p><i>Write '0' if none.</i></p> <p style="text-align: right;">Number</p> <p>a. Behavior problems this child is having in school.....</p> <p>b. Problems this child is having with school work.....</p> <p>c. Very good behavior</p> <p>d. Very good school work</p> | |
| N/A | 14a | Number of days child has been absent | Research Question 1e. |
| Mainline- question not asked | | Alternate | |
| | | <p>15. Since the beginning of this school year, how many days has this child been absent from school?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> days</p> | |
| 15 | 16 | Has child repeated any grades | Research Question 1e. |
| 16 | 17 | Grade or grades he/she repeated | Research Question 1e. |
| 17 | 18* | School suspensions | Research Question 1e |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question # Mainline | Question # Alternate | Item Stem | Research Question/Purpose |
|------------------------|-------------------------|--|---|
| a. | | An out of school suspension?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. | | An in school suspension not counting detentions?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. | | Been expelled from school?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <p>Mainline</p> <p>17. Has this child ever had the following experiences? Mark [X] ONE box for each item below.</p> | <p>Alternate</p> <p>18. Has this child ever had the following experiences? Mark <input checked="" type="checkbox"/> ONE box for each item below.</p> <p>No Yes ▼ ▼</p> <p>a. An out of school suspension?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>b. An in school suspension not counting detentions?..... <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Been expelled from school?..... <input type="checkbox"/> <input type="checkbox"/></p> |
| 18 | 19 | Expectations of child’s education | Research Question 1e. |
| 19 | 20 | Child’s work at school | Research Question 1e. |
| NA | 21 | Take courses on internet | Research Question 1e. |
| | | <p>Mainline-question not asked</p> | <p>Alternate</p> <p>21. Some students take school-related courses over the internet. Is this child receiving any instruction this way?</p> <p><input type="checkbox"/> No → GO TO question 24</p> <p><input type="checkbox"/> Yes ↓</p> |
| NA | 22 | Provider of internet instruction | Research Question 1e. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|--|---|
| Mainline-question not asked | | | Alternate 22. Is that instruction provided by any of the following places? Mark <input checked="" type="checkbox"/> all that apply. Your local public school A charter school Another public school A private school A college, community college, or university Someplace else—Specify: <input type="text"/> |
| NA | 23 | Fee for internet instruction | Research Question 1e. |
| Mainline-question not asked | | | Alternate 23. Is there a charge or fee for that instruction? No Yes |
| Mainline-Section 2: Families and School (20-25); Alternate-(24-27) | | | |
| 20 | 24 | Number of times adult in the HH has done anything at this child’s school | Research Question 1c, 3a, 3d, 3e. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued


| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|-----------|--|
| <p>Mainline</p> <p>20. 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?</p> <p><i>Mark [X] ONE box for each item below.</i></p> <hr/> <p style="text-align: right;">Yes No ▼ ▼</p> <p>a. Attended a school or class event, such as a play, dance, sports event, or science fair..... <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Served as a volunteer in this child's classroom or elsewhere in the school..... <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Attended a general school meeting, for example, an open house, or a back-to-school night..... <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Attended a meeting of the parent-teacher organization or association <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Gone to a regularly scheduled parent-teacher conference with this child's teacher..... <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Participated in fundraising for the school..... <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Served on a school committee. <input type="checkbox"/> <input type="checkbox"/></p> <p>h. Met with a guidance counselor in person..... <input type="checkbox"/> <input type="checkbox"/></p> <hr/> | | | <p>Alternate</p> <p>24. Since the beginning of this school year, how many times has any adult in this child's household done any of the following things at this child's school?</p> <p><i>Write '0' if none.</i></p> <hr/> <p style="text-align: right;">Number</p> <p>a. Attended a school or class event, such as a play, dance, sports event, or science fair..... <input type="text"/> <input type="text"/></p> <p>b. Served as a volunteer in this child's classroom or elsewhere in the school..... <input type="text"/> <input type="text"/></p> <p>c. Attended a general school meeting, for example, an open house, or a back-to-school night..... <input type="text"/> <input type="text"/></p> <p>d. Attended a meeting of the parent-teacher organization or association..... <input type="text"/> <input type="text"/></p> <p>e. Gone to a regularly scheduled parent-teacher conference with this child's teacher..... <input type="text"/> <input type="text"/></p> <p>f. Participated in fundraising for the school..... <input type="text"/> <input type="text"/></p> <p>g. Served on a school committee..... <input type="text"/> <input type="text"/></p> <p>h. Met with a guidance counselor in person..... <input type="text"/> <input type="text"/></p> <p>i. Other..... <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Specify: </p> <hr/> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|--|-----------------------------------|
| 21 | N/A | Number of School Activities HH has participated in | Research Question 1c, 3a, 3d, 3e. |
| Mainline 21. 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 | | Alternate- Question not asked | |
| 22 | 25* | Notes received from school | Research Question 2a, 2b, 2c, 2d. |
| Mainline 22. During this school year, have you received any of the following: a. Notes or emails specifically about this child from his/her teachers or school administrators? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Newsletters, memos or notices addressed to all parents? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Phone calls specifically about this child from his/her teachers or school administrators? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Alternate 25. 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? <input type="checkbox"/> No <input type="checkbox"/> Yes b. Newsletters, memos, emails, or notices addressed to all parents? <input type="checkbox"/> No <input type="checkbox"/> Yes c. Phone calls specifically about this child from his/her teachers or school administrators? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 23 | 26 | How well has this child’s school done the following things | Research Question 2a, 2b, 2c, 2d. |
| 24 | N/A | How well has this child’s school provided information on college/vocational school | Research Question 2a, 2b, 2c, 2d. |
| 25 | 27 | Overall satisfaction/dissatisfaction | Research Question 2a, 2b, 2c, 2d. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|---|---------------------------|
| Mainline ! If the child is enrolled in 9 th grade or higher (high school) answer question 24, otherwise GO TO question 25. 24. (If enrolled in 9 th – 12 th grade) How well has this child’s school been doing at providing information on how to help him/her plan for college or vocational school? <input type="checkbox"/> Does it very well <input type="checkbox"/> Just ok <input type="checkbox"/> Not very well <input type="checkbox"/> Does not do it at all <input type="checkbox"/> Does not apply | | Alternate- asked of everyone 26. How well has this child’s school been doing the following things during this school year? e. Providing information on how to help this child plan for college or vocational school. <input type="checkbox"/> Very well <input type="checkbox"/> Just ok <input type="checkbox"/> Not very well <input type="checkbox"/> Does not do it at all <input type="checkbox"/> Does not apply | |
| Mainline-Section 3: Homework (26-31); Alternate (28-34) | | | |
| 26 | 28 | How often does child receive homework | Research Question 5 |
| 27 | 29 | Child’s time spent on homework | Research Question 5 |
| 28 | 30 | Feelings towards the amount of homework (respondent) | Research Question 5 |
| N/A | 31 | Feelings towards the amount of homework (child) | Research Question 5 |
| Mainline- Question not asked | | Alternate 31. How does this child feel about the amount of homework he or she is assigned? The amount is about right It’s too much It’s too little | |
| 29 | 32* | Place set aside in home for child to complete homework | Research Question 5c. |
| 30 | 33* | Adult in HH check homework | Research Question 5b. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|---|--|---------------------------|
| Mainline 30. Does any adult in your household check to see that this child's homework is done? Yes No | Alternate 33. How often does any adult in your household check to see that this child's homework is done? Never Rarely Sometimes Always | | |
| 31 | 34 | Number of days, per week, an adult in HH helps child with homework | Research Question 5b. |
| Mainline-Section 4: Family Activities (32-34); Alternate (35-37) | | | |
| 32 | 35* | In the past week, has anyone in your family done the following things with this child... | Research Question 6a |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--|---------------------------|------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--|---|--|---------|----------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <p>Mainline</p> <p>! If this child is in kindergarten, 1st, 2nd, 3rd, 4th, or 5th grade continue with question 32. If he/she is in any other grade GO TO question 33.</p> <p>32. In the past week, has anyone in your family done the following things with this child?</p> <p>Mark [X] ONE box for each item below.</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes ▼</th> <th style="width: 10%; text-align: center;">No ▼</th> </tr> </thead> <tbody> <tr> <td>a. Told him/her a story.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Done activities like coloring, painting, pasting, or using clay.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Played board games or did puzzles with him/her.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | Yes ▼ | No ▼ | a. Told him/her a story..... | <input type="checkbox"/> | <input type="checkbox"/> | b. Done activities like coloring, painting, pasting, or using clay..... | <input type="checkbox"/> | <input type="checkbox"/> | c. Played board games or did puzzles with him/her..... | <input type="checkbox"/> | <input type="checkbox"/> | | <p>Alternate</p> <p>35. In the past week, has anyone in your family done the following things with this child?</p> <p>Mark <input checked="" type="checkbox"/> ONE box for each item below.</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">No ▼</th> <th style="width: 10%; text-align: center;">Yes ▼</th> </tr> </thead> <tbody> <tr> <td>a. Told him/her a story (Do not include reading to this child.).....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Done activities like arts and crafts, coloring, painting, pasting, or using clay.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Played board games or did puzzles with him/her.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Worked on a project like building, making, or fixing something.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Played sports, active games, or exercised together.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Discussed with him/her how to manage time.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Talked with him/her about the family's history or ethnic heritage....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | No ▼ | Yes ▼ | a. Told him/her a story (Do not include reading to this child.)..... | <input type="checkbox"/> | <input type="checkbox"/> | b. Done activities like arts and crafts, coloring, painting, pasting, or using clay..... | <input type="checkbox"/> | <input type="checkbox"/> | c. Played board games or did puzzles with him/her..... | <input type="checkbox"/> | <input type="checkbox"/> | d. Worked on a project like building, making, or fixing something..... | <input type="checkbox"/> | <input type="checkbox"/> | e. Played sports, active games, or exercised together..... | <input type="checkbox"/> | <input type="checkbox"/> | f. Discussed with him/her how to manage time..... | <input type="checkbox"/> | <input type="checkbox"/> | g. Talked with him/her about the family's history or ethnic heritage.... | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Yes ▼ | No ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Told him/her a story..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Done activities like coloring, painting, pasting, or using clay..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Played board games or did puzzles with him/her..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | No ▼ | Yes ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Told him/her a story (Do not include reading to this child.)..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Done activities like arts and crafts, coloring, painting, pasting, or using clay..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Played board games or did puzzles with him/her..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Worked on a project like building, making, or fixing something..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Played sports, active games, or exercised together..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Discussed with him/her how to manage time..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Talked with him/her about the family's history or ethnic heritage.... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | 35* | In the past week, has anyone in your family done the following things with this child... | Research Question 6a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | 36 | Number of days family has eaten the evening meal together | Research Question 6a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mainline- Question not asked | | <p>Alternate</p> <p>36. In the past week, how many days has your family eaten the evening meal together?</p> <p>Write '0' if none.</p> <p><input type="text"/> days</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|---|-------------------------------|---------|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--|--|---------|----------|--------------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 34 | 37* | In the past month, has anyone in your family done the following things with this child... | Research Question 6a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mainline-Section 5: Childs Health (35-43); Alternate (38-47) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 38 | Describe child’s health | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | 39* | Child’s diagnosed conditions | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mainline | | Alternate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>36. Has a health professional told you that this child has any of the following conditions? Mark [X] ONE box for each item below.</p> | | <p>39. Has a health or education professional told you that this child has any of the following conditions? Mark <input type="checkbox"/> ONE box for each item below.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <thead> <tr> <th></th> <th>Yes ▼</th> <th>No ▼</th> </tr> </thead> <tbody> <tr> <td>a. A specific learning disability.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Mental retardation.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. A speech or language delay.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. A serious emotional disturbance...</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Deafness or another hearing impairment.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. Blindness or another visual impairment not corrected with glasses.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>g. An orthopedic impairment.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>h. Autism.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>i. Attention deficit disorder, ADD or ADHD.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>j. Pervasive Developmental Disorder or PDD.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>k. Another health impairment lasting 6 months or more.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | Yes ▼ | No ▼ | a. A specific learning disability..... | <input type="checkbox"/> | <input type="checkbox"/> | b. Mental retardation..... | <input type="checkbox"/> | <input type="checkbox"/> | c. A speech or language delay..... | <input type="checkbox"/> | <input type="checkbox"/> | d. 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A speech or language impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | d. A serious emotional disturbance | <input type="checkbox"/> | <input type="checkbox"/> | e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | g. Intellectual disabilities..... | <input type="checkbox"/> | <input type="checkbox"/> | h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> | i. Pervasive Developmental Disorder (PDD) | <input type="checkbox"/> | <input type="checkbox"/> | j. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> | k. Developmental delays..... | <input type="checkbox"/> | <input type="checkbox"/> | l. Traumatic brain injury | <input type="checkbox"/> | <input type="checkbox"/> | m. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes ▼ | No ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. A specific learning disability..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Mental retardation..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. A speech or language delay..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. A serious emotional disturbance... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. An orthopedic impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Pervasive Developmental Disorder or PDD..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | No ▼ | Yes ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. A specific learning disability. . | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. An orthopedic impairment.... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. A speech or language impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. A serious emotional disturbance | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Deafness or another hearing impairment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Blindness or another visual impairment not corrected with glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Intellectual disabilities..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Pervasive Developmental Disorder (PDD) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Developmental delays..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Traumatic brain injury | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | 40 | Did you mark yes to any condition | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 41* | Child receiving services for their condition | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose | | | | | | | | | | | | | | | |
|--|--------------------------|---|-----------------------------------|--|---------|----------|----------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
| 38 | 42* | Who are those services provided by | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 39 | 43* | Services provided by an IEP | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 40 | 44* | Adult in HH help to develop/change child's IEP | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 41 | 45 | Overall satisfaction/dissatisfaction with child's IEP | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 42 | 46* | Child currently enrolled in special education classes | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| 43 | N/A | Child's condition affect his/her ability to learn | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| N/A | 47 | Child's conditions affect his/her ability to do the following things... | Research Question 1g, 3a, 3b. | | | | | | | | | | | | | | | |
| <p>Mainline</p> <p>43. Does this child's disability affect his/her ability to learn?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | | <p>Alternate</p> <p>47. Does this child's condition interfere with his/her ability to do any of the following things?</p> <p>Mark <input type="checkbox"/> ONE box for each item below.</p> <p><input type="checkbox"/> Child no longer has condition</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">No ▼</th> <th style="text-align: center;">Yes ▼</th> </tr> </thead> <tbody> <tr> <td>a. Learn?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Participate in sports, clubs, or other organized activities?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Attend school on a regular basis?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Make friends?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | No ▼ | Yes ▼ | a. Learn?..... | <input type="checkbox"/> | <input type="checkbox"/> | b. Participate in sports, clubs, or other organized activities?..... | <input type="checkbox"/> | <input type="checkbox"/> | c. Attend school on a regular basis?..... | <input type="checkbox"/> | <input type="checkbox"/> | d. Make friends?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | No ▼ | Yes ▼ | | | | | | | | | | | | | | | | |
| a. Learn?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| b. Participate in sports, clubs, or other organized activities?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| c. Attend school on a regular basis?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| d. Make friends?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Mainline-Section 6: Child's Background (44-51); Alternate (48-55) | | | | | | | | | | | | | | | | | | |
| 44 | 48 | In what month and year was this child born? | | | | | | | | | | | | | | | | |
| 45 | 49 | Where was this child born | Research Question 1g, 2a, 3a, 3b. | | | | | | | | | | | | | | | |
| 46 | 50 | Age when first moved to the US/ District of Columbia | Research Question 1g, 2a, 3a, 3b. | | | | | | | | | | | | | | | |
| 47 | 51* | Is this child of Spanish, Hispanic, or Latino origin | Research Question 1g, 2a, 3a, 3b. | | | | | | | | | | | | | | | |
| 48 | 52 | Child's race | Research Question 1g, 2a, 3a, 3b. | | | | | | | | | | | | | | | |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|---|---|
| 49 | 53* | Child's address for this school year | Research Question 1g, 2a, 3a, 3b. |
| <p>Mainline</p> <p>49. For the current school year, does this child usually live at another address, for example because of a joint custody arrangement?</p> <p><i>Do not include vacation properties.</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | | <p>Alternate</p> <p>53. For this school year, does this child usually live at this address or another address, (for example, because of a joint custody arrangement)?</p> <p><i>Do not include vacation properties.</i></p> <p><input type="checkbox"/> Child usually lives at this address</p> <p><input type="checkbox"/> Child usually lives at another address</p> | |
| 50 | 54 | Language child speaks at home | Research Question 1g, 2a, 3a, 3b. |
| <p>Mainline</p> <p>50. What language does this child speak most at home?</p> <p><i>Mark [X] ONE only.</i></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> A language other than English or Spanish</p> <p><input type="checkbox"/> English and Spanish equally</p> <p><input type="checkbox"/> English and another language equally</p> <p><input type="checkbox"/> Child has not started to speak</p> | | <p>54. What language does this child speak most at home?</p> <p><i>Mark <input checked="" type="checkbox"/> ONE only.</i></p> <p><input type="checkbox"/> Child is not able to speak</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> A language other than English or Spanish</p> <p><input type="checkbox"/> English and Spanish equally</p> <p><input type="checkbox"/> English and another language equally</p> | |
| 51 | 55* | Child currently enrolled in English as a second language, bilingual education, or an English immersion program | Demographic/ background characteristics |

GO TO Section 7

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|---|--------------------------|---|---------------------------|
| Mainline-Section 7: Child’s Mother or Female Guardian (52-70);Alternate-Section 7: Child’s Family(56-96) | | | |
| Mother | Parent 1 | Parent/Guardian section | |
| 52 | N/A | Mother or Female Guardian in the household | Research Question 1g. |
| 53 | 56 | Parent/Guardian relationship to child | Research Question 1g. |
| N/A | 57 | Is this person male or female | Research Question 1g. |
| Mainline | | Alternate | |
| 53. Is this person the child’s... Birth mother, Adoptive mother, Stepmother, Foster mother, Grandmother, or Other female guardian? | | 57. Is this parent or guardian the child’s... Biological parent Adoptive parent Step parent Foster parent Grandparent Other guardian | |
| 54 | 75 | How old was this parent when she first became a parent to any child | Research Question 1g. |
| Mainline | | Alternate | |
| 54. How old was this woman when she first became a mother or guardian to <u>any</u> child? <input type="text"/> <input type="text"/> age | | 75. How old was this person when he or she first became a parent to <u>any</u> child? <input type="text"/> <input type="text"/> Age Don’t know | |
| 55 | 58 | Marital status of this parent or guardian | Research Question 1g. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|--|-------------------------------|
| Mainline | | Alternate | |
| <p>55. What is the current marital status of this child's mother or female guardian?</p> <p>Mark [X] ONE only.</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Living with a partner</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Never married</p> | | <p>58. What is the current marital or partner status of this parent or guardian?</p> <p>Mark <input checked="" type="checkbox"/> ONE only.</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered domestic partnership or civil union</p> <p><input type="checkbox"/> Living with a partner</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Never married</p> | |
| 56 | 59 | First language parent or guardian learned to speak | Research Question 1g, 3a, 3b. |
| 57 | 60 | Language does this person speak most at home now | Research Question 1g. |
| 58 | 61 | Difficult for parent to be involved at school because of language barriers | Research Question 1g. |
| 59 | 62* | Does school have interpreters | Research Question 1g. |
| 60 | 63* | Does school have translated materials | Research Question 1g. |
| 61 | 64 | Where was this parent or guardian born | Research Question 1g. |
| 62 | 65 | How old was this person when he/ she first moved to the US/ District of Columbia | Research Question 1g. |
| 63 | 66* | Is this person of Spanish, Hispanic, or Latino origin? | Research Question 1g. |
| 64 | 67 | What is this person's race | Research Question 1g. |
| 65 | 68 | Parent/guardian highest level of education completed | Research Question 1g. |
| 66 | 69* | Is he or she currently attending or enrolled in a school/job training | |
| 67 | 70 | Parent/ guardian employment status | Research Question 1g, 1k. |
| 68 | 71 | Number of hours worked per week, if employed | Research Question 1g, 1k. |
| 69 | 72* | Looking for work in the past 4 weeks, if unemployed | Research Question 1g, 1k. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|----------------------------------|---|----------------------------------|
| 70 | 73 | Worked for pay or income in the past 12 months | Research Question 1g, 1k. |
| N/A | 74 | Age of parent/guardian | Research Question 1g. |
| Father | Parent 2 | Parent/Guardian section | |
| Mainline-Section 8: Child’s Father or Male Guardian (71-88);Alternate-Section 7: Child’s Family(cont’d) | | | |
| N/A | 76 | Presence of a second parent or guardian | Research Question 1g. |
| 71 | N/A | Father or Male Guardian in the household | Research Question 1g. |
| 72 | 77 | Parent/Guardian relationship to child | Research Question 1g. |
| Mainline | | Alternate | |
| 72. Is this person the child’s... | | 77. Is this parent or guardian the child’s... | |
| Birth father, Adoptive father, Stepfather, Foster father, Grandfather, or Other male guardian? | | Biological parent Adoptive parent Step parent Foster parent Grandparent Other guardian | |
| N/A | 78 | Is this person male or female | Research Question 1g. |
| 73 | 79 | Marital status of this parent or guardian | Research Question 1g. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|--------------------------|--|-------------------------------|
| Mainline | | Alternate | |
| <p>73. What is the current marital status of this child’s father or male guardian?</p> <p>Mark [X] ONE only.</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Living with a partner</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Never married</p> | | <p>79. What is the current marital or partner status of this parent or guardian?</p> <p>Mark <input checked="" type="checkbox"/> ONE only.</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> In a registered domestic partnership or civil union</p> <p><input type="checkbox"/> Living with a partner</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Never married</p> | |
| 74 | 80 | First language parent or guardian learned to speak | Research Question 1g, 3a, 3b. |
| 75 | 81 | Language does this person speak most at home now | Research Question 1g. |
| 76 | 82 | Difficult for parent to be involved at school because of language barriers | Research Question 1g. |
| 77 | 83* | Does school have interpreters | Research Question 1g. |
| 78 | 84* | Does school have translated materials | Research Question 1g. |
| 79 | 85 | Where was this parent or guardian born | Research Question 1g. |
| 80 | 86 | How old was this person when he/ she first moved to the US/ District of Columbia | Research Question 1g. |
| 81 | 87* | Is this person of Spanish, Hispanic, or Latino origin? | Research Question 1g. |
| 82 | 88 | What is this person’s race | Research Question 1g. |
| 83 | 89 | Parent/guardian highest level of education completed | Research Question 1g. |
| 84 | 90* | Is he or she currently attending or enrolled in a school/job training | Research Question 1g. |
| 85 | 91 | Parent/ guardian employment status? | Research Question 1g, 1k. |
| 86 | 92 | Number of hours worked per week, if employed | Research Question 1g, 1k. |
| 87 | 93* | Looking for work in the past 4 weeks, if unemployed | Research Question 1g, 1k. |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued

| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|--|----------------------------------|--|----------------------------------|
| 88 | 94 | Worked for pay or income in the past 12 months | Research Question 1g, 1k. |
| N/A | 95 | Age of parent/guardian | Research Question 1g. |
| N/A | 96 | Age first became parent to any child | Research Question 1g. |
| Mainline-Section 9: Your Household (89-97); Alternate-Section 8: Your Household (97-111) | | | |
| N/A | 97 | Total number of people in HH | Household Demographics |
| 89 | N/A | Please identify all of the people that live in the HH with the sampled child, including respondent | Household Demographics |
| N/A | 98 | How many of the following people live in the HH with the child | Household Demographics |
| 90 | N/A | How many females live in this HH | Household Demographics |
| 91 | N/A | How many males live in this HH | Household Demographics |
| 92 | N/A | How many aged 20 or younger in the HH | Household Demographics |
| N/A | 99 | Respondent relationship to child | Household Demographics |
| 93 | 100 | Languages spoken by adults in the HH | Household Demographics |
| 94 | 104 | Home Ownership | Household Demographics |
| 95 | 105 | Mail received at another address, including P.O. Boxes | Household Demographics |
| 96 | 101 | Benefits received in the past 12 months | Household Demographics |
| 97 | 102 | Total HH income | Household Demographics |
| N/A | 103 | Number of years at address | Household Demographics |
| N/A | 106 | Internet access in HH | Household Demographics |
| N/A | 107 | Presence of a landline telephone | Household Demographics |
| N/A | 108 | Own a working cell phone | Household Demographics |
| N/A | 109 | Calls received on cell phone | Household Demographics |
| N/A | 110 | Identify Child's School | Household Demographics |
| N/A | 111 | School Information | Household Demographics |
| Mainline-Section 10: Questions About You (98-106); Alternate Section 8: Your Household (cont'd) | | | |
| 98 | N/A | Respondent relationship to child | Household Demographics |

Exhibit 11. Item-by-item descriptions of Parent and Family Involvement in Education Interviews and associated research questions—Continued



| Question #, Mainline | Question #, Alternate | Item Stem | Research Question/Purpose |
|-------------------------|--------------------------|---|--|
| | | <p>Mainline</p> <p>98. How are you related to this child?</p> <p>Mark [X] ONE only.</p> <p>Mother/Father (birth, adoptive, step, or foster)</p> <p>Aunt/Uncle</p> <p>Grandparent</p> <p>Girlfriend/Boyfriend of this child's parent or guardian</p> <p>Other relationship – specify: </p> <div data-bbox="293 852 786 984" style="border: 1px solid black; height: 60px; width: 100%;"></div> | <p>Alternate</p> <p>99. How are you related to this child?</p> <p>Mark <input checked="" type="checkbox"/> ONE only.</p> <p><input type="checkbox"/> Mother (birth, adoptive, step, or foster)</p> <p><input type="checkbox"/> Father (birth, adoptive, step, or foster)</p> <p><input type="checkbox"/> Aunt</p> <p><input type="checkbox"/> Uncle</p> <p><input type="checkbox"/> Grandmother</p> <p><input type="checkbox"/> Grandfather</p> <p><input type="checkbox"/> Parent's girlfriend/ boyfriend/ partner</p> <p><input type="checkbox"/> Other relationship – Specify: </p> <div data-bbox="922 1035 1373 1119" style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| 99 | N/A | Respondent sex | Household Demographics |
| 100 | N/A | Number of Years at address | Household Demographics |
| 101 | N/A | Internet access in HH | Household Demographics |
| 102 | N/A | Presence of a landline telephone | Household Demographics |
| 103 | N/A | Own a working cell phone | Household Demographics |
| 104 | N/A | Call received on cell phone | Household Demographics |
| 105 | N/A | Identify Child's School | Sampling |
| 106 | N/A | School Information | Sampling |

Exhibit 12. Item-by-item descriptions of Homeschool Interviews and associated research questions

| Question # | Item Stem | Research Question/Purpose |
|--|---|------------------------------------|
| Sections 1, 2 and 3 of the PFI enrolled questionnaire have been replaced with the following questions for those students who are homeschooled. | | |
| Child's Homeschooling (1-20) | | |
| 1 | Person in household who mainly homeschools this child | Understand trends in homeschooling |
| 2 | Is any instruction provided by a private tutor or teacher | Understand trends in homeschooling |
| 3 | Any of this child's instruction provided by a local homeschooling group or co-op | Understand trends in homeschooling |
| 4 | Does child attend a public or private school or college or university for instruction | Understand trends in homeschooling |
| 5 | What type of school(s) does this child attend | Understand trends in homeschooling |
| 6 | Number of hours per week child goes to school for instruction | Understand trends in homeschooling |
| 7 | Grade or year in school child would in if he/she was attending school | Understand trends in homeschooling |
| 8A | Number of days each week this child is homeschooled | Understand trends in homeschooling |
| 8B | Total hours each week child is homeschooled | Understand trends in homeschooling |
| 9 | Has child participated in any activities with other homeschooled children | Understand trends in homeschooling |
| 10 | Formal curriculum versus informal learning | Understand trends in homeschooling |
| 11 | Sources of curriculum or books used to homeschool child | Understand trends in homeschooling |
| 12 | Courses taken to help prepare child's home instruction | Understand trends in homeschooling |
| 13 | Does child take courses over the internet | Understand trends in homeschooling |
| 14 | Is internet instruction provided by local public school or other provider | Understand trends in homeschooling |
| 15 | Charge or fee for internet instruction | Understand trends in homeschooling |
| 16 | Grade(s) child was homeschooled for some classes or subjects | Understand trends in homeschooling |
| 17 | Reasons parents choose to homeschool their child | Understand trends in homeschooling |
| 18 | Most important reason for homeschooling child | Understand trends in homeschooling |
| 19 | How far do you expect child to go in education | Understand trends in homeschooling |
| 20 | Subject areas | Understand trends in homeschooling |
| Family Activities (21-26) | | |

| Question # | Item Stem | Research Question/Purpose |
|-------------------|---|------------------------------------|
| 21 | In the past week, has anyone in your family done the following things with this child... | Research Question 6a |
| 22 | Days that family ate the evening meal together | Research Question 6a |
| 23 | In the past month, has anyone in your family done the following things with this child... | Research Question 6a |
| 24 | Does the family participate in other homeschooling activities or meetings | Understand trends in homeschooling |
| 25 | Number of times has family gone to meetings/participated in local homeschooling events | Understand trends in homeschooling |
| 26 | Member of a national homeschooling organization | Understand trends in homeschooling |

