

EDUCATION LONGITUDINAL STUDY OF 2002



NOT CURRENTLY IN SCHOOL QUESTIONNAIRE First Follow-up

Sponsored by:
U.S. Department of Education
National Center for Education Statistics

Conducted by:
RTI



USES OF THE DATA

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

ASSURANCE OF CONFIDENTIALITY

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

IP ○



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MARKING DIRECTIONS

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

FILLING IN CIRCLES:

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

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

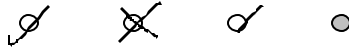
Correct Mark:

Dark and thick, circle completely filled



Incorrect Marks:

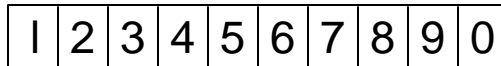
Light and thin



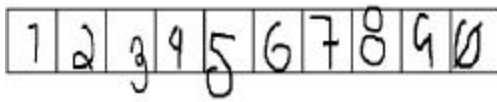
PRINTING NUMBERS IN BOXES:

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

Write digits like this:



Do not write digits like this:



GENERAL INSTRUCTIONS

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

I. MARK ONE RESPONSE

1. What is the color of your eyes?

(MARK ONE RESPONSE)

- Brown.....
- Blue.....
- Green.....
- Another color.....

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

II. MARK ALL THAT APPLY

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

(MARK ALL THAT APPLY)

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

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

III. MARK ONE RESPONSE ON EACH LINE

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

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No | Don't know |
|-----------------------------------|----------------------------------|----------------------------------|-----------------------|
| a. Study at a friend's house..... | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Go to a museum..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| c. Visit a relative..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

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



IV. MARK ONE RESPONSE IN EACH COLUMN

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

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

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

V. QUESTION WITH A SKIP

5. Do you eat sweet foods?

Yes.... **GO TO QUESTION 6**
 No.... **SKIP TO QUESTION 7**

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

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

Yes....
 No.....

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

(MARK ALL THAT APPLY)

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

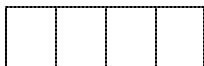
If you did not attend a sporting event or go to a movie last week, you would mark none of the above.

THIS IS THE END OF THE EXAMPLES.

THIS QUESTIONNAIRE IS NOT A TEST.

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

PLEASE GO TO THE NEXT PAGE TO BEGIN THE QUESTIONNAIRE.



PART I. INFORMATION FOR FUTURE FOLLOW-UP

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

Your Name:

Last Name First Name Middle Initial

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

Address

City State Zip code

Telephone:

() _____ You do not have a telephone.....
Area code Telephone number

E-mail address:

_____ You do not have an e-mail address.....

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

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

Mother's (female guardian's) Name:

Last Name First Name Middle Initial

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

(MARK ONE RESPONSE)

- Yes..... **SKIP TO QUESTION 5 ON PAGE 2**
No..... **GO TO QUESTION 4 ON PAGE 2**
She is no longer living..... **SKIP TO QUESTION 6 ON PAGE 2**

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

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

Address

City

State

Zip code

Mark here if you don't know any of his address.....

Telephone:

(_____) He does not have a telephone.....

Area code Telephone number

You don't know his telephone number.....

9. What is his work phone number?

Father's (male guardian's) Work Telephone:

(_____) He does not work.....

Area code Telephone number Extension

You don't know his work phone number.....

10. Please print the name, address, and telephone number of a relative or close friend who does not live with you and who will always know how to contact you. If you don't know the complete address, fill in as much as you know.

Relative or close friend's name:

Last Name

First Name

Middle Initial

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

Address

City

State

Zip code

Mark here if you don't know any of his/her address....

Telephone:

(_____) He/she does not have a telephone.....

Area code Telephone number

You don't know his/her phone number.....

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

(MARK ONE RESPONSE)

- Aparent.....○
- Agrandparent..... ○
- An aunt or uncle..... ○
- A brother or sister..... ○
- Afriend..... ○
- Other..... ○

12. Are you married or living in a marriage-like relationship?

- Yes.....○ **® GO TO QUESTION 13**
- No.....○ **® SKIP TO QUESTION 16 ON PAGE 5**

13. Please print your spouse or partner's name

Last Name	First Name	Middle Initial
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14. Is the address and telephone number of your spouse or partner the same as yours?

- Yes.....○ **® SKIP TO QUESTION 16 ON PAGE 5**
- No.....○ **® GO TO QUESTION 15**

15. Please print the address and telephone number of your spouse or partner. If you don't know the complete address, fill in as much as you know.

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

City	State	Zip code
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Mark here if you don't know any of his/her address..... ○

Telephone:

(_____)
 Area code Telephone number

- He/she does not have a telephone..... ○
- You don't know his/her telephone number..... ○

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QUESTION 16, LIKE ALL ITEMS IN THIS QUESTIONNAIRE, IS VOLUNTARY. WE HOPE YOU WILL ANSWER EVERY QUESTION, BUT YOU MAY SKIP ANY QUESTION YOU DO NOT WISH TO ANSWER.

16. What is your social security number?

			-			-				
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You don't know your social security number.....

You do not wish to provide your social security number.....

17. What is today's date?

Month	Day				Year
January <input type="radio"/>	1 <input type="radio"/>	11 <input type="radio"/>	21 <input type="radio"/>	31 <input type="radio"/>	2004 <input checked="" type="radio"/>
February <input type="radio"/>	2 <input type="radio"/>	12 <input type="radio"/>	22 <input type="radio"/>		
March <input type="radio"/>	3 <input type="radio"/>	13 <input type="radio"/>	23 <input type="radio"/>		
April <input type="radio"/>	4 <input type="radio"/>	14 <input type="radio"/>	24 <input type="radio"/>		
May <input type="radio"/>	5 <input type="radio"/>	15 <input type="radio"/>	25 <input type="radio"/>		
June <input type="radio"/>	6 <input type="radio"/>	16 <input type="radio"/>	26 <input type="radio"/>		
July <input type="radio"/>	7 <input type="radio"/>	17 <input type="radio"/>	27 <input type="radio"/>		
August <input type="radio"/>	8 <input type="radio"/>	18 <input type="radio"/>	28 <input type="radio"/>		
	9 <input type="radio"/>	19 <input type="radio"/>	29 <input type="radio"/>		
	10 <input type="radio"/>	20 <input type="radio"/>	30 <input type="radio"/>		

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PART II. EDUCATIONAL EXPERIENCES AND ACTIVITIES

WHEN ANSWERING THE FOLLOWING QUESTIONS, PLEASE REMEMBER THAT "SCHOOL" REFERS TO A SCHOOL GRANTING OR LEADING TO A HIGH SCHOOL DIPLOMA.

IT DOES NOT REFER TO A SCHOOL OR PROGRAM LEADING TO A GED OR HIGH SCHOOL EQUIVALENCY DEGREE OR TO VOCATIONAL, TECHNICAL, BUSINESS, OR TRADE SCHOOL CERTIFICATION.

18. Please print the name and location of the last high school you attended? If you don't know the complete address, fill in as much as you know.

Name of school: _____

Address: _____

City: _____ State: _____ Zip code: _____

19. When did you last attend high school?

<u>Month</u>	<u>Year</u>
January <input type="radio"/>	2002 <input type="radio"/>
February <input type="radio"/>	2003 <input type="radio"/>
March <input type="radio"/>	2004 <input type="radio"/>
April <input type="radio"/>	
May <input type="radio"/>	
June <input type="radio"/>	
July <input type="radio"/>	
August <input type="radio"/>	
September <input type="radio"/>	
October <input type="radio"/>	
November <input type="radio"/>	
December <input type="radio"/>	

20. What grade were you in then?

(MARK ONE RESPONSE)

- 10th grade.....
 - 11th grade.....
 - 12th grade.....
 - No grade system used..... ®
- GO TO QUESTION 21**
- SKIP TO QUESTION 22 ON PAGE 7**

21. Did you pass that grade?

Yes.....

No.....

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22. Before you last left school, did you ever leave school for more than a month for a reason other than illness or summer vacation?

Yes.....○ ® GO TO QUESTION 23

No.....○ ® SKIP TO QUESTION 25 ON PAGE 8

23. When was the very first time you left school for more than a month?

<u>Month</u>	<u>Year</u>
January ○	1999 or before ○
February ○	2000 ○
March ○	2001 ○
April ○	2002 ○
May ○	2003 ○
June ○	2004 ○
July ○	
August ○	
September ○	
October ○	
November ○	
December ○	

24. When did you return to school?

<u>Month</u>	<u>Year</u>
January ○	1999 or before ○
February ○	2000 ○
March ○	2001 ○
April ○	2002 ○
May ○	2003 ○
June ○	2004 ○
July ○	
August ○	
September ○	
October ○	
November ○	
December ○	

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25. Did you attend high school during the 2002-2003 school year?

Yes..... **GO TO QUESTION 26**

No..... **SKIP TO QUESTION 27**

26. About how many school days did you miss during the 2002-2003 school year? (If you left school during that year, count only the days you missed before you left.)

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school days

27. From the beginning of ninth grade until you left high school, how many years of science coursework did you complete in each of the following subjects? Count only courses that met at least three times (or three periods) a week for at least one half year. Also include summer school and AP (advanced placement) classes.

(MARK ONE RESPONSE ON EACH LINE)

	None or less than half a year	Half year	1 year	More than 1 year
a. General science.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. General physical science.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Biology.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Botany or zoology.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Earth science.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Chemistry.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Principles of technology.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Physics.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other science.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. From the beginning of ninth grade until you left high school, how many years of math coursework did you complete in each of the following subjects? Count only courses that met at least three times (or three periods) a week for at least one half year. Also include summer school and AP (advanced placement) classes.

(MARK ONE RESPONSE ON EACH LINE)

	None or less than half a year	Half year	1 year	More than 1 year
a. General math.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pre-Algebra.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Algebra I.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Geometry.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Algebra II.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Trigonometry.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pre-Calculus.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Calculus.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Consumer or Business math.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other math.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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29. Here are some reasons other people have given for leaving school. Which of these would you say applied to you?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. You got a job..... | <input type="radio"/> | <input type="radio"/> |
| b. You didn't like school..... | <input type="radio"/> | <input type="radio"/> |
| c. You couldn't get along with your teachers..... | <input type="radio"/> | <input type="radio"/> |
| d. You couldn't get along with other students..... | <input type="radio"/> | <input type="radio"/> |
| e. (FOR FEMALES ONLY) You were pregnant... | <input type="radio"/> | <input type="radio"/> |
| f. You became the father/mother of a baby..... | <input type="radio"/> | <input type="radio"/> |
| g. You had to support your family..... | <input type="radio"/> | <input type="radio"/> |
| h. You were suspended from school..... | <input type="radio"/> | <input type="radio"/> |
| i. You did not feel safe at school..... | <input type="radio"/> | <input type="radio"/> |
| j. You had to care for a member of your family.... | <input type="radio"/> | <input type="radio"/> |
| k. You were expelled from school..... | <input type="radio"/> | <input type="radio"/> |
| l. You felt you didn't belong at school..... | <input type="radio"/> | <input type="radio"/> |
| m. You couldn't keep up with your schoolwork.... | <input type="radio"/> | <input type="radio"/> |
| n. You were getting poor grades/failing school.... | <input type="radio"/> | <input type="radio"/> |
| o. You got married or planned to get married..... | <input type="radio"/> | <input type="radio"/> |
| p. You changed schools and didn't like your new school..... | <input type="radio"/> | <input type="radio"/> |
| q. You couldn't work and go to school at the same time..... | <input type="radio"/> | <input type="radio"/> |
| r. You thought you would not pass the state competency test..... | <input type="radio"/> | <input type="radio"/> |
| s. You thought you would not be able to complete the high school coursework requirements.... | <input type="radio"/> | <input type="radio"/> |
| t. You thought it would be easier to get a GED.... | <input type="radio"/> | <input type="radio"/> |
| u. You missed too many school days..... | <input type="radio"/> | <input type="radio"/> |

30. On the whole, do you feel that leaving school was a good decision for you?

Yes.....

No.....

Don'tknow.....

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31. Did anyone from your school do any of the following the last time you stopped going to school?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|---|-----------------------|-----------------------|
| a. Offered to send you to another school.... | <input type="radio"/> | <input type="radio"/> |
| b. Offered to put you in a special program. | <input type="radio"/> | <input type="radio"/> |
| c. Offered special tutoring..... | <input type="radio"/> | <input type="radio"/> |
| d. Offered to help you make up work you missed..... | <input type="radio"/> | <input type="radio"/> |
| e. Offered to help you with personal problems..... | <input type="radio"/> | <input type="radio"/> |
| f. Told you you could come back if you kept a certain grade point average.... | <input type="radio"/> | <input type="radio"/> |
| g. Told you you could come back if you didn't miss school so often..... | <input type="radio"/> | <input type="radio"/> |
| h. Told you you could come back if you followed school discipline rules..... | <input type="radio"/> | <input type="radio"/> |
| i. Tried to talk you into staying..... | <input type="radio"/> | <input type="radio"/> |
| j. Told you you couldn't come back..... | <input type="radio"/> | <input type="radio"/> |
| k. Expelled or suspended you..... | <input type="radio"/> | <input type="radio"/> |
| l. Called or visited your home..... | <input type="radio"/> | <input type="radio"/> |

32. Did your parents or guardians do any of the following the last time you stopped going to school?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Offered to send you to another school.... | <input type="radio"/> | <input type="radio"/> |
| b. Offered to put you in a special program. | <input type="radio"/> | <input type="radio"/> |
| c. Offered to arrange for special tutoring... | <input type="radio"/> | <input type="radio"/> |
| d. Offered to help you make up work you missed..... | <input type="radio"/> | <input type="radio"/> |
| e. Offered to help you with personal problems..... | <input type="radio"/> | <input type="radio"/> |
| f. Tried to talk you into staying in school.. | <input type="radio"/> | <input type="radio"/> |
| g. Told you it was "OK" to leave..... | <input type="radio"/> | <input type="radio"/> |
| h. Told you they were upset..... | <input type="radio"/> | <input type="radio"/> |
| i. Punished you for leaving school..... | <input type="radio"/> | <input type="radio"/> |
| j. Told you it was your decision to make... | <input type="radio"/> | <input type="radio"/> |
| k. Called your principal/teacher..... | <input type="radio"/> | <input type="radio"/> |
| l. Called a school counselor..... | <input type="radio"/> | <input type="radio"/> |
| m. Offered to arrange for outside counseling for you (with a psychologist or social worker)..... | <input type="radio"/> | <input type="radio"/> |

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33. In the past 2 years, did any of the following things happen to you?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|---|---------|----|
| a. You looked into an alternative school..... | ○ | ○ |
| b. You saw a counselor or social worker..... | ○ | ○ |
| c. You went to a youth center or outreach
program..... | ○ | ○ |
| d. You went to family counseling..... | ○ | ○ |
| e. You did work for your religious group..... | ○ | ○ |
| f. You were in a drug rehabilitation program..... | ○ | ○ |
| g. You were in an alcohol rehabilitation program.. | ○ | ○ |
| h. You failed a competency test required for high
school graduation..... | ○ | ○ |
| i. You were held back a grade in school..... | ○ | ○ |
| j. You failed a course in school..... | ○ | ○ |

THE NEXT FEW QUESTIONS HAVE TO DO WITH ALTERNATIVE PROGRAMS IN SCHOOLS. STUDENTS IN ALTERNATIVE PROGRAMS TAKE COURSES OR RECEIVE SPECIAL SERVICES THAT ARE DIFFERENT FROM THE COURSES AND SERVICES THAT MOST STUDENTS GET.

A GED PROGRAM IS AN ALTERNATIVE PROGRAM ONLY IF IT INVOLVES SERVICES OR COURSES THAT ARE NOT AVAILABLE TO MOST STUDNETS.

AN ALTERNATIVE PROGRAM CAN BE PART OF A REGULAR HIGH SCHOOL OR IT CAN EXIST BY ITSELF. EXAMPLES OF ALTERNATIVE PROGRAMS ARE: A SCHOOL-WITHIN-A-SCHOOL, A PROGRAM FOR TEENAGE PARENTS, A DROPOUT PREVENTION PROGRAM, A STREET ACADEMY, OR A HIGH SCHOOL RE-ENTRY PROGRAM.

34. Have you ever participated in an alternative program?

- Yes..... ○ ® **GO TO QUESTION 35 ON PAGE 12**
 No..... ○ ® **SKIP TO QUESTION 41 ON PAGE 13**

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35. When did you enter the most recent alternative program in which you have participated?

Month	Year
January <input type="radio"/>	1999 or before <input type="radio"/>
February <input type="radio"/>	2000 <input type="radio"/>
March <input type="radio"/>	2001 <input type="radio"/>
April <input type="radio"/>	2002 <input type="radio"/>
May <input type="radio"/>	2003 <input type="radio"/>
June <input type="radio"/>	2004 <input type="radio"/>
July <input type="radio"/>	
August <input type="radio"/>	
September <input type="radio"/>	
October <input type="radio"/>	
November <input type="radio"/>	
December <input type="radio"/>	

36. Are you still enrolled in this program?

(MARK ONE RESPONSE)

- Yes..... **® SKIP TO QUESTION 38 ON PAGE 13**
- No, you left before completing the program.. } **GO TO QUESTION 37**
- No, you completed the program..... }

37. When did you leave or complete the most recent alternative program?

Month	Year
January <input type="radio"/>	1999 or before <input type="radio"/>
February <input type="radio"/>	2000 <input type="radio"/>
March <input type="radio"/>	2001 <input type="radio"/>
April <input type="radio"/>	2002 <input type="radio"/>
May <input type="radio"/>	2003 <input type="radio"/>
June <input type="radio"/>	2004 <input type="radio"/>
July <input type="radio"/>	
August <input type="radio"/>	
September <input type="radio"/>	
October <input type="radio"/>	
November <input type="radio"/>	
December <input type="radio"/>	

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38. Which of the following people referred you to this alternative program?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|---|-----------------------|-----------------------|
| a. Your parent(s)..... | <input type="radio"/> | <input type="radio"/> |
| b. Your brother(s)/sister(s)..... | <input type="radio"/> | <input type="radio"/> |
| c. A teacher..... | <input type="radio"/> | <input type="radio"/> |
| d. A school principal..... | <input type="radio"/> | <input type="radio"/> |
| e. A school counselor..... | <input type="radio"/> | <input type="radio"/> |
| f. A friend..... | <input type="radio"/> | <input type="radio"/> |
| g. A relative..... | <input type="radio"/> | <input type="radio"/> |
| h. Your minister, priest, or rabbi..... | <input type="radio"/> | <input type="radio"/> |
| i. A social worker..... | <input type="radio"/> | <input type="radio"/> |
| j. An adult friend or acquaintance outside school.. | <input type="radio"/> | <input type="radio"/> |
| k. Yourself..... | <input type="radio"/> | <input type="radio"/> |

39. Have you received or did you receive any of the following services from this program?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No | Program
does/did not
offer |
|--|-----------------------|-----------------------|---|
| a. Special instructional programs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Training in vocational, technical, or trade
skills..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Tutoring by teachers..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Tutoring by other students..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Incentives or rewards for attendance or
classroom performance..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Individual or group counseling..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Career counseling..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Job placement assistance..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Health care or health care referrals..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Childcare or nurseries for your children..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

40. Altogether, in how many alternative programs have you participated?

(MARK ONE RESPONSE)

- 1.....
- 2.....
- 3 or 4.....
- 5 or more...

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41. Do you plan to get a GED, high school diploma, or its equivalent?

(MARK ONE RESPONSE)

- You have a GED or other equivalent... **GO TO QUESTION 42**
- Yes..... **SKIP TO QUESTION 46 ON PAGE 15**
- No..... **SKIP TO QUESTION 49 ON PAGE 16**

42. How did you earn the GED or equivalency? What program or school were you enrolled in, if any?

(MARK ONE RESPONSE)

- No program, just took exam.....
- Part of job training program.....
- Enrolled through adult education.....
- Part of a child care program or early childhood program.....
- Other (write in below).....

Specify: _____

43. Why did you decide to complete your GED or equivalency?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. To improve, advance, or keep up to date on current job..... | <input type="radio"/> | <input type="radio"/> |
| b. To train for a new job or new career..... | <input type="radio"/> | <input type="radio"/> |
| c. To improve basic reading, writing or math skills..... | <input type="radio"/> | <input type="radio"/> |
| d. To meet requirements for additional study..... | <input type="radio"/> | <input type="radio"/> |
| e. Required or encouraged by your employer..... | <input type="radio"/> | <input type="radio"/> |
| f. Personal, family or social reasons..... | <input type="radio"/> | <input type="radio"/> |

44. In what state did you earn your GED or equivalency?

(MARK ONE RESPONSE)

- | | | |
|---|--|---|
| Alabama..... <input type="radio"/> | Kentucky..... <input type="radio"/> | North Dakota..... <input type="radio"/> |
| Alaska..... <input type="radio"/> | Louisiana..... <input type="radio"/> | Ohio..... <input type="radio"/> |
| Arizona..... <input type="radio"/> | Maine..... <input type="radio"/> | Oklahoma..... <input type="radio"/> |
| Arkansas..... <input type="radio"/> | Maryland..... <input type="radio"/> | Oregon..... <input type="radio"/> |
| California..... <input type="radio"/> | Massachusetts..... <input type="radio"/> | Pennsylvania..... <input type="radio"/> |
| Colorado..... <input type="radio"/> | Michigan..... <input type="radio"/> | Rhode Island..... <input type="radio"/> |
| Connecticut..... <input type="radio"/> | Minnesota..... <input type="radio"/> | South Carolina... <input type="radio"/> |
| Delaware..... <input type="radio"/> | Mississippi..... <input type="radio"/> | South Dakota..... <input type="radio"/> |
| District of Columbia... <input type="radio"/> | Missouri..... <input type="radio"/> | Tennessee..... <input type="radio"/> |
| Florida..... <input type="radio"/> | Montana..... <input type="radio"/> | Texas..... <input type="radio"/> |
| Georgia..... <input type="radio"/> | Nebraska..... <input type="radio"/> | Utah..... <input type="radio"/> |
| Hawaii..... <input type="radio"/> | Nevada..... <input type="radio"/> | Vermont..... <input type="radio"/> |
| Idaho..... <input type="radio"/> | New Hampshire... <input type="radio"/> | Virginia..... <input type="radio"/> |
| Illinois..... <input type="radio"/> | New Jersey..... <input type="radio"/> | Washington..... <input type="radio"/> |
| Indiana..... <input type="radio"/> | New Mexico..... <input type="radio"/> | West Virginia.... <input type="radio"/> |
| Iowa..... <input type="radio"/> | New York..... <input type="radio"/> | Wisconsin..... <input type="radio"/> |
| Kansas..... <input type="radio"/> | North Carolina... <input type="radio"/> | Wyoming..... <input type="radio"/> |

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45. When did you receive your GED, or equivalency?

(MARK ONE RESPONSE)

- March, 2004
 - April, 2004
 - May, 2004
 - June, 2004
 - July, 2004
 - August, 2004
- } **SKIP TO QUESTION 49 ON PAGE 16**

46. Are you currently taking a class to prepare for the GED examination?

Yes..... **SKIP TO QUESTION 48**

No..... **GO TO QUESTION 47**

47. Do you plan to do either of the following?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Go back to school to get a high school diploma..... | <input type="radio"/> | <input type="radio"/> |
| b. Enroll in a class to prepare for taking the GED
or other equivalency test..... | <input type="radio"/> | <input type="radio"/> |

48. About when do you expect to receive a high school diploma, or to take the examination for the GED or other high school equivalency exam?

Month

--	--

Year

2	0		
---	---	--	--

You don't know.....

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PART III. HOW YOU SPEND YOUR TIME

49. How often do you use your public library for any of the following activities?

(MARK ONE RESPONSE ON EACH LINE)

- | | Never | Rarely | Sometimes | Often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Leisure reading..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Read magazines or newspapers..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Read books for fun..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Learn about things such as sports, hobbies, people
or music..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Use the Internet..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

50. How many hours of reading do you do each week?

(MARK ONE RESPONSE)

- None.....
- 1 hour or less per week.....
- 2 hours.....
- 3 hours.....
- 4-5 hours.....
- 6-7 hours.....
- 8-9 hours.....
- 10 hours or more a week.....

51. How many hours a day do you usually watch TV, videotapes, or DVDs? BE SURE TO ANSWER BOTH A AND B BELOW.

(MARK ONE)

(MARK ONE)

A

B

On weekdays

On weekend days

- | | | | |
|--|-----------------------|--|-----------------------|
| Don't watch TV, videotapes, or DVDs... | <input type="radio"/> | | <input type="radio"/> |
| Less than 1 hour a day..... | <input type="radio"/> | | <input type="radio"/> |
| 1 hour or more, but less than 2..... | <input type="radio"/> | | <input type="radio"/> |
| 2 hours or more, but less than 3..... | <input type="radio"/> | | <input type="radio"/> |
| 3 hours or more, but less than 5..... | <input type="radio"/> | | <input type="radio"/> |
| 5 hours or more a day..... | <input type="radio"/> | | <input type="radio"/> |

52. How many hours a day do you usually play video or computer games such as Nintendo, Play Station, or XBOX? BE SURE TO ANSWER A AND B BELOW.

(MARK ONE)

(MARK ONE)

A

B

On weekdays

On weekend days

- | | | | |
|---|-----------------------|--|-----------------------|
| Don't play video or computer games..... | <input type="radio"/> | | <input type="radio"/> |
| Less than 1 hour a day..... | <input type="radio"/> | | <input type="radio"/> |
| 1 hour or more, but less than 2..... | <input type="radio"/> | | <input type="radio"/> |
| 2 hours or more, but less than 3..... | <input type="radio"/> | | <input type="radio"/> |
| 3 hours or more, but less than 5..... | <input type="radio"/> | | <input type="radio"/> |
| 5 hours or more a day..... | <input type="radio"/> | | <input type="radio"/> |

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53. How many hours a day do you usually use a computer?

(MARK ONE RESPONSE)

- None.....
- Less than 1 hour a day.....
- 1 hour or more, but less than 2.....
- 2 hours or more, but less than 3.....
- 3 hours or more, but less than 5.....
- 5 hours or more a day.....

54. How often do you use a computer...

(MARK ONE RESPONSE ON EACH LINE)

- | | No
computer | Never | Less than
once a
week | Once or
twice a
week | Every day
or almost
every day |
|--|-----------------------|-----------------------|-----------------------------|----------------------------|-------------------------------------|
| a. at home?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. at the public library (for activities
other than catalog searches)?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. at a friend's house?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. at another place?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

55. How often do you spend time on the following activities?

(MARK ONE RESPONSE ON EACH LINE)

- | | Rarely or
never | Less than
once a
week | Once or
twice a
week | Every day
or almost
every day |
|---|-----------------------|-----------------------------|----------------------------|-------------------------------------|
| a. Visiting with friends (hanging out)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Working on hobbies, arts, crafts..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Volunteering or performing
community service..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Driving or riding around with friends
or in your own car..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Talking with friends on the telephone..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Taking classes: music, art, language, dance..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Taking sports lessons..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Playing sports..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Communicating with friends or relatives via the
Internet..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



PART IV. PLANS AND EXPECTATIONS FOR THE FUTURE

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

(MARK ONE RESPONSE ON EACH LINE)

- | | Not
Important | Somewhat
Important | Very
Important |
|--|--------------------------|-------------------------------|---------------------------|
| a. Being successful in your line of work..... | ○ | ○ | ○ |
| b. Finding the right person to marry and
having a happy family life..... | ○ | ○ | ○ |
| c. Having lots of money..... | ○ | ○ | ○ |
| d. Having strong friendships..... | ○ | ○ | ○ |
| e. Being able to find steady work..... | ○ | ○ | ○ |
| f. Helping other people in your community..... | ○ | ○ | ○ |
| g. Being able to give your children better
opportunities than you've had..... | ○ | ○ | ○ |
| h. Living close to parents and relatives..... | ○ | ○ | ○ |
| i. Getting away from this area of the country..... | ○ | ○ | ○ |
| j. Working to correct social and economic
inequalities..... | ○ | ○ | ○ |
| k. Having children..... | ○ | ○ | ○ |
| l. Having leisure time to enjoy your own
interests..... | ○ | ○ | ○ |
| m. Becoming an expert in your field of work..... | ○ | ○ | ○ |
| n. Getting a good education..... | ○ | ○ | ○ |
| o. Getting a good job..... | ○ | ○ | ○ |
| p. Being an active and informed citizen..... | ○ | ○ | ○ |
| q. Supporting environmental causes..... | ○ | ○ | ○ |
| r. Being patriotic..... | ○ | ○ | ○ |

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

(MARK ONE RESPONSE)

- Less than high school graduation..... ○
- GED or other equivalency only..... ○
- High school graduation only..... ○
- Attend or complete a 1- or 2-year program in a
community college or vocational school..... ○
- Attend college, but not complete a 4- or 5-year degree..... ○
- Graduate from college (4- or 5-year degree)..... ○
- Obtain a Master's degree or equivalent..... ○
- Obtain a Ph.D., M.D., or other advanced degree..... ○
- Don't know..... ○

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

58. How far in school do you think your mother and father want you to go? BE SURE TO ANSWER BOTH A AND B BELOW.

	(MARK ONE)	(MARK ONE)
	A	B
	Mother (or female guardian)	Father (or male guardian)
Less than high school graduation.....	<input type="radio"/>	<input type="radio"/>
GED or other equivalency only.....	<input type="radio"/>	<input type="radio"/>
High school graduation only.....	<input type="radio"/>	<input type="radio"/>
Attend or complete a 1- or 2-year program in a community college or vocational school.....	<input type="radio"/>	<input type="radio"/>
Attend college, but not complete a 4- or 5-year degree.....	<input type="radio"/>	<input type="radio"/>
Graduate from college (4- or 5-year degree).....	<input type="radio"/>	<input type="radio"/>
Obtain a Master's degree or equivalent.....	<input type="radio"/>	<input type="radio"/>
Obtain a Ph.D., M.D., or other advanced degree.....	<input type="radio"/>	<input type="radio"/>
Don't know.....	<input type="radio"/>	<input type="radio"/>
Does not apply.....	<input type="radio"/>	<input type="radio"/>

PART VI. WORK AFTER HIGH SCHOOL

59. How many jobs have you held since you last left high school?

(MARK ONE RESPONSE)

None.....	<input type="radio"/>	}	GO TO QUESTION 60
One.....	<input type="radio"/>		
Two.....	<input type="radio"/>		
Three.....	<input type="radio"/>		
Four.....	<input type="radio"/>		
Five or more.....	<input type="radio"/>		

Ⓜ SKIP TO QUESTION 66 ON PAGE 21

60. Write in the name of your current or most recent job. If you have (or most recently had) two jobs at the same time, answer for the job you had the longest.

Current or most recent job _____



61. When did you start working at this job?

<u>Month</u>	<u>Year</u>
January <input type="radio"/>	1997 or before <input type="radio"/>
February <input type="radio"/>	1998 <input type="radio"/>
March <input type="radio"/>	1999 <input type="radio"/>
April <input type="radio"/>	2000 <input type="radio"/>
May <input type="radio"/>	2001 <input type="radio"/>
June <input type="radio"/>	2002 <input type="radio"/>
July <input type="radio"/>	2003 <input type="radio"/>
August <input type="radio"/>	2004 <input type="radio"/>
September <input type="radio"/>	
October <input type="radio"/>	
November <input type="radio"/>	
December <input type="radio"/>	

62. Do you still have this job?

Yes..... **SKIP TO QUESTION 64 ON PAGE 21**

No..... **GO TO QUESTION 63**

63. When did you leave this job?

<u>Month</u>	<u>Year</u>
January <input type="radio"/>	2002 <input type="radio"/>
February <input type="radio"/>	2003 <input type="radio"/>
March <input type="radio"/>	2004 <input type="radio"/>
April <input type="radio"/>	
May <input type="radio"/>	
June <input type="radio"/>	
July <input type="radio"/>	
August <input type="radio"/>	
September <input type="radio"/>	
October <input type="radio"/>	
November <input type="radio"/>	
December <input type="radio"/>	



64. How much do you earn per hour currently, or did you earn just before you left this job?

(MARK ONE RESPONSE)

- Less than \$5.15.....
- \$5.15 - \$7.00.....
- \$7.01 - \$9.00.....
- \$9.01 - \$11.00.....
- \$11.01 - \$13.00.....
- \$13.01 - \$15.00.....
- \$15.01 - \$17.00.....
- \$17.01 or more.....

65. About how many hours a week did/do you usually work in this job?

		hours per week
--	--	----------------

66. Write in the name of the job or occupation that you expect or plan to have at age 30.

Occupation at age 30 _____

- Not planning to work at age 30.....
 - You don't know.....
- } SKIP TO QUESTION 68 ON PAGE 22

67. How much education do you think you need to get the job you expect or plan to have when you are 30 years old?

(MARK ONE RESPONSE)

- Some high school.....
- High school diploma or GED.....
- Less than 2 years in a community college or vocational school.....
- Completion of a 2-year program at a community college or vocational school.....
- Attend college, but not complete a 4- or 5- year degree..
- 4- or 5-year college degree.....
- Master's degree.....
- Ph.D.....
- Professional degree (such as J.D. or M.D.).....
- Not planning to work at age 30.....

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PART VI. COMMUNITY AND FRIENDS

68. During the past two years, have you performed any unpaid volunteer or community service work (through such organizations as youth groups, service clubs, church groups, school groups, or social action groups)?

Yes.....

No.....

69. How many of your friends...

(MARK ONE RESPONSE ON EACH LINE)

- | | None
of them | A few
of them | Some
of them | Most
of them | All
of them |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. dropped out of high school without graduating?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. plan to have a regular full-time job after high school?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. plan to attend a two-year community college or technical school?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. plan to attend a four-year college or university?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**YOU HAVE COMPLETED THE ELS:2002 FIRST FOLLOW-UP
NOT CURRENTLY IN SCHOOL QUESTIONNAIRE.
THANK YOU FOR YOUR COOPERATION.**

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