



Spring 2000



**KINDERGARTEN AND
FIRST GRADE FOLLOWUP
of the
Head Start Family and Child Experiences Survey
PARENT INTERVIEW**

Child name: _____
ID number: _____
DOB: _____

Date: _____ Interviewer: _____

Complete

Hello, may I speak with [SPRING '99 RESPONDENT]?

S1. SPRING '99 RESPONDENT IS:

- THERE AND AVAILABLE..... 1 (GO TO MAIN INTRODUCTION)
- NOT CURRENTLY AVAILABLE..... 2
- NO LONGER THERE 3 (GO TO S3)

S2. When would be the best time for me to call back to reach (him/her)?

BEST DAY: _____ TIME: _____

THANK RESPONDENT AND END CONVERSATION. RECORD CALLBACK INFORMATION ON CALL RECORD.

S3. I am trying to reach the person most responsible for [CHILD]. Would that (still) be [SPRING '99 RESPONDENT]?

- YES 1
- NO..... 2 (GO TO S5)

S4. Could you please tell me how I can reach (him/her)?

STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

THANK RESPONDENT AND END CONVERSATION. USE INFORMATION OBTAINED ABOVE TO CONTACT SPRING '99 RESPONDENT.

S5. Who is most responsible for [CHILD]'s care?

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

THANK RESPONDENT AND END CONVERSATION. USE INFORMATION OBTAINED ABOVE TO CONTACT SPRING '99 RESPONDENT.

S6. What is (your/his/her) relationship to [CHILD]? (DO NOT READ LIST. CIRCLE ONE RESPONSE.)

- MOTHER (BIRTH/ADOPTIVE)..... 01
- FATHER (BIRTH/ADOPTIVE)..... 02
- STEPMOTHER..... 03
- STEPFATHER 04
- GRANDMOTHER 05
- GRANDFATHER..... 06
- GREAT GRANDMOTHER 07
- GREAT GRANDFATHER 08
- SISTER/STEPSISTER..... 09
- BROTHER/STEPBROTHER 10
- OTHER RELATIVE OR IN-LAW (FEMALE) 11
- OTHER RELATIVE OR IN-LAW (MALE)..... 12
- FOSTER PARENT (FEMALE)..... 13
- FOSTER PARENT (MALE) 14
- OTHER NON-RELATIVE (FEMALE)..... 15
- OTHER NON-RELATIVE (MALE)..... 16
- PARENT’S PARTNER (FEMALE)..... 17
- PARENT’S PARTNER (MALE)..... 18

S7. Since last spring, how many months (have/has (you/he/she)) been the person most responsible for [CHILD]’s care?

NUMBER OF MONTHS: _____

S8. MOST RESPONSIBLE PERSON IS:

- PERSON YOU ARE CURRENTLY SPEAKING WITH 1 (GO TO MAIN INTRODUCTION)
- SOMEONE ELSE..... 2 (THANK R AND END CONVERSATION. USE INFORMATION FROM S5 TO CONTACT MOST RESPONSIBLE PERSON)

MAIN INTRODUCTION

(Hello), my name is _____ and I am (calling) from Westat. We are part of the research team that is conducting a study of the Head Start Program. (You may remember that) someone from the research team talked to (you/SPRING '99 RESPONDENT) last Spring, while your child, [CHILD'S NAME], was attending (Head Start/kindergarten)

As part of this same study, the Family and Child Experiences Survey, we would like to again interview you, administer a child assessment to [CHILD], and ask [CHILD]'s current teacher some questions. The study will help us learn more about what happens to children and families who have participated in Head Start and what happens when the children enter (kindergarten/first grade). We want to get your point of view on how [CHILD] is doing in school and what is now happening in your family. This information will be used to help Head Start better serve children and families. To compensate you for your time in participating in this study, when [CHILD] is assessed you will receive \$25.00.

S9. We would like to ask *you* a few questions now, (similar to the interview you did last spring). It should take about 30 minutes.

IF THIS IS NOT A GOOD TIME TO COMPLETE THE INTERVIEW, RECORD APPOINTMENT TIME ON THE CALL RECORD.

THEN COMPLETE THE CONSENT/TEACHER INFORMATION FORM.

First, I want you to know that your participation is voluntary and your responses will be kept completely confidential.

S10. I just want to confirm your relationship to [CHILD]. Are you (his/her)...

MOTHER (BIRTH/ADOPTIVE).....	01
FATHER (BIRTH/ADOPTIVE).....	02
STEPMOTHER.....	03
STEPFATHER	04
GRANDMOTHER	05
GRANDFATHER.....	06
GREAT GRANDMOTHER.....	07
GREAT GRANDFATHER	08
SISTER/STEPSISTER.....	09
BROTHER/STEPBROTHER	10
OTHER RELATIVE OR IN-LAW (FEMALE)	11
OTHER RELATIVE OR IN-LAW (MALE).....	12
FOSTER PARENT (FEMALE).....	13
FOSTER PARENT (MALE)	14
OTHER NON-RELATIVE (FEMALE).....	15
OTHER NON-RELATIVE (MALE).....	16
PARENT'S PARTNER (FEMALE).....	17
PARENT'S PARTNER (MALE).....	18

S11. Now, about your language background. What was the first language you learned to speak?

- ENGLISH 1 (GO TO S13)
 - SPANISH..... 2
 - ENGLISH AND SPANISH EQUALLY 3
 - ENGLISH AND ANOTHER LANGUAGE EQUALLY 4
 - ANOTHER LANGUAGE 5
- (SPECIFY) _____

S12. What language do you speak most at home now?

- ENGLISH 1
 - SPANISH..... 2
 - ENGLISH AND SPANISH EQUALLY 3
 - ENGLISH AND ANOTHER LANGUAGE EQUALLY 4
 - ANOTHER LANGUAGE 5
- (SPECIFY) _____

S13. Now I'd like to talk with you about [CHILD]'s school experiences. Is [CHILD] attending (or enrolled in) school?

- YES1
- NO.....2 (GO TO S16)
- HOME SCHOOLED.....3 (GO TO S16)

S14. What grade or year is [CHILD] attending?

- HEAD START 01 (GO TO S16)
 - NURSERY/PRESCHOOL/PREKINDERGARTEN 02 (GO TO S16)
 - TRANSITIONAL KINDERGARTEN 03
 - KINDERGARTEN 04
 - PREFIRST GRADE (AFTER K) 05
 - FIRST GRADE 06
 - SECOND GRADE..... 07
 - UNGRADED 08 (GO TO S15)
- } (GO TO S18)

S15. What grade would [CHILD] be in if (he/she) were attending a school with regular grades?

- NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START 01 (GO TO S16)
 - TRANSITIONAL KINDERGARTEN 02
 - KINDERGARTEN 03
 - PREFIRST GRADE (AFTER K) 04
 - FIRST GRADE 05
 - SECOND GRADE..... 06
 - UNGRADED, NO EQUIVALENT..... 07 (GO TO S16)
- } (GO TO S18)

S16. Do you expect [CHILD] to be enrolled in (kindergarten/first grade/second grade) next year or the year after that?

- NEXT YEAR 1
- YEAR AFTER THAT..... 2
- NEITHER, DON'T EXPECT CHILD TO ATTEND (K/1ST/2ND) 3
- REFUSED..... 7
- DON'T KNOW 8

S17. This spring we are only looking at children attending kindergarten and first grade. [But we would like to call you next spring, when [CHILD] is in (kindergarten/first grade).] I do not have any more questions for you right now, but thank you for your time.

(VERIFY MAILING ADDRESS AND NAME ON TRACKING INFORMATION FORM.)

END INTERVIEW

S18. CHILD IS ATTENDING.

- KINDERGARTEN 1 *(GO TO A1)*
- PREFIRST GRADE/FIRST GRADE/2ND GRADE 2 *(GO TO C1)*
- FIRST GRADE BUT PARENT DID NOT
COMPLETE 1999 INTERVIEW 3 *(GO TO BOX A4)*

A. HEAD START EXPERIENCE

A1. Is this (CHILD)'s first year in kindergarten?

- YES..... 1 (GO TO BOX A4.)
- NO 2 (GO TO A2.)

A2. Did you agree with the school's decision to have your child take a second year of kindergarten? Would you say you...

- Strongly agreed with school's decision..... 1
- Somewhat agreed with it 2
- Somewhat disagreed with school's decision 3
- Strongly disagreed with school's decision.. 4

A3. Has your child had a different teacher this year or the same teacher he/she had last year?

- Different teacher 1
- Same teacher..... 2

A4. Has your child received any special instruction or tutoring or was he/she put in a special class or group to help him/her this year or has he/she received pretty much the same kind of instruction he/she received last year?

- SPECIAL INSTRUCTION OR TUTORING..... 1
- SPECIAL CLASS OR GROUP 2
- SAME KIND OF INSTRUCTION AS LAST YEAR..... 3

BOX A-4	
RESPONDENT...	
COMPLETED K PARENT INTERVIEW LAST YEAR	1 (GO TO C1)
DID NOT COMPLETE K PARENT INTERVIEW LAST YEAR.....	2 (GO TO A5)

A5. Did (CHILD) keep going to Head Start until the end of the program year, or did (he/she) stop going before the program ended?

- KEPT GOING TO END OF PROGRAM YEAR..... 1 (SKIP TO SECTION B)
- STOPPED GOING BEFORE END OF PROGRAM YEAR..... 2 (GO TO A6)
- OTHER (specify)..... 3 (GO TO A6)

A6. When did (CHILD) stop going to Head Start?

_____/_____/_____
MONTH DAY YEAR

A7. Why did (CHILD) stop going to Head Start? What was the most important reason?
(CIRCLE ONLY ONE)

- ILLNESS OF CHILD 01
- ILLNESS OF FAMILY MEMBER 02
- CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE 03
- LACK OF TRANSPORTATION 04
- BAD WEATHER 05
- CHILD DID NOT WANT TO GO 06
- PARENT DECISION NOT TO SEND CHILD OR
TO SEND CHILD ELSEWHERE 07
- NEEDED FULL-DAY CHILD CARE 08
- OTHER (SPECIFY) _____ 09

A8. After he/she stopped going to Head Start and before he/she started kindergarten (or first grade), did you enroll (CHILD) in another preschool or child development program?

- YES 1
- NO 2 (SKIP TO A13.)

IF MORE THAN ONE PROGRAM, ASK ABOUT PRIMARY PROGRAM.

A9. What kind of program was that? Was it...

- A public school prekindergarten, 1
- A private school prekindergarten or nursery school, 2
- A child care center or child development program, 3
- Another Head Start program, or 4
- Somewhere else? (Specify) _____ 5

A10. For how many days a week did (CHILD) go to that program?

DAYS A WEEK _____

A11. How many hours a week was (CHILD) at that program?

HOURS A WEEK _____

A12. As far as helping (CHILD) learn and get ready for school, do you think that program was

- Not as good as Head Start, 1
- Just as good as Head Start, or 2
- Better than Head Start? 3

A13. After he/she stopped going to Head Start and before (he/she) started Kindergarten (or first grade) did (CHILD) receive child care on a regular basis from someone other than a parent? (That is, child care other than in the preschool program you just told me about. Don't count occasional use of babysitters.)

YES..... 1
NO 2 (GO TO B1.)

A14. Where was that care provided? (IF MORE THAN ONE CHILD CARE ARRANGEMENT, ASK ABOUT PRIMARY ARRANGEMENT. CIRCLE ONE RESPONSE.)

AT CHILD'S HOME BY A RELATIVE..... 01
AT CHILD'S HOME BY A NON-RELATIVE..... 02
IN A RELATIVE'S HOME..... 03
IN A FRIEND OR NEIGHBOR'S HOME..... 04
FAMILY DAY CARE HOME..... 05
CHILD CARE CENTER 06
OTHER (specify)..... 07

A15. Was that person or place licensed, certified, or regulated?

YES..... 1
NO 2
DON'T KNOW..... 8

A16. For how many days a week was (CHILD) cared for (by that person/in that place)?

DAYS A WEEK_____

A17. For how many hours a week was (CHILD) cared for (by that person/in that place)?

HOURS A WEEK_____

BOX A-17	
CHILD IS IN	
KINDERGARTEN.....	1 (GO TO B1)
FIRST GRADE.....	2 (GO TO C1)

B. KINDERGARTEN SCHOOL CHARACTERISTICS

IF CHILD IS IN FIRST GRADE, GO TO C1.

Now I'd like to talk with you about [CHILD]'s school experiences.

B1. Does [CHILD] go to a full-day or part-day kindergarten?

- FULL-DAY..... 1
- PART-DAY 2

B2. How many hours each day does (he/she) spend in kindergarten?

NUMBER OF HOURS PER DAY: _____

B3. How many days each week does (he/she) spend in kindergarten?

NUMBER OF DAYS PER WEEK: _____

B4. Approximately how many days has [CHILD] been absent from class since the beginning of the school year, that is, since last September?

NUMBER OF DAYS ABSENT: _____

BOX B-4
IF NUMBER OF DAYS ABSENT IS GREATER THAN 5 CHECK THIS BOX...
AND THEN ASK B5. OTHERWISE, GO TO C1.

B5. What is the most frequent reason for [CHILD]'s missing class?

- ILLNESS OF CHILD 01
- ILLNESS OF FAMILY MEMBER..... 02
- CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE..... 03
- LACK OF TRANSPORTATION..... 04
- BAD WEATHER 05
- CHILD DID NOT WANT TO GO 06
- PARENT DECISION NOT TO SEND CHILD OR TO SEND CHILD ELSEWHERE..... 07
- OTHER (*PLEASE SPECIFY*) _____ 08

C. SCHOOL CHARACTERISTICS

(Now let's talk about the school [CHILD] goes to (now).)

C1. Does [CHILD] go to a public or private school?

- PUBLIC..... 1 (GO TO C4)
- PRIVATE 2
- HOME-SCHOOLED 3 (GO TO C4)

C2. Is the school church-related or not church-related?

- CHURCH-RELATED..... 1
- NOT CHURCH-RELATED 2 (GO TO C4)

C3. Is it a Catholic school?

- YES 1
- NO..... 2

C4. Approximately how many students are in [CHILD]'s class?

NUMBER OF STUDENTS IN CLASS: _____

C5. How many teachers are in [CHILD]'s class?

NUMBER OF TEACHERS IN CLASS: _____

C6. Since the beginning of this school year, has [CHILD] been in the same school?

- YES 1
- NO..... 2

D. SCHOOL PRACTICES

D1. For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things (during this school year):

[IF NECESSARY, READ AFTER EACH STATEMENT.]: Would you say [CHILD]'s school does this *very well*, *just O.K.*, or *doesn't do it at all*?

	Does it very well	Just O.K.	Does not do it at all	Don't know
a. Lets you know (between report cards) how [CHILD] is doing in school.	1	2	3	8
b. Helps you understand what children at [CHILD]'s age are like	1	2	3	8
c. Makes you aware of chances to volunteer at the school.....	1	2	3	8
d. Provides workshops, materials, or advice about how to help [CHILD] learn at home	1	2	3	8
e. Provides information on community services to help [CHILD] or your family.....	1	2	3	8

IF LANGUAGE MOST SPOKEN AT HOME IS NOT ENGLISH, ASK:

f. Understands the needs of families who don't speak English.....	1	2	3	8
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E. FAMILY/SCHOOL INVOLVEMENT

Now I'd like to ask you about your involvement with [CHILD]'s current school.

E1. Since the beginning of this school year, have you ...

	YES	NO
a. Attended a general school meeting, for example, an open house, a back-to-school night or a meeting of a parent-teacher organization?.....	1	2
b. Gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher?	1	2
c. Attended a school or class event, such as a play, (or) sports event because of [CHILD]?.....	1	2
d. Acted as a volunteer at the school or served on a committee?.....	1	2

IF E1a-d ARE ALL NO, SKIP TO F1

E2. During this school year, about how many times have you gone to meetings or participated in activities at [CHILD]'s school?

NUMBER OF TIMES: _____

F. TEACHER FEEDBACK ON CHILD’S SCHOOL PERFORMANCE AND BEHAVIOR

Here are some things teachers tell parents about how their children are doing in school. For each one, please tell me if a teacher said something like this about [CHILD], or wrote it in a note or on a report card during this school year, even if you didn’t agree.

F1. Since the beginning of this school year, has a teacher said or written that [CHILD]...

	YES	NO
a. Has been doing really well in school?	1	2
b. Has not been learning up to (his/her) capabilities?.....	1	2
c. Doesn’t concentrate or does not pay attention for long?	1	2
d. Has been acting up in school or disrupting the class?.....	1	2
e. Has often seemed sad or unhappy in class?.....	1	2
f. Has been very restless, fidgets all the time, or doesn’t sit still?	1	2
g. Has been having trouble taking turns, sharing or cooperating with other children?	1	2
h. Gets along with other children or works well in a group?	1	2
i. Is very enthusiastic and interested in a lot of different things?	1	2
j. Lacks confidence in learning new things or taking part in new activities?	1	2
k. It’s hard to understand what (he/she) is saying?.....	1	2
l. Is often sleepy or tired in class?.....	1	2
m. Likes to speak out in class and express (his/her) ideas?.....	1	2
n. Is often bored in class?.....	1	2

F2. As far as you know, is [CHILD] going to be promoted to (first grade/second grade/third grade) this coming fall, or will he/she spend another year in (kindergarten/first grade/second grade)?

YES, WILL BE PROMOTED TO (FIRST/SECOND/THIRD) GRADE.....	1
NO, WILL SPEND ANOTHER YEAR IN (KINDERGARTEN/FIRST GRADE/SECOND GRADE)	2
NO, WILL GO INTO A TRANSITIONAL CLASS	3

F3. Now that [CHILD] has been in (kindergarten/first grade/second grade) for most of a school year, how satisfied are you with what Head Start did to help [CHILD] and your family be prepared for school? Are you...

Very dissatisfied,	1
Somewhat dissatisfied,	2
Somewhat satisfied, or	3
Very satisfied?	4

G. YOUR CHILD'S ABILITIES

G1. CHILD IS IN

- | | | |
|--------------------|---|------------|
| KINDERGARTEN | 1 | (GO TO G2) |
| FIRST GRADE | 2 | (GO TO G6) |

These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

G2. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

- | | |
|------------------------|---|
| All of them,..... | 1 |
| Some of them, or | 2 |
| None of them? | 3 |

G3. Can (he/she) recognize...

- | | |
|--|---|
| All of the letters of the alphabet,..... | 1 |
| Most of them,..... | 2 |
| Some of them, or | 3 |
| None of them? | 4 |

G4. How high can [CHILD] count? Would you say...

- | | |
|--------------------------|---|
| Not at all,..... | 1 |
| Up to five,..... | 2 |
| Up to ten,..... | 3 |
| Up to twenty, | 4 |
| Up to fifty, or | 5 |
| Up to 100 or more? | 6 |

G5. Does [CHILD]....

- | | Yes | No |
|---|-----|----|
| a. Mostly write and draw rather than scribble? | 1 | 2 |
| b. Write (his/her) first name, even if some of the letters are backwards? | 1 | 2 |
| c. Trip, stumble, or fall easily? | 1 | 2 |
| d. Stutter or stammer? | 1 | 2 |
| e. When [CHILD] speaks, is (he/she) understandable to a stranger? | 1 | 2 |

G6. Is [CHILD] able to read story books on (his/her) own now?

- | | |
|-----------|--------------|
| YES | 1 |
| NO..... | 2 (GO TO G9) |

G7. Does [CHILD] actually read the words written in the book, or does (he/she) look at the book and pretend to read?

- | | |
|-------------------------------|---------------|
| READS THE WRITTEN WORDS | 1 |
| PRETENDS TO READ..... | 2 (GO TO G10) |
| DOES BOTH | 3 |

G8. How old was [CHILD] in years and months when (he/she) began reading simple, whole sentences?

YEARS _____ MONTHS _____ (GO TO G11)

G9. Does (he/she) ever look at a book with pictures and pretend to read?

YES 1
NO..... 2 (GO TO BOX G-10)

G10. When (he/she) pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

SOUNDS LIKE CONNECTED STORY..... 1
TELLS WHAT'S IN EACH PICTURE..... 2
DOES BOTH 3

BOX G-10	
CHILD IS IN	
KINDERGARTEN.....	1 (GO TO H1)
FIRST GRADE.....	2 (GO TO II)

G11. About how many story books did (CHILD) read on (his/her) own last month? (*Books school assigned do not count.*)

NUMBER OF BOOKS _____

G12. Did (he/she) pick out the books on (his/her) own, or did you help (him/her) choose them?

PICKED ON OWN..... 1
PARENT HELPED..... 2
BOTH..... 3
CHILD READ NO BOOKS LAST MONTH..... 4

BOX G-12	
CHILD IS IN	
KINDERGARTEN.....	1 (GO TO H1)
FIRST GRADE.....	2 (GO TO II)

H. YOUR CHILD'S BEHAVIOR

IF CHILD IS IN FIRST GRADE, GO TO II.
--

H1. I am going to read you a list of statements describing things that children sometimes do. For each statement, I want you to tell me how often [CHILD] acts in this way. For each one, would you say never, sometimes, often, or very often?

(READ ALL ITEMS. CIRCLE ONE RESPONSE FOR EACH. REPEAT CATEGORIES AS NECESSARY.)

How often does (CHILD)...	Never	Some- times	Often	Very often
a. Easily join others in play?	1	2	3	4
b. Respond appropriately to teasing?	1	2	3	4
c. Make and keep friends?	1	2	3	4
d. Comfort or help others?	1	2	3	4
e. Worry about things?	1	2	3	4
f. Listen carefully to others?	1	2	3	4
g. Act sad?	1	2	3	4
h. Control his/her temper?	1	2	3	4
i. Cooperate with family members?	1	2	3	4
j. Keep working at something until he/she is finished?	1	2	3	4
k. Argue with others?	1	2	3	4
l. Fight with others?	1	2	3	4
m. Show interest in a variety of things?	1	2	3	4
n. Have a tantrum when he/she does not get his/her way?	1	2	3	4
o. Concentrate on a task and ignore distractions?	1	2	3	4
p. Easily become angry?	1	2	3	4
q. Appear to be lonely?	1	2	3	4
r. Help with chores?	1	2	3	4
s. Have a problem being accepted and liked by others?	1	2	3	4
t. Act impulsively?	1	2	3	4
u. Show low self-esteem?	1	2	3	4

How often is [CHILD]....	Never	Some- times	Often	Very often
v. Eager to learn new things?.....	1	2	3	4
w. Hyperactive?.....	1	2	3	4
x. Creative in work or play?	1	2	3	4
y. Nervous, high-strung, or tense?	1	2	3	4
z. Disobedient at home?.....	1	2	3	4

I. ACTIVITIES WITH YOUR CHILD

I1. CHILD IS IN

- KINDERGARTEN 1 (GO TO I2)
- FIRST GRADE 2 (GO TO I3)

Now I have some questions about you and [CHILD] at home.

I2. In the past week, have you or someone in your family done the following things with [CHILD]?

IF YES, ASK: How many times have you or someone in your family done this in the past week?
Would you say one or two times, or three or more times?

	YES	NO	1-2 TIMES	3+ TIMES
a. Told (him/her) a story?	1	2	1	2
b. Taught (him/her) letters, words, or numbers?	1	2	1	2
c. Taught (him/her) songs or music?	1	2	1	2
d. Worked in arts and crafts with (him/her)?	1	2	1	2
e. Played a game, sport, or exercised together?	1	2	1	2
f. Took (him/her) along while doing errands like going to the post office, the bank, or the store?	1	2	1	2
g. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?	1	2	1	2

I3. How many times have you or someone in your family *read* to [CHILD] in the past *week*? Would you say...

- Not at all, 1
- Once or twice, 2
- 3 or more times, or 3
- Every day? 4

I4. In the past month, have you or someone in your family done the following things with [CHILD]?

	YES	NO
a. Visited a library?.....	1	2
b. Gone to a movie?.....	1	2
c. Gone to a play, concert, or other live show?.....	1	2
d. Gone to a mall?	1	2
e. Visited an art gallery, museum, or historical site?.....	1	2
f. Visited a playground, park, or gone on a picnic?	1	2
g. Visited a zoo or aquarium?.....	1	2
h. Talked with [CHILD] about (his/her) family history or ethnic heritage?.....	1	2
i. Attended an event sponsored by a community, ethnic, or religious group?	1	2
j. Attended an athletic or sporting event in which [CHILD] was not a player?..	1	2

J. HOUSEHOLD RULES

Now I'd like to ask you a few questions about rules and setting limits at home.

J1. In your house, are there general rules about...

	YES	NO
a. What TV programs [CHILD] can watch?	1	2
b. How many hours [CHILD] can watch TV?.....	1	2
c. What kinds of food [CHILD] eats?.....	1	2
d. What time [CHILD] goes to bed?.....	1	2
e. What chores [CHILD] does?.....	1	2

J2. About how many hours a day does [CHILD] watch television?

HOURS A DAY: _____

J3. Sometimes kids mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?

YES 1
 NO..... 2 (*GO TO KI*)

J4. About how many times in the past week?

NUMBER OF TIMES: _____

K. HEALTH AND DISABILITY

Now I have a few questions about [CHILD]'s health.

K1. Does [CHILD] have any special needs or disabilities – for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

YES 1
 NO..... 2 (GO TO K6)

K2. How would you describe [CHILD]'s needs? Does (she/he) have....

	YES	NO	DON'T KNOW
a. A specific learning disability?	1	2	8
b. Mental retardation?	1	2	8
c. A speech impairment?	1	2	8
d. A serious emotional disturbance?.....	1	2	8
e. Deafness or another hearing impairment?.....	1	2	8
f. Blindness or another visual impairment?.....	1	2	8
g. An orthopedic impairment?.....	1	2	8
h. Another health impairment lasting 6 months or more?.....	1	2	8

BOX K-2
IF NO TO K2a-h, CHECK THIS BOX....
THEN SKIP TO K6.

K3. (Does/Do) [CHILD]'s (disability/disabilities) affect (his/her) ability to learn?

YES 1
 NO..... 2

K4. Did you or another family member participate in developing an Individualized Education Program or Plan (IEP) for [CHILD]?

YES 1
 NO..... 2 (GO TO K6)

K5. How satisfied are you with the plan? Would you say you are...

Very dissatisfied,..... 1
 Somewhat dissatisfied,..... 2
 Somewhat satisfied, or 3
 Very satisfied? 4

- K6. Overall, would you say [CHILD]'s health is....
- Excellent,..... 1
 - Very good,..... 2
 - Good,..... 3
 - Fair, or..... 4
 - Poor?..... 5
- K7. Does [CHILD] have a regular health care provider for routine medical care, for example, well-child care and check-ups?
- YES 1
 - NO..... 2
- K8. About how long has it been since [CHILD] last saw a medical doctor or other health professional for a checkup or other routine care? Would you say...
- Less than 1 year, 1
 - 1 year, but less than 2 years, or..... 2
 - 2 years, or more?..... 3
- K9. Has [CHILD] ever been to a dentist or dental hygienist for dental care?
- YES 1
 - NO.....2 (GO TO K11)
- K10. About how long has it been since [CHILD] last saw a dentist or dental hygienist for dental care? Would you say...
- Less than 1 year, 1
 - 1 year, but less than 2 years, or..... 2
 - 2 years, or more?..... 3
- K11. Now some questions about your health. Would you say your health in general is...
- Excellent,..... 1
 - Very good,..... 2
 - Good,..... 3
 - Fair, or..... 4
 - Poor?..... 5
- K12. Does any impairment or health problem now keep you from working at a job or business?
- YES 1
 - NO..... 2 (GO TO K14)
- K13. Are you limited in the kind or amount of work you can do because of any impairment or health problem?
- YES 1
 - NO..... 2

K14. Do you have a regular health care provider for your own routine medical care, for example, checkups?

YES 1
NO..... 2

K15. Does anyone in your household smoke cigarettes regularly?

YES 1
NO..... 2

L. CHILD'S MOTHER AND FATHER

BOX L-1

RESPONDENT IS: (CIRCLE ONE.)

**[CHILD]'s BIO/ADPOTIVE MOTHER..... 1 (ASK QUESTIONS ABOUT R)
NOT [CHILD]'s BIO/ADOPTIVE MOTHER. 2 (ASK QUESTIONS ABOUT MOTHER)**

Now I'm going to ask you some questions about (you/(CHILD)'s mother).

L1. (Are you/Is she) of Spanish, Hispanic, or Latino origin?

- YES 1 (GO TO L2)
- NO..... 2 (GO TO L3)
- REFUSED..... 7 (GO TO L3)
- DON'T KNOW 8 (GO TO L3)

L2. Which one or more of these groups (are you/is she)...

- a. Mexican, Mexican American, Chicano, 1
- b. Puerto Rican,..... 2
- c. Cuban, or 3
- d. Another Spanish/Hispanic/Latino group? 4
- REFUSED..... 7
- DON'T KNOW..... 8

L3. What is (your/her) race? (Circle all that are mentioned.)

- WHITE 01
- BLACK, AFRICAN AMERICAN, OR NEGRO..... 02
- AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) _____ 03
- ASIAN INDIAN..... 04
- CHINESE..... 05
- FILIPINO..... 06
- JAPANESE..... 07
- KOREAN..... 08
- VIETNAMESE..... 09
- OTHER ASIAN (SPECIFY) _____ 10
- NATIVE HAWAIIAN 11
- GUAMANIAN OR CHAMORRO..... 12
- SAMOAN 13
- OTHER PACIFIC ISLANDER (SPECIFY) _____ 14
- ANOTHER RACE (SPECIFY) _____ 15
- REFUSED..... 97
- DON'T KNOW 98

IF R IS BIO/ADOPTIVE MOTHER, GO TO L9.

L4. Is [CHILD]'s mother in this household?

- MOTHER IN HOUSEHOLD..... 1 (GO TO L8)
- MOTHER NOT IN HOUSEHOLD 2 (GO TO L5)
- MOTHER DECEASED..... 3 (GO TO L10)

L5. Does [CHILD]'s mother live in the same city or county as [CHILD]?

- YES 1
- NO..... 2

L6. In the past year, on about how many days has [CHILD] seen (his/her) mother?

NUMBER OF DAYS: _____

L7. How long has it been since [CHILD] last had contact with (his/her) mother?

- [CHILD] NEVER HAD CONTACT 00
- DON'T KNOW 98

OR

- NUMBER:_____ DAYS 1
- WEEKS..... 2
- MONTHS..... 3
- YEARS 4

BOX L-7
IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX....
THEN SKIP TO L9.

L8. Since (the beginning of this school year), has [CHILD]'s mother...

	YES	NO	DON'T KNOW
a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?.....	1	2	8
b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?	1	2	8
c. Attended a school or class event, such as a sports event because of [CHILD]?	1	2	8
d. Acted as a volunteer at the school or served on a committee?..	1	2	8

L9. What is (your/her) current marital status?

- MARRIED 1
- SEPARATED..... 2
- DIVORCED 3
- WIDOWED..... 4
- NEVER MARRIED 5

L10. What is the highest grade or year of school that (you/she) completed?

UP TO 8TH GRADE	01
9TH TO 11TH GRADE.....	02
12TH GRADE BUT NO DIPLOMA	03
HIGH SCHOOL DIPLOMA/EQUIVALENT	04
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	05
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	06
SOME COLLEGE BUT NO DEGREE.....	07
ASSOCIATE'S DEGREE	08
BACHELOR'S DEGREE.....	09
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (MA, MS)	11
DOCTORATE DEGREE (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13
DON'T KNOW	98

<p>IF CHILD'S MOTHER DECEASED OR HAD NO CONTACT IN LAST YEAR, GO TO BOX L-16.</p>
--

L11. (Are you/Is she) currently working towards any certificate, diploma, or degree?

YES	1	(GO TO L12)
NO.....	2	(GO TO L13)
REFUSED.....	7	(GO TO L13)
DON'T KNOW	8	(GO TO L13)

L12. What kind of certificate, diploma, or degree?

TRADE LICENSE OR CERTIFICATE.....	01
GED CERTIFICATE (OR EQUIVALENT)	02
HIGH SCHOOL DIPLOMA.....	03
ASSOCIATE'S DEGREE	04
CHILD DEVELOPMENT ASSOCIATE (CDA).....	05
BACHELOR'S DEGREE.....	06
GRADUATE DEGREE.....	07
OTHER (PLEASE SPECIFY) _____	08
REFUSED.....	97
DON'T KNOW	98

L13. (Have you/Has she) completed a certificate, diploma, or degree since last spring?

YES	1	
NO.....	2	(GO TO L15)
REFUSED.....	7	(GO TO L15)
DON'T KNOW	8	(GO TO L15)

L14. What kind of certificate, diploma, or degree? (CIRCLE ONE RESPONSE.)

TRADE LICENSE OR CERTIFICATE.....	01
GED CERTIFICATE (OR EQUIVALENT)	02
HIGH SCHOOL DIPLOMA.....	03
ASSOCIATE'S DEGREE	04
CHILD DEVELOPMENT ASSOCIATE (CDA).....	05
BACHELOR'S DEGREE.....	06
GRADUATE DEGREE.....	07
OTHER (PLEASE SPECIFY).....	08
REFUSED.....	97
DON'T KNOW	98

L15. (Are you/Is she) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or something else? (CIRCLE ONE RESPONSE.)

WORKING FULL-TIME (30 HOURS OR MORE PER WEEK).....	01
WORKING PART-TIME	02
LOOKING FOR WORK.....	03
LAI D OFF FROM WORK	04
IN SCHOOL/TRAINING.....	05
IN JAIL/PRISON.....	06
IN MILITARY	07
KEEPING HOUSE	08
SOMETHING ELSE (PLEASE SPECIFY) _____	09
REFUSED.....	97
DON'T KNOW	98

BOX L-15
IF R IS CHILD'S (BIRTH/ADOPTIVE) MOTHER
OR
IF R IS NOT CHILD'S (BIRTH/ADOPTIVE) MOTHER, BUT CHILD'S
(BIRTH/ADOPTIVE) MOTHER IS IN HOUSEHOLD,
CHECK THIS BOX.... THEN SKIP TO BOX L-16.

L16. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) mother?

YES	1
NO.....	2

BOX L-16

RESPONDENT IS: (CIRCLE ONE.)

[CHILD]'s BIO/ADOPTIVE FATHER 1 (ASK QUESTIONS ABOUT R)
 NOT [CHILD]'s BIO/ADOPTIVE FATHER 2 (ASK QUESTIONS ABOUT FATHER)

Now I'm going to ask you some questions about (you/(CHILD)'s father).

L17. (Are you/Is he) of Spanish, Hispanic, or Latino origin?

- YES 1 (GO TO L18)
- NO..... 2 (GO TO L19)
- REFUSED..... 7 (GO TO L19)
- DON'T KNOW 8 (GO TO L19)

L18. Which one or more of these groups (are you/is he)...

- a. Mexican, Mexican American, Chicano,..... 1
- b. Puerto Rican, 2
- c. Cuban, or 3
- d. Another Spanish/Hispanic/Latino group? 4
- REFUSED..... 7
- DON'T KNOW 8

L19. What is (your/his) race? (Circle all that are mentioned.)

- WHITE 01
- BLACK, AFRICAN AMERICAN, OR NEGRO..... 02
- AMERICAN INDIAN OR ALASKA NATIVE
 (SPECIFY) _____ 03
- ASIAN INDIAN..... 04
- CHINESE..... 05
- FILIPINO 06
- JAPANESE..... 07
- KOREAN 08
- VIETNAMESE..... 09
- OTHER ASIAN (SPECIFY) _____ 10
- NATIVE HAWAIIAN 11
- GUAMANIAN OR CHAMORRO..... 12
- SAMOAN 13
- OTHER PACIFIC ISLANDER (SPECIFY) _____ 14
- ANOTHER RACE (SPECIFY) _____ 15
- REFUSED..... 97
- DON'T KNOW 98

IF R IS FATHER, GO TO L25.

L20. Is [CHILD]'s father in this household?

- FATHER IN HOUSEHOLD..... 1 (GO TO L24)
- FATHER NOT IN HOUSEHOLD 2
- FATHER DECEASED 3 (GO TO L26)

L21. Does [CHILD]'s father live in the same city or county as [CHILD]?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW 8

L22. In the past year, on about how many days has [CHILD] seen (his/her) father?

NUMBER OF DAYS: _____

L23. How long has it been since [CHILD] last had contact with (his/her) father?

- [CHILD] NEVER HAD CONTACT 00
- DON'T KNOW 98

OR

- NUMBER:_____ DAYS 1
- WEEKS..... 2
- MONTHS..... 3
- YEARS 4

BOX L-23

IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX....

THEN SKIP TO L25.

L24. (Since the beginning of this school year), has [CHILD]'s father...

	YES	NO	DON'T KNOW
a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?	1	2	8
b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?	1	2	8
c. Attended a school or class event, such as a play or sports event because of [CHILD]?	1	2	8
d. Acted as a volunteer at the school or served on a committee?.....	1	2	8

L25. What is (your/his) current marital status?

- MARRIED..... 1
- SEPARATED..... 2
- DIVORCED..... 3
- WIDOWED..... 4
- NEVER MARRIED 5
- REFUSED..... 7
- DON'T KNOW 8

L26. What is the highest grade or year of school that you/[CHILD's] father completed?

UP TO 8TH GRADE	01
9TH TO 11TH GRADE.....	02
12TH GRADE BUT NO DIPLOMA	03
HIGH SCHOOL DIPLOMA/EQUIVALENT	04
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	05
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	06
SOME COLLEGE BUT NO DEGREE.....	07
ASSOCIATE'S DEGREE	08
BACHELOR'S DEGREE.....	09
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (MA, MS)	11
DOCTORATE DEGREE (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13
DON'T KNOW	98

**IF CHILD'S FATHER DECEASED OR
HAD NO CONTACT IN LAST YEAR, SKIP TO M1.**

L27. (Are you/Is he) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or something else? (CIRCLE ONE RESPONSE.)

WORKING FULL TIME (30 HOURS OR MORE PER WEEK)	01
WORKING PART-TIME.....	02
LOOKING FOR WORK	03
LAID OFF FROM WORK	04
IN SCHOOL/TRAINING.....	05
IN JAIL/PRISON.....	06
IN MILITARY	07
KEEPING HOUSE	08
SOMETHING ELSE (PLEASE SPECIFY) _____	09
REFUSED.....	97
DON'T KNOW	98

BOX L-27

**IF R IS CHILD'S FATHER OR
IF R IS NOT CHILD'S FATHER, BUT CHILD'S FATHER IS IN HOUSEHOLD,
CHECK THIS BOX.... THEN SKIP TO M1.**

L28. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) father?

YES	1
NO.....	2
REFUSED.....	7
DON'T KNOW	8

M. INCOME AND HOUSING

Now I would like to ask you some questions about the sources of income for your household. This information will remain confidential.

M1. Including yourself, how many adults contribute to your household income?

NUMBER OF ADULTS: _____

M2. Does your family have health insurance other than Medicaid through (your job) or the job of another employed adult in the household?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW 8

M3. Did you receive any of the following other sources of household income or support in the past six months?

	YES	NO
<input type="checkbox"/> a. Welfare, TANF, or general assistance	1	2
b. Unemployment insurance	1	2
<input type="checkbox"/> c. Food Stamps	1	2
<input type="checkbox"/> d. WIC -- Special supplemental food program for Women, Infants, and Children.....	1	2
e. Child support	1	2
f. SSI or Social Security Retirement, Disability, or Survivor's benefits	1	2
g. Payments for providing foster care	1	2

BOX M-3

**IF M3 a, c, OR d WERE ANSWERED YES,
CHECK THIS BOX.... THEN ASK M4.
OTHERWISE, GO TO M5.**

M4. In some states people who receive different types of public assistance are being required to do certain things such as take courses, get job training, or find a job. Are you or is someone else in the household required to...

	YES	NO
a. Attend job training?	1	2
b. Attend school or a GED class?.....	1	2
c. Get a job?	1	2
d. Do something else? (<i>please specify</i>) _____	1	2

M5. Thinking about all of the sources of income you just told me about, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine.

HOUSEHOLD INCOME \$ __ , __ __ __ (GO TO M7)

OR

REFUSED..... 97 (GO TO M7)

DON'T KNOW 98 (GO TO M6)

M6. Would you say it was...

Less than \$250 01

Between \$251 and \$500..... 02

Between \$501 and \$1,000 03

Between \$1,001 and \$1,500..... 04

Between \$1,501 and \$2,000..... 05

Between \$2,001 and \$2,500, or..... 06

Over \$2,500 07

REFUSED..... 97

DON'T KNOW 98

The next questions are about housing.

M7. Do you now live in ...

A house, apartment, or trailer with your family only, 1

A house, apartment, or trailer you share with another family, 2

Transitional housing (apartment) or a homeless shelter, or 3

Somewhere else? 4

(please specify) _____

M8. How many times have you moved in the last six months?

TIMES: _____

M9. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

OWNS OR IS BUYING HOME OR APARTMENT..... 1

RENTS (WITHOUT PUBLIC ASSISTANCE)..... 2

PUBLIC OR SUBSIDIZED HOUSING..... 3

SOME OTHER ARRANGEMENT..... 4

M10. In the last year, has [CHILD] ever been a witness to a crime or domestic violence?

YES 1

NO..... 2

REFUSED..... 7

DON'T KNOW 8

M11. In the last year, has [CHILD] ever been the victim of a crime or domestic violence?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW 8

M12. In the last year, has anyone in your household or ([CHILD]'s (biological) (father/mother)) been arrested or charged with any crime by the police?

- YES 1
- NO..... 2 (*GO TO BOX M-13*)
- REFUSED..... 7 (*GO TO BOX M-13*)
- DON'T KNOW 8 (*GO TO BOX M-13*)

M13. Did this person spend any time in jail?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW 8

BOX M-13	
CHILD IS IN	
KINDERGARTEN.....	1 (<i>GO TO N1</i>)
FIRST GRADE.....	2 (<i>GO TO END OF INTERVIEW</i>)

N. CHILD CARE

IF CHILD IS IN FIRST GRADE, GO TO END OF INTERVIEW.

Now let's talk about any child care arrangements that you are currently using for [CHILD]. Child care does not include time in (his/her) kindergarten class, but may include separate child care arrangements at school before or after class.

N1. Is [CHILD] in child care?

- YES 1
- NO..... 2 (*GO TO O1*)

N2. In how many different child care arrangements does [CHILD] spend time each week?

NUMBER OF ARRANGEMENTS: _____

N3. Where is the primary care provided?

- IN [CHILD]'S HOME WITH SOMEONE OTHER THAN PARENT 1
- RELATIVE'S HOME 2
- NONRELATIVE'S HOME 3
- AT THE SCHOOL IN A BEFORE- OR AFTER-SCHOOL PROGRAM (OR WRAP-AROUND CARE)..... 4
- OTHER CHILD CARE CENTER..... 5
- OTHER (*PLEASE SPECIFY*) _____ 6

N4. How many hours per week is this care used?

HOURS PER WEEK: _____

N5. Who pays for this child care?

- | | YES | NO |
|--|------------|-----------|
| a. Do you pay for it yourself?..... | 1 | 2 |
| b. Does a government agency pay? | 1 | 2 |
| c. Does an employer pay?..... | 1 | 2 |
| d. Do you trade child care with someone else?..... | 1 | 2 |
| e. Other (<i>please specify</i>) _____ | 1 | 2 |

N6. Now I'm going to ask you about [CHILD]'s experiences in child care. Please let me know which of these statements best describes [CHILD]'s experience: *never, sometimes, often, or always*:

		Never	Some- times	Often	Always
a.	[CHILD] feels safe and secure in care.	1	2	3	4
b.	[CHILD] gets lots of individual attention	1	2	3	4
c.	[CHILD]'s caregiver is open to new information and learning.....	1	2	3	4

O. YOUR FEELINGS

O1. I'm going to read a list of feelings or attitudes people have about themselves. After I read each one please tell me if you *strongly disagree, disagree, agree, or strongly agree* that you feel this way.

	Strongly disagree	Disagree	Agree	Strongly agree	
a.	There is really no way I can solve some of the problems I have.....	1	2	3	4
b.	Sometimes I feel that I'm being pushed around in life.....	1	2	3	4
c.	I have little control over the things that happen to me.....	1	2	3	4
d.	I can do just about anything I really set my mind to do.....	1	2	3	4
e.	I often feel helpless in dealing with the problems of life	1	2	3	4
f.	What happens to me in the future depends mostly on me	1	2	3	4
g.	There is little I can do to change many of the important things in my life	1	2	3	4

O2. I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the past week: *rarely or never, some or a little, occasionally or moderately, or most or all of the time.*

	Rarely or never	Some or a little	Occasionally or moderately	Most or all of the time
a. Bothered by things that usually don't bother you	1	2	3	4
b. You did not feel like eating; your appetite was poor.....	1	2	3	4
c. That you could not shake off the blues, even with help from your family and friends	1	2	3	4
d. You had trouble keeping your mind on what you were doing.....	1	2	3	4
e. Depressed.....	1	2	3	4
f. That everything that you did was an effort.....	1	2	3	4
g. Fearful.....	1	2	3	4
h. Your sleep was restless	1	2	3	4
i. You talked less than usual.....	1	2	3	4
j. You felt lonely.....	1	2	3	4
k. You felt sad.....	1	2	3	4
l. You could not get "going"	1	2	3	4

END OF INTERVIEW

Those are all the questions that I have right now. I would like to thank you very much for participating in this interview.

INTERVIEWER: *GO TO CONSENT/TEACHER INFO FORM.*
IF CONSENT/TEACHER INFO ALREADY OBTAINED, *CONTINUE BELOW.*

I'd like to schedule a time to assess [CHILD]/Someone will contact you soon to schedule a time to assess [CHILD]). As I mentioned before, once the assessment has been completed, you will receive \$25 for your time and [CHILD] will receive a small surprise.

COMMENTS: _____

If found, return to:
Westat
1650 Research Boulevard
Rockville, MD 20850