

# EDUCATION LONGITUDINAL STUDY OF 2002



## TRANSFER STUDENT 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 ○



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0652. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** National Center for Education Statistics, ESLSD, 1990 K Street, N.W., Washington, D.C., 20006.

### **Educational Organizations That Have Endorsed ELS:2002**

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

**MARKING DIRECTIONS**

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

**FILLING IN CIRCLES:**

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

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

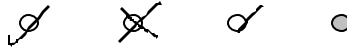
**Correct Mark:**

Dark and thick, circle completely filled



**Incorrect Marks:**

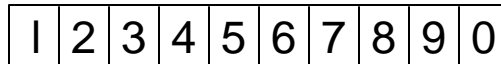
Light and thin



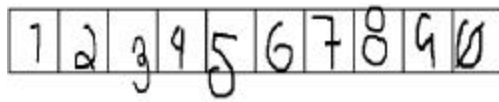
**PRINTING NUMBERS IN BOXES:**

**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.

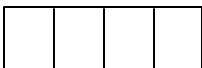
III. MARK ONE RESPONSE ON EACH LINE

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.....

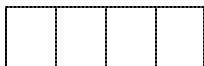
**7. Last week, did you do any of the following?**

**(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**

--	--	--	--	--







**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.....

--	--	--	--	--



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

**(MARK ONE RESPONSE)**

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

**QUESTION 12, 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.**

**12. What is your social security number?**

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

- You don't know your social security number..... ○
- You do not wish to provide your social security number..... ○

**13. What is today's date?**

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

--	--	--	--	--



**PART II. SCHOOL EXPERIENCES AND ACTIVITIES**

**14. Please print the name and address of the school you are/were attending in the spring term of 2004. If you do not know the complete address, write in as much as you know.**

**School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**15. When did you begin going to this school?**

**(MARK ONE RESPONSE)**

During 10th grade.....

Beginning or during 11th grade.....

Beginning or during 12th grade.....

**16. What were your reasons for going to this school?**

**(MARK ALL THAT APPLY)**

Your family moved to the area served by this school.....

You transferred to this school to take advantage of its programs  
or offerings.....

You transferred to this school to take advantage of its quality of  
instruction.....

You did not feel safe at your other school.....

Other (write in below).....

Other reason: \_\_\_\_\_



**17. How much do you agree or disagree with each of the following statements about this school and its teachers?**

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

- |   | <b>Strongly<br/>Agree</b> | <b>Agree</b>          | <b>Disagree</b>       | <b>Strongly<br/>Disagree</b> |
|---|---------------------------|-----------------------|-----------------------|------------------------------|
| a. Students get along well with teachers.....                                 | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| b. There is real school spirit.....   | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| c. The teaching is good.....  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| d. Teachers are interested in students.....                                   | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| e. When you work hard on schoolwork, your<br>teachers praise your effort..... | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| f. You don't feel safe at this school.....                                    | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| g. Disruptions by other students get in the<br>way of your learning.....      | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| h. Misbehaving students often get away<br>with it.....                        | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| i. There are gangs in school.....   | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |

**18. What grade are you in?**

**(MARK ONE RESPONSE)**

- 10th grade.....
- 11th grade.....
- 12th grade.....
- Ungraded program.....

**19. When you complete your current school program, which of the following are you most likely to receive?**

**(MARK ONE RESPONSE)**

- Regular high school diploma.....
- Honors diploma.....
- International Baccalaureate  
diploma (IB diploma).....
- Certificate of attendance.....
- GED certificate.....
- Other equivalency certificate.....

--	--	--	--	--



20. From the beginning of ninth grade to the end of this school year, how many years of science coursework will you have completed in each of the following subjects? Count only courses that meet 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<br>less than<br>half year | Half year             | 1 year                | More than<br>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"/> |

21. From the beginning of ninth grade to the end of this school year, how many years of math coursework will you have completed in each of the following subjects? Count only courses that meet 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<br>less than<br>half year | Half year             | 1 year                | More than<br>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"/> |

--	--	--	--	--



**22. Have you taken or are you planning to take any of the following tests?**

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

- |  | <b>You haven't<br/>thought<br/>about it</b> | <b>No, you don't<br/>plan to<br/>take it</b> | <b>Yes, you've<br/>already<br/>taken it</b> | <b>Yes, you<br/>plan to<br/>take it</b> |
|--|---|--|---|---|
| a. PSAT (College Board Preliminary Scholastic Assessment Test).....                    | <input type="radio"/>                       | <input type="radio"/>                        | <input type="radio"/>                       | <input type="radio"/>                   |
| b. PLAN (American College Testing Program's PLAN) .....                                | <input type="radio"/>                       | <input type="radio"/>                        | <input type="radio"/>                       | <input type="radio"/>                   |
| c. SAT or ACT (College Board Scholastic Assessment Test or American College Test)..... | <input type="radio"/>                       | <input type="radio"/>                        | <input type="radio"/>                       | <input type="radio"/>                   |
| d. AP tests (College Board Advanced Placement test(s) given in May of each year).....  | <input type="radio"/>                       | <input type="radio"/>                        | <input type="radio"/>                       | <input type="radio"/>                   |
| e. ASVAB (Armed Services Vocational Aptitude Battery).....                             | <input type="radio"/>                       | <input type="radio"/>                        | <input type="radio"/>                       | <input type="radio"/>                   |

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

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

- |  | <b>Did not<br/>participate</b> | <b>Participated</b>   | <b>Participated as an<br/>officer, leader,<br/>or captain</b> |
|--|--------------------------------|-----------------------|---|
| a. Intramural sports (competition between teams in your school).....   | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| b. Interscholastic sports (competition with teams from other schools).....                                   | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| c. Band, orchestra, chorus, choir.....   | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| d. School play or musical.....   | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| e. Student government .....  | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| f. National Honor Society (NHS) or other academic honor society.....   | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| g. School yearbook, newspaper, literary magazine.....  | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| h. Service club (such as Key Club, Big Brother or Big Sister).....   | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| i. Academic club (such as Art, Computer, Foreign Language, Debate).....                                      | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| j. Hobby club (such as photography, chess).....  | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |
| k. Vocational education club, vocational student organization (such as DECA, SkillsUSA, VICA, FFA, FHA)..... | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>   |



24. In a typical week, how many total hours do you spend on all school-sponsored extracurricular activities (sports, clubs, or other activities)?

(MARK ONE RESPONSE)

- None.....
- Less than 1 hour per week.....
- 1-4 hours per week.....
- 5-9 hours per week.....
- 10-14 hours per week.....
- 15-19 hours per week.....
- 20-24 hours per week.....
- 25 hours or more per week.....

25. Does your school have a library or library media resource center?

- Yes.....  **GO TO QUESTION 26**
- No.....  **SKIP TO QUESTION 27 ON PAGE 10**

26. How often do you use your school library media resource center for any of the following activities?

(MARK ONE RESPONSE ON EACH LINE)

- |   | Never                 | Rarely                | Sometimes             | Often                 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Course assignments.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. In-school projects.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Homework (assignments to be completed<br>outside of class time).....                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Research papers.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Leisure reading.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Read magazines or newspapers.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Read books for fun.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Learn about things that are not course-related,<br>such as sports, hobbies, people or music..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Use the Internet.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



**PART III. HOW YOU SPEND YOUR TIME**

**27. 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. Course assignments.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. In-school projects.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Homework (assignments to be completed<br>outside of class time) .....                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Research papers.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Leisure reading.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Read magazines or newspapers.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Read books for fun.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Learn about things that are not course-related,<br>such as sports, hobbies, people or music..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Use the Internet.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**28. Overall, about how many hours do you spend on homework each week, both in and out of school combined?**

**(MARK ONE RESPONSE)**

- None.....
- Less than 1 hour each week.....
- 1-3 hours.....
- 4-6 hours.....
- 7-9 hours.....
- 10-12 hours.....
- 13-15 hours.....
- 16-20 hours.....
- Over 20 hours each week.....

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

**(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.....

--	--	--	--





30. During the school year, 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"/>

31. During the school year, 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"/>

32. How many hours a day do you usually use a computer for schoolwork and other than for schoolwork? **BE SURE TO ANSWER A AND B BELOW.**

	(MARK ONE)	(MARK ONE)
	A	B
	For schoolwork	Other than for schoolwork
None.....	<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"/>

--	--	--	--	--



**33. How often do you use a computer...**

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

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

**34. How often do you spend time on the following activities outside of school?**

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

- |   | <b>Rarely or<br/>never</b> | <b>Less than<br/>once a<br/>week</b> | <b>Once or<br/>twice a<br/>week</b> | <b>Every day<br/>or almost<br/>every day</b> |
|---|----------------------------|--------------------------------------|-------------------------------------|--|
| 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<br>community service.....             | <input type="radio"/>      | <input type="radio"/>                | <input type="radio"/>               | <input type="radio"/>                        |
| d. Driving or riding around with friends<br>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 (other than at school).....                | <input type="radio"/>      | <input type="radio"/>                | <input type="radio"/>               | <input type="radio"/>                        |
| h. Playing non-school sports.....                                   | <input type="radio"/>      | <input type="radio"/>                | <input type="radio"/>               | <input type="radio"/>                        |
| i. Communicating with friends or relatives via the<br>Internet..... | <input type="radio"/>      | <input type="radio"/>                | <input type="radio"/>               | <input type="radio"/>                        |



**PART IV. PLANS AND EXPECTATIONS FOR THE FUTURE**

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

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

- |  | <b>Not<br/>Important</b> | <b>Somewhat<br/>Important</b> | <b>Very<br/>Important</b> |
|--|--------------------------|-------------------------------|---------------------------|
| a. Being successful in your line of work.....                                    | ○                        | ○                             | ○                         |
| b. Finding the right person to marry and<br>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<br>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<br>inequalities.....                   | ○                        | ○                             | ○                         |
| k. Having children.....  | ○                        | ○                             | ○                         |
| l. Having leisure time to enjoy your own<br>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.....  | ○                        | ○                             | ○                         |

**36. 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..... ○



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

**37. 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.....	○	○
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.....	○	○
Does not apply.....	○	○

**38. What do the following people think is the most important thing for you to do right after high school?**

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

	Does not apply	Go to college	Get a full- time job	Vocational- technical or apprentice- ship program	Enter military	Get married	He/she thinks you should do what you want	You don't know
a. Your mother (or female guardian).....	○	○	○	○	○	○	○	○
b. Your father (or male guardian).....	○	○	○	○	○	○	○	○
c. A close relative.....	○	○	○	○	○	○	○	○
d. Your friends.....	○	○	○	○	○	○	○	○



39. Do you plan to go on to school right after high school?

(MARK ONE RESPONSE)

- Yes.....  Ⓡ **SKIP TO QUESTION 42 ON PAGE 16**
- No.....  Ⓡ **GO TO QUESTION 40**
- Don't know.....  Ⓡ **SKIP TO QUESTION 41**

40. Which of the following are reasons why you have decided NOT to continue your education right after high school?

(MARK ONE RESPONSE ON EACH LINE)

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a. You don't like school.....  | <input type="radio"/> | <input type="radio"/> |
| b. Your grades aren't high enough.....   | <input type="radio"/> | <input type="radio"/> |
| c. Your college admission scores weren't high enough.....                                    | <input type="radio"/> | <input type="radio"/> |
| d. You won't need more education for the career you want.....                                | <input type="radio"/> | <input type="radio"/> |
| e. You can't afford to go on to school.....  | <input type="radio"/> | <input type="radio"/> |
| f. You haven't taken the right courses.....  | <input type="radio"/> | <input type="radio"/> |
| g. No one in your family has ever gone on to school after high school.....                   | <input type="radio"/> | <input type="radio"/> |
| h. You plan to join the military.....  | <input type="radio"/> | <input type="radio"/> |
| i. You'd rather work and make money than go to school.....                                   | <input type="radio"/> | <input type="radio"/> |
| j. You don't feel that going on to school is important.....                                  | <input type="radio"/> | <input type="radio"/> |
| k. Your counselor or teachers recommend you work rather than<br>continue your education..... | <input type="radio"/> | <input type="radio"/> |
| l. You need to help support your family.....   | <input type="radio"/> | <input type="radio"/> |

41. Do you plan to continue your education at some time in the future?

(MARK ONE RESPONSE)

- No, you don't plan to continue your education after high school.....  Ⓡ **SKIP TO QUESTION 46 ON PAGE 18**
- Yes, right after high school.....
- Yes, after staying out of school for up to one year.....  } **GO TO QUESTION 42 ON PAGE 16**
- Yes, after staying out of school for over a year.....  }
- Don't know.....  Ⓡ **SKIP TO QUESTION 46 ON PAGE 18**



**PART V. EDUCATION AFTER HIGH SCHOOL**

**42. Which of the following will you most likely attend?**

**(MARK ONE RESPONSE)**

- Four-year college or university.....
- Two-year community college.....
- Vocational, technical, or trade school.....

**43. To how many schools have you applied?**

**(MARK ONE RESPONSE)**

- None.....  **® SKIP TO QUESTION 45 ON PAGE 17**
- 1 school.....
- 2 to 4 schools.....  } **GO TO QUESTION 44**
- 5 or more schools.....

**44. Print below the names and locations of the two schools to which you have applied that you are most likely to attend. If you do not know the complete address, write in as much as you know.**

**School 1 Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_

**School 2 Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_



45. How important is or was each of the following in choosing a school you would like to attend?

(MARK ONE RESPONSE ON EACH LINE)

- |   | Not<br>Important | Somewhat<br>Important | Very<br>Important |
|---|------------------|-----------------------|-------------------|
| a. Low expenses (tuition, books, room and board).....   | ○                | ○                     | ○                 |
| b. Availability of financial aid, such as a school loan,<br>scholarship or grant.....             | ○                | ○                     | ○                 |
| c. Availability of specific courses or curriculum.....  | ○                | ○                     | ○                 |
| d. Strong reputation of the school's athletic program.....  | ○                | ○                     | ○                 |
| e. Active social life at the school.....  | ○                | ○                     | ○                 |
| f. Ability to attend school while living at home.....   | ○                | ○                     | ○                 |
| g. Chance to live away from home.....   | ○                | ○                     | ○                 |
| h. A low-crime environment.....   | ○                | ○                     | ○                 |
| i. A good record for placing graduates in jobs.....   | ○                | ○                     | ○                 |
| j. A good record for placing graduates in graduate school.....                                    | ○                | ○                     | ○                 |
| k. Strong reputation of the school's academic programs.....                                       | ○                | ○                     | ○                 |
| l. Easy admission standards.....  | ○                | ○                     | ○                 |
| m. Availability of a degree program that will<br>allow you to get a job in your chosen field..... | ○                | ○                     | ○                 |
| n. Racial or ethnic composition of the school.....  | ○                | ○                     | ○                 |
| o. Size of the school.....  | ○                | ○                     | ○                 |
| p. Geographic location of the school.....   | ○                | ○                     | ○                 |
| q. Ability to attend the same school your parents attended.....                                   | ○                | ○                     | ○                 |
| r. Being able to apply college credits earned while you<br>were in high school.....               | ○                | ○                     | ○                 |

CONTINUE TO QUESTION 46 ON PAGE 18

--	--	--	--	--



**PART VI. WORK AFTER HIGH SCHOOL**

**46. Do you plan to work right after high school?**

**(MARK ONE RESPONSE)**

- Yes, full-time .....  **GO TO QUESTION 47**
- Yes, part-time .....  **SKIP TO QUESTION 48**
- No, you don't plan to work right after high school.....  **SKIP TO QUESTION 49**

**47. Do you have a regular, full-time job lined up after high school graduation?**

**(MARK ONE RESPONSE)**

- Yes, you'll continue the job you have now.....
- Yes, you have a new job lined up.....
- No, but you are looking for a job.....
- No, you haven't done anything yet to get a job....

**48. Write in the name of the job or occupation that you expect or plan to have right after high school.**

**Occupation right after high school** \_\_\_\_\_

- Not planning to work right after high school.....
- You don't know.....

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

**Occupation at age 30** \_\_\_\_\_

**GO TO  
QUESTION 50 ON  
PAGE 19**

- Not planning to work at age 30.....
  - You don't know.....
- SKIP TO QUESTION 51 ON PAGE 19**





50. 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.....

**PART VII. WORK EXPERIENCES**

51. Have you ever worked for pay, not counting work around the house?

(MARK ONE RESPONSE)

- No.....  ® SKIP TO QUESTION 53 ON PAGE 20
- Yes, and you are currently employed.....
- Yes, but you are not currently employed.....  } GO TO QUESTION 52

52. How many hours do/did you usually work each week on your current or most recent job during this school year?

(MARK ONE RESPONSE)

- You have not worked during this school year.....
- 1-5 hours a week.....
- 6-10 hours a week.....
- 11-15 hours a week.....
- 16-20 hours a week.....
- 21-25 hours a week.....
- 26-30 hours a week.....
- 31-35 hours a week.....
- 36-40 hours a week.....
- Over 40 hours a week.....

--	--	--	--	--



**PART VIII. COMMUNITY, FAMILY AND FRIENDS**

**53. 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.....

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

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

- |   | <b>Never</b>          |       | <b>Sometimes</b>      |       | <b>Often</b>          |
|---|-----------------------|-------|-----------------------|-------|-----------------------|
| a. Selecting courses or programs at school.....                   | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| b. School activities or events of particular interest to you..... | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| c. Things you've studied in class.....                            | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| d. Your grades.....   | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| e. Jobs you would like to have after completing school.....       | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| f. Specific jobs you might apply for after high school.....       | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| g. Plans and preparation for ACT or SAT tests.....                | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| h. Going to college.....  | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| i. Community, national, and world events.....                     | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |
| j. Things that are troubling you.....                             | <input type="radio"/> | ..... | <input type="radio"/> | ..... | <input type="radio"/> |

**55. How many of your friends...**

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

- |  | <b>None<br/>of them</b> |       | <b>A few<br/>of them</b> |       | <b>Some<br/>of them</b> |       | <b>Most<br/>of them</b> |       | <b>All<br/>of them</b> |
|--|-------------------------|-------|--------------------------|-------|-------------------------|-------|-------------------------|-------|------------------------|
| 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  
TRANSFER STUDENT QUESTIONNAIRE.  
THANK YOU FOR YOUR COOPERATION.**

--	--	--	--	--

