

SRI International

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SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY (SEELS)

DRAFT PARENT INTERVIEW

SRI Project 3421

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**SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY (SEELS)
DRAFT PARENT INTERVIEW**

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SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY (SEELS) DRAFT PARENT INTERVIEW

INTRODUCTION

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

S1. Hello, my name is _____. May I please speak with [NAME OF PARENT/GUARDIAN ON SAMPLE FILE]. [IF THERE ARE TWO NAMES, E.G., MR. AND MRS. JOHN JONES OR JOHN AND MARY JONES, ASK FOR THE FEMALE. IF FEMALE IS UNAVAILABLE, ASK FOR SECOND NAME. IF CHILD ANSWERS AND NEITHER RESPONDENT IS AVAILABLE, ASK FOR ANY OTHER ADULT IN THE HOUSEHOLD. IF THERE IS NO PARENT/GUARDIAN NAME ON THE SAMPLE FILE, ASK FOR "the parent or guardian of CHILD'S NAME."]

| | | |
|--------------------|---|---|
| GO TO S2. | YES, SUBJECT IS AVAILABLE | 1 |
| | SUBJECT(S) NOT AVAILABLE, SET APPOINTMENT | 2 |
| TERMINATION SCRIPT | LANGUAGE BARRIER | 3 |

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

S2. I'm calling as part of a national study being conducted for the U.S. Department of Education about students who have received special education services in school. You may have gotten a letter about it. The school district that serves (CHILD) is part of the study and (CHILD) is one of the students included in the study. Who would be the best adult to talk with about (CHILD) and (his/her) experiences in school:? (IF RESPONDENT SAYS S/HE DIDN'T GET THE LETTER SAY 'MAYBE IT HASN'T GOTTEN TO YOU YET' AND CONTINUE.)

| | | |
|--------------------|-------------------------|----|
| GO TO CHECKPOINT | Person speaking with | 1 |
| GO TO S5 | NAMES OTHER PERSON | 2 |
| GO TO S4 | Someone else, NOT NAMED | 2 |
| CONDOLENCE SCRIPT | CHILD IS DECEASED | 3 |
| GO TO S6 | DON'T KNOW | -1 |
| TERMINATION SCRIPT | REFUSED | -2 |

CHECKPOINT: IF THERE IS NO NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, ASK S3. IF THERE IS A NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, GO TO S8.

| | | |
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| | | |
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S3. Could you please tell me your name? (RECORD NAME).

NAME: _____

—

CHECKPOINT: GO TO S8.

Note: We have added the 3 boxes that was in NIELS to indicate if item is wave 1,2, and or 3

| | | |
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| | | |
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S4. Could you tell me the name of (that person/the person) who could best talk about CHILD and his/her experiences in school? (RECORD NAME)

NAME: _____

| | | |
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| | | |
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S5. ASK TO SPEAK TO PERSON NAMED AS BEST ADULT TO SPEAK TO.

| | | |
|----------|--|----|
| GO TO S7 | SUBJECT IS AVAILABLE | 1 |
| | SUBJECT WILL CALL BACK | 2 |
| | SUBJECT NOT AVAILABLE, SET APPOINTMENT | 3 |
| | LANGUAGE BARRIER | 4 |
| | REFUSED | -2 |

| | | |
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| | | |
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S6. I have some questions about CHILD and (his/her) school experiences that will take about **XX** minutes. Could I ask you those questions?

| | | |
|--------------------|---------------------------------------|----|
| GO TO S6a | Yes | 1 |
| | Will answer, not now. SET APPOINTMENT | 2 |
| TERMINATION SCRIPT | REFUSED | -2 |

| | | |
|--|--|--|
| | | |
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S6a. Could you please tell me your name? (RECORD NAME).

NAME: _____

-

CHECKPOINT: GO TO S9

| | | |
|--|--|--|
| | | |
|--|--|--|

S7. I'm calling as part of a national study being conducted for the U.S. Department of Education about students who receive special education services in school. You may have gotten a letter about it. The school district that serves (CHILD) is part of the study and (CHILD) is one of the students in the study. (IF RESPONDENT SAYS S/HE DIDN'T GET THE LETTER SAY "MAYBE IT HASN'T GOTTEN TO YOU YET" AND CONTINUE.)

| | | |
|--|--|--|
| | | |
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S8. I have some questions about CHILD and (his/her) school experiences that will take about **XX** minutes.

| | | |
|--|--|--|
| | | |
|--|--|--|

S9. Everything you say will be kept completely confidential and you may choose not to answer any question that I ask you. Nothing you say will ever be reported individually about you, [CHILD], or your family, and no information you give will be shared with [CHILD's] school. If you have any questions or concerns about the study, I can give you a toll-free number to call. (IF ASKED: PROVIDE TOLL-FREE NUMBER.)

If this is a good time to talk, we can start the interview now. (IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.)

| | | |
|--|--|--|
| | | |
|--|--|--|

S10. INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

| | | |
|-----------|--------|---|
| GO TO S11 | Female | 1 |
| GO TO S12 | Male | 2 |

| | | |
|--|--|--|
| | | |
|--|--|--|

S11. To start, what is your relation to [CHILD]? IF RESPONSE IS "MOTHER," PROBE BY ASKING: Are you [his/her] biological mother? IF RESPONDENT IS NOT MOTHER (01-04), ALSO ASK: Are you the legal guardian? IF ANSWER IS YES, IS THE LEGAL GUARDIAN, CIRCLE 05, IF ANSWER IS NO, NOT LEGAL GUARDIAN, CIRCLE APPROPRIATE CODES (06-08 OR 97).

| | | |
|----------|-----------------------|----|
| GO TO A1 | BIOLOGICAL MOTHER | 01 |
| | ADOPTIVE MOTHER | 02 |
| | STEPMOTHER | 03 |
| | FOSTER MOTHER | 04 |
| | LEGAL GUARDIAN | 05 |
| | SISTER/STEP SISTER | 06 |
| | AUNT | 07 |
| | GRANDMOTHER | 08 |
| | OTHER (SPECIFY) _____ | 97 |
| | DON'T KNOW | -1 |
| REFUSED | -2 | |

| |
|------------------------------|
| CHECKPOINT: GO TO A1. |
|------------------------------|

| | | |
|--|--|--|
| | | |
|--|--|--|

S12. To start, what is your relation to [CHILD]? IF RESPONSE IS "FATHER," PROBE BY ASKING, Are you [his/her] biological father? IF RESPONDENT IS NOT FATHER (01-04), ALSO ASK: Are you the legal guardian? IF ANSWER IS YES -IS THE LEGAL GUARDIAN, CIRCLE 05, IF ANSWER IS NO - NOT LEGAL GUARDIAN, CIRCLE APPROPRIATE CODES (06-08 OR 97).

| | | |
|----------|-----------------------|----|
| GO TO A1 | BIOLOGICAL FATHER | 01 |
| | ADOPTIVE FATHER | 02 |
| | STEPFATHER | 03 |
| | FOSTER FATHER | 04 |
| | LEGAL GUARDIAN | 05 |
| | BROTHER/STEP BROTHER | 06 |
| | UNCLE | 07 |
| | GRANDFATHER | 08 |
| | OTHER (SPECIFY) _____ | 97 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

GO TO SECTION A

CONDOLENCE SCRIPT: I'm terribly sorry. Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL.

TERMINATION SCRIPT: Thank you very much for your time.

A. STUDENT CHARACTERISTICS

CHECKPOINT: IF WAVE 1 GO TO A1. IF WAVE 2 OR 3 GO TO A5a.

1

A1. I'd like to ask you some questions about CHILD. Is CHILD male or female?

| | |
|------------|----|
| Male | 1 |
| Female | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF Birthdate is in Sample File ask A2a, if not ask A2b.

1

A2a. I have CHILD'S birthdate as (BIRTHDATE FROM SAMPLE FILE). Is that correct?

| | | |
|----------|------------|----|
| GO TO A3 | Yes | 1 |
| ASK A2b | No | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1

A2b. What is CHILD'S birthdate? RECORD BIRTHDATE

_____/_____/_____
MM DD YY

VERIFICATION CHECK. IF BIRTHDATE MAKES CHILD LESS THAN 6 OR MORE THAN 12 YEARS OLD, CONFIRM THAT YOU ARE TALKING ABOUT THE CHILD ON THE SAMPLE FILE. IF UNCLEAR, GO TO TERMINATION SCRIPT.

TERMINATION SCRIPT: I may have an error here. Let me check with my supervisor and I will call you back. Thank you.

Census

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

A3. I'm going to read a list of categories. Please choose one or more categories that best describe [CHILD's] race and ethnicity. Is he/she READ CATEGORIES. CODE ALL THAT APPLY. IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK WHICH RACES THE CHILD REPRESENTS AND CODE EACH.

| | | |
|------------|---|----|
| | White | 1 |
| | African-American or Black | 2 |
| | Hispanic, Latino, or other Spanish Origin | 3 |
| | American Indian or Alaskan Native | 4 |
| | Asian | 5 |
| | Native Hawaiian | 6 |
| | Other Pacific Islander | 7 |
| | Or another race or ethnicity (SPECIFY) _____ | 8 |
| | - | |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88, ECLS-K

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

A4a. Is any language other than English regularly spoken in your home?

| | | |
|-----------|------------|----|
| Go to A4b | Yes | 01 |
| Go to A5a | NO | 02 |
| GO A4b | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88, ECLS-K

1

A4b. What is the main language CHILD usually speaks at home? DO NOT READ CATEGORIES; CIRCLE ALL THAT APPLY.

| | | |
|-----------------------------|------------|----|
| English | 01 | |
| Spanish | 02 | |
| Albanian | 03 | |
| Cambodian | 04 | |
| Chinese | 05 | |
| Croatian | 06 | |
| Farsi | 07 | |
| German | 08 | |
| Greek | 09 | |
| Hebrew | 10 | |
| Hmong | 11 | |
| Italian | 12 | |
| Japanese | 13 | |
| Korean | 14 | |
| Laotian | 15 | |
| Portuguese | 16 | |
| Tagalog (Filipino language) | 17 | |
| Russian | 18 | |
| Vietnamese | 19 | |
| Other (SPECIFY) _____ | 97 | |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88

1 2 3

A5a. In the past year has [CHILD] lived with you all of the time?

| | | |
|-----------------------------|-------------------|----|
| GO TO CHECKPOINT BEFORE A5f | YES | 1 |
| GO TO A5b | NO | 2 |
| CONDOLENCE SCRIPT | CHILD IS DECEASED | 3 |
| GO TO A5b | DON'T KNOW | -1 |
| GO TO A5b | REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

A5b. How much of the time has he/she lived with you? Has it been...: READ CATEGORIES. CIRCLE ONE CODE

| | | |
|-----------|---------------------|----|
| GO TO A5C | More than half time | 1 |
| | Half of the time | 2 |
| | Less than half time | 3 |
| | None of the time | 4 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NLTS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

A5c. Where else has CHILD lived in the past year? DO NOT READ CATEGORIES. CODE ALL THAT APPLY

| | | |
|-----------------------------|---|----|
| GO TO CHECKPOINT BEFORE B1a | With his/her other parent | 01 |
| | With his/her parents | 02 |
| | With another relative | 03 |
| | In foster care | 04 |
| | In a residential or boarding school | 05 |
| | In a group home | 06 |
| GO TO A5d | In a hospital, medical facility, convalescent hospital or institution for persons with disabilities | 07 |
| GO TO A5d | In a mental health facility | 08 |
| | In a correctional facility/youth detention center | 09 |
| GO TO B1a | Other, specify _____ | 10 |
| CONDOLENCE SCRIPT | Child is deceased | 11 |
| GO TO CHECKPOINT BEFORE B1a | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

A5d. Is [CHILD] currently living there? IF CHILD HAS LIVED IN SEVERAL FACILITIES THEN ANSWER FOR THE PLACE LIVED IN MOST RECENTLY

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT – WAVE 1 ASK A5e. WAVE 2 & 3: IF A5d=1 I(WAS CURRENTLY IN A FACILITY) IN PREVIOUS WAVE AND A5d=1 ALSO IN CURRENT WAVE GO TO A5f, ELSE GO TO A5e.

1 2 3

A5e. IF A5d=2 (NOT CURRENTLY THERE, ASK: How long did CHILD live there?
IF A5d NE2, ASK: How long has CHILD lived there?
ENTER NUMBER OR CIRCLE CODE

| | | |
|---------------------------------|------------------|----|
| _____ | Number of days | 1 |
| # OF DAYS OR | | |
| _____ | Number of months | 2 |
| # OF MONTHS OR | | |
| _____ | Number of Years | 3 |
| # OF YEARS | | |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

A5f. How long do you think he/she will be living there? Would you say...READ CATEGORIES. CODE ONE RESPONSE

| | |
|--------------------|----|
| A few weeks | 1 |
| A few months | 2 |
| About a year | 3 |
| Longer than a year | 4 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT – IF S11=01,02 OR 03 (BIOLOGICAL, ADOPTIVE OR STEP MOTHER) OR S12 = 01,02, OR 03(BIOLOGICAL, ADOPTIVE OR STEP FATHER) GO TO CHECKPOINT BEFORE B1a; IF A5b = 4 (LIVED WITH RESPONDENT NONE OF THE TIME) GO TO CHECKPOINT BEFORE B1a; OTHERWISE ASK A5g. [i.e. Foster Care]

1 2 3

A5g. How long has CHILD lived with you? ENTER NUMBER OR CIRCLE CODE

| | | |
|--------------------------------|------------------|----|
| _____ | Number of Years | 1 |
| # OF YEARS OR | | |
| _____ | Number of months | 2 |
| # OF MONTHS | | |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

B. DISABILITY CHARACTERISTICS**CHECKPOINT:** ITEM B1a WILL ONLY BE ASKED IN WAVE 1, WAVE 2 & 3 GO TO B3a

NLTS

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B1a. [CHILD] is included in this study because the school district indicated at the beginning of the 1999 school year that [he/she] was a special education student. What are CHILD's learning problems or disabilities? DO NOT READ CATEGORIES (PROBE: Has he/she had any other learning problems or disabilities; that could include a speech problem?) (CIRCLE ALL THAT APPLY AND/OR WRITE RESPONSE IN COLUMN A.)

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B1b. (IF MORE THAN ONE DISABILITY IN B1a) Which of these is CHILD's main learning problem or disability? (CIRCLE **ONE** CODE IN COLUMB B.)

| | | A | B |
|-----------|--|----|----|
| GO TO B1c | Has no problem/disability/not getting special services | 00 | 00 |
| | Learning disability/learning handicap (LD) | 01 | 01 |
| | Emotional disturbance/behavior disorder (ED, BD, having emotional problems, SED) | 02 | 02 |
| | Mental retardation (EMR, TMR, SMR, MR) | 03 | 03 |
| | Speech impairment/communication impairment | 04 | 04 |
| | Attention deficit disorder (ADD) (ADHD) | 05 | 05 |
| | Hard of hearing/hearing impairment | 06 | 06 |
| | Deafness | 07 | 07 |
| | Partial sight/visual impairment | 08 | 08 |
| | Complete blindness | 09 | 09 |
| | Physical or orthopedic impairment | 10 | 10 |
| | Traumatic Brain Injury (TBI) | 11 | 11 |
| | Health impairment (SPECIFY DISEASE) | 12 | 12 |
| | Deafness and blindness | 13 | 13 |
| | Amputation of a limb | 14 | 14 |
| | Aphasia | 15 | 15 |
| | Arthritis | 16 | 16 |
| | Asthma | 17 | 17 |
| | Autism | 18 | 18 |
| | Cancer/Lymphoma/Sarcoma | 19 | 19 |
| | Cerebral palsy (CP) | 20 | 20 |
| | Cystic fibrosis (CF) | 21 | 21 |
| | Depression | 22 | 22 |
| | Developmental disability or delay (DD) | 23 | 23 |
| | Diabetes | 24 | 24 |
| | Downs syndrome | 25 | 25 |
| | Dyslexia (reverses letters when reading) | 26 | 26 |
| | Educational handicap (EH) | 27 | 27 |
| | Emphysema | 29 | 29 |
| | Encephalitis | 30 | 30 |
| | Epilepsy | 31 | 31 |
| | Heart disease | 32 | 32 |
| | Hemophilia | 33 | 33 |

| | | |
|---|----------|----------|
| Hyperactive | 34 | 34 |
| | A | B |
| Leukemia | 35 | 35 |
| Multiple sclerosis (MS) | 36 | 36 |
| Muscular dystrophy | 37 | 37 |
| Neurological impairment | 38 | 38 |
| Neurosis | 39 | 39 |
| Paraplegia or partial paralysis | 40 | 40 |
| Polio | 41 | 41 |
| Psychosis | 42 | 42 |
| Quadriplegia or complete paralysis | 43 | 43 |
| Schizophrenia | 44 | 44 |
| Spina bifida | 45 | 45 |
| Stroke | 46 | 46 |
| Trouble with school subject (e.g., math or reading) | 47 | 47 |
| "Just slow" | 48 | 48 |
| Other (SPECIFY) _____ | 97 | 97 |
| Don't Know | -1 | -1 |
| Refused | -2 | -2 |

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY ON FILE. IF PARENT SAYS CHILD DOES NOT HAVE ANY SPEECH OR LEARNING PROBLEMS OR DISABILITIES (B1a=00), ASK B1c. ELSE GO TO CHECKPOINT BEFORE B1d

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B1c. Our records from the school district indicate that at the beginning of the school year CHILD had (a) (DISABILITY/IES ON FILE). Is that correct? CIRCLE ONE CODE.

| | | |
|--|---|----|
| CIRCLE CORRECT CODE/S IN B1a AND IF MORE THAN ONE DISABILITY ALSO ASK B1b, THEN GO TO CHECKPOINT BEFORE B1d. | YES | 1 |
| GO TO B4a | NO, DOESN'T HAVE THAT/THOSE DISABILITIES ANY LONGER | 2 |
| GO TO B4a | NO, CHILD HAS NO DISABILITY | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY CATEGORY ON FILE, IF FILE INDICATES CHILD HAS VISUAL OR HEARING DISABILITIES AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1a NE 06 OR 07, 09 OR 09) GO TO B1d, ELSE GO TO B2a

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B1d. Our records from the school district indicates that CHILD has (a visual impairment) (a hearing impairment) is that correct? CIRCLE ONE RESPONSE ON EACH LINE. ALSO CIRCLE CORRECT CODE IN B1a.

| | Yes | No | DK | Ref |
|--------------------|-----|----|----|-----|
| Visual impairment | 1 | 2 | -1 | -2 |
| Hearing impairment | 1 | 2 | -1 | -2 |

NLTS, NEILS

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B2a. About how old was [CHILD] when he/she started having this/these difficulty/ies or condition? (ENTER NUMBER FOR AGE OR GRADE LEVEL AND/OR CIRCLE CODE, AS APPROPRIATE) (IF MORE THAN ONE DISABILITY IN B1a AND IF PARENT ASKS WHICH DISABILITY, PARENT SHOULD ANSWER FOR FIRST/EARLIEST DISABILITY).

| | | |
|---------------|--------------|----|
| | Under 1 year | 0 |
| _____ | Years of age | 1 |
| AGE OR | | |
| _____ | Grade level | 2 |
| GRADE | | |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NLTS, ECLS-K

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B2b. About how old was [CHILD] when he/she started getting special services from a professional for this difficulty? (ENTER NUMBER FOR AGE OR GRADE LEVEL AND/OR CIRCLE CODE, AS APPROPRIATE) (IF MORE THAN ONE DISABILITY IN B1a AND IF PARENT ASKS WHICH DISABILITY, PARENT SHOULD ANSWER FOR PRIMARY DISABILITY (IN B1b)).

| | | |
|---------------|---|----|
| | Under 1 year | 0 |
| _____ | Years of age | 1 |
| AGE OR | | |
| _____ | Grade level | 2 |
| GRADE | | |
| | Has never received special services from a professional | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| |
|--|
| CHECKPOINT: IF B2a = 0 or AGE IS 3 YEARS OR LESS or DON'T KNOW, AND B2b NE 3 (NEVER RECEIVED SERVICES) ASK B2c, ELSE GO TO CHECKPONT BEFORE B2d. |
|--|

NEILS

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B2c. Did CHILD receive early intervention services for children ages birth to 3 who have developmental delays or disabilities? Early intervention services means any special services or therapies designed to meet a child's special needs, when a child is younger than 3 years old.

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF B2a=0, OR AGE IS 5 YEARS OR LESS ASK B2d, ELSE GO TO B2f

NEILS

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B2d. Did CHILD attend a preschool program, such as a nursery school?

| | | |
|-----------|------------|----|
| GO TO B2e | YES | 1 |
| GO TO B2g | NO | 2 |
| GO TO B2g | DON'T KNOW | -1 |
| GO TO B2g | REFUSED | -2 |

NEILS

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B2e. Was that a Head Start program?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B2f. About how many of the other children in the preschool program had special needs or disabilities? Was it...READ CATEGORIES. CODE ONE.

| | | |
|------------|------------------|----|
| | All of them | 1 |
| | Some of them, or | 2 |
| | None of them? | 3 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

| | | |
|---|--|--|
| 1 | | |
|---|--|--|

B2g. When did CHILD first begin receiving special education services in school? CIRCLE ONE CODE AND ENTER AGE OR GRADE IF APPROPRIATE

| | | | |
|-----------------------------|------------|---|---|
| GO TO CHECKPOINT BEFORE B4a | _____ | Years of age | 1 |
| | AGE OR | | |
| | _____ | Grade level | 2 |
| | GRADE | | |
| | | Never received special education services in school | 3 |
| | DON'T KNOW | -1 | |
| | REFUSED | -2 | |

CHECKPOINT: B3a WILL ONLY BE ASKED IN WAVES 2 AND 3, ELSE GO TO CHECKPOINT BEFORE B4a.

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

B3a. When we spoke with [you/RESPONDENT NAME] last and asked about CHILD's learning problems or disabilities [you/RESPONDENT NAME] told us that CHILD had a (IMPORT INFORMATION FROM YEAR 1 ITEM B1a). Is that still correct?

| | | |
|-----------|------------|----|
| GO TO B3c | YES | 1 |
| GO TO B3b | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

B3a1. Does he/she still have that/those disability/ies?

| | | |
|-----------------------------|------------|----|
| GO TO B3c | YES | 1 |
| GO TO CHECKPOINT BEFORE B3b | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF ONLY ONE DISABILITY IMPORTED FROM PRIOR WAVE GO TO B3c, ELSE GO TO B3b.

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

B3b. Which ones doesn't she/he have? DO NOT READ CATEGORIES CIRCLE ALL THAT APPLY.

| | |
|--|----|
| Has no problem/disability/not getting special services | 00 |
| Learning disability/learning handicap (LD) | 01 |
| Emotional disturbance/behavior disorder (ED, BD, having emotional problems, SED) | 02 |
| Mental retardation (EMR, TMR, SMR, MR) | 03 |
| Speech impairment/communication impairment | 04 |
| Attention deficit disorder (ADD) | 05 |
| Hard of hearing/hearing impairment | 06 |
| Deafness | 07 |
| Partial sight/visual impairment | 08 |
| Complete blindness | 09 |
| Physical or orthopedic impairment | 10 |
| Traumatic Brain Injury (TBI) | 11 |
| Health impairment (SPECIFY DISEASE) | 12 |
| <hr/> | |
| Deafness and blindness | 13 |
| Amputation of a limb | 14 |
| Aphasia | 15 |
| Arthritis | 16 |
| Asthma | 17 |
| Autism | 18 |
| Cancer/Lymphoma/Sarcoma | 19 |
| Cerebral palsy (CP) | 20 |
| Cystic fibrosis (CF) | 21 |
| Depression | 22 |
| Developmental disability or delay (DD) | 23 |
| Diabetes | 24 |
| Downs syndrome | 25 |
| Dyslexia (reverses letters when reading) | 26 |
| Educational handicap (EH) | 27 |
| Emphysema | 29 |
| Encephalitis | 30 |
| Epilepsy | 31 |
| Heart disease | 32 |
| Hemophilia | 33 |
| Hyperactive | 34 |
| Leukemia | 35 |
| Multiple sclerosis (MS) | 36 |
| Muscular dystrophy | 37 |
| Neurological impairment | 38 |
| Neurosis | 39 |
| Paraplegia or partial paralysis | 40 |
| Polio | 41 |
| Psychosis | 42 |
| Quadriplegia or complete paralysis | 43 |
| Schizophrenia | 44 |
| Spina bifida | 45 |

| | |
|---|----|
| Stroke | 46 |
| Trouble with school subject (e.g., math or reading) | 47 |
| "Just slow" | 48 |
| Other (SPECIFY) _____ | 97 |
| Don't Know | -1 |
| Refused | -2 |

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

B3c. Are there new or additional learning problems or disabilities that have been identified since we last spoke?

| | | |
|-----------------------------|------------|----|
| GO TO B3d | YES | 1 |
| GO TO CHECKPOINT BEFORE B4a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

B3d. What are the additional learning problems or disabilities? DO NOT READ CATEGORIES (CIRCLE ALL THAT APPLY AND/OR WRITE RESPONSE IN COLUMN A.)

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

B3e. Of all CHILD's learning problems or disabilities, which has been CHILD's main learning problem or disability? (CIRCLE ONE CODE IN COLUMN B.) THEN GO TO CHECKPOINT BEFORE B4a.

| | A | B |
|--|----|----|
| Has no problem/disability/not getting special services | 00 | 00 |
| Learning disability/learning handicap (LD) | 01 | 01 |
| Emotional disturbance/behavior disorder (ED, BD, having emotional problems, SED) | 02 | 02 |
| Mental retardation (EMR, TMR, SMR, MR) | 03 | 03 |
| Speech impairment/communication impairment | 04 | 04 |
| Attention deficit disorder (ADD) | 05 | 05 |
| Hard of hearing/hearing impairment | 06 | 06 |
| Deafness | 07 | 07 |
| Partial sight/visual impairment | 08 | 08 |
| Complete blindness | 09 | 09 |
| Physical or orthopedic impairment | 10 | 10 |
| Traumatic Brain Injury (TBI) | 11 | 11 |
| Health impairment (SPECIFY DISEASE) | 12 | 12 |
| _____ | | |
| Deafness and blindness | 13 | 13 |
| Amputation of a limb | 14 | 14 |
| Aphasia | 15 | 15 |
| Arthritis | 16 | 16 |
| Asthma | 17 | 17 |
| Autism | 18 | 18 |
| Cancer/Lymphoma/Sarcoma | 19 | 19 |
| Cerebral palsy (CP) | 20 | 20 |

| | | |
|---|----|----|
| Cystic fibrosis (CF) | 21 | 21 |
| Depression | 22 | 22 |
| Developmental disability or delay (DD) | 23 | 23 |
| Diabetes | 24 | 24 |
| Downs syndrome | 25 | 25 |
| Dyslexia (reverses letters when reading) | 26 | 26 |
| Educational handicap (EH) | 27 | 27 |
| Emphysema | 29 | 29 |
| Encephalitis | 30 | 30 |
| Epilepsy | 31 | 31 |
| Heart disease | 32 | 32 |
| Hemophilia | 33 | 33 |
| Hyperactive | 34 | 34 |
| Leukemia | 35 | 35 |
| Multiple sclerosis (MS) | 36 | 36 |
| Muscular dystrophy | 37 | 37 |
| Neurological impairment | 38 | 38 |
| Neurosis | 39 | 39 |
| Paraplegia or partial paralysis | 40 | 40 |
| Polio | 41 | 41 |
| Psychosis | 42 | 42 |
| Quadriplegia or complete paralysis | 43 | 43 |
| Schizophrenia | 44 | 44 |
| Spina bifida | 45 | 45 |
| Stroke | 46 | 46 |
| Trouble with school subject (e.g., math or reading) | 47 | 47 |
| "Just slow" | 48 | 48 |
| Other (SPECIFY) _____ | 97 | 97 |
| Don't Know | -1 | -1 |
| Refused | -2 | -2 |
| | | |

Now I want to ask about how well [CHILD] does some things. I'm going to start with hearing.

CHECKPOINT: IN WAVES 1,2 AND 3 IF B1a=HEARING IMPAIRMENT (06), DEAFNESS (07), DEAFNESS/ BLINDNESS (13) GO TO B4b ELSE ASK B4a, IN WAVE 2 AND 3, IF B3d=06, 07 OR 13 GO TO B4b, ELSE ASK B4a.

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4a. Compared with other children about the same age, would you say CHILD... READ CATEGORIES, CIRCLE ONE CODE. IF ASKED, THIS ASSESSMENT SHOULD BE MADE OF CHILD'S HEARING WITHOUT ANY HEARING DEVICES LIKE A HEARING AID.

| | | |
|---------------------------------------|-----------------------|----|
| GO TO CHECKPOINT BEFORE B5a | Hears normally, or | 1 |
| GO TO CHECKPOINT BEFORE B4b | Has a hearing problem | 2 |
| DON'T READ, GO CHECKPOINT BEFORE B5a. | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IN WAVE 1 ASK B4c EVERYONE WITH HEARING PROBLEMS (B1a=HEARING IMPAIRMENT (06), DEAFNESS (07), DEAFNESS BLINDNESS (13) OR B4a = 2). IN WAVE 2 AND 3 ONLY ASK B4c IF NEWLY IDENTIFIED HEARING PROBLEM - B3c=1 (yes) AND B3d = HEARING IMPAIRMENT (06) OR DEAFNESS (07) OR DEAFNESS BLINDNESS (13) OR IF B4a=2 IN CURRENT WAVE, BUT EQUALED 1 (HEARS NORMALLY) IN PREVIOUS WAVE/S. ELSE GO TO B4c.

B4b. OUT

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4c. Is [CHILD'S] hearing loss ...

| | | |
|------------|---------------------|----|
| | Mild, | 1 |
| | Moderate, or | 2 |
| | Severe to profound? | 3 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT; IN WAVE1 ASK OF ALL WHO HAVE BEEN CORRECTLY DIRECTED TO THIS QUESTION. IN WAVES 2 AND 3 ONLY ASK IF B4d=2 (NO) IN PREVIOUS WAVE/S

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4d. Has a hearing aid or other kind of hearing device been prescribed for [CHILD]?

| | | |
|-----------|------------|----|
| | YES | 1 |
| | NO | 2 |
| GO TO B4f | DON'T KNOW | -1 |

| | | |
|--|---------|----|
| | REFUSED | -2 |
|--|---------|----|

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4e. How well does [CHILD] hear with the hearing device? Would you say [he/she]...READ CATEGORIES. CODE ONE

| | | |
|------------|----------------------------------|----|
| | Hears normally, | 1 |
| | Has a little trouble hearing, | 2 |
| | Has a lot of trouble hearing, or | 3 |
| | Doesn't hear at all? | 4 |
| DON'T READ | DOESN'T HAVE ONE | 5 |
| | WON'T WEAR IT | 6 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4e1. How frequently does CHILD use his hearing aide at school? Would you say....READ CATEGORIES. CIRCLE ONE CODE

| | | |
|------------|------------|----|
| | Always | 1 |
| | Frequently | 2 |
| | Sometimes | 3 |
| | Never | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IN WAVE 1 ASK OF ALL WHO HAVE BEEN APPROPRIATLY DIRECTED TO THIS QUESTION. IN WAVES 2 AND 3 ONLY ASK IF B4f=2 (NO) IN PREVIOUS WAVE/S, ELSE GO TO B4g.

1 2 3

B4f. Does CHILD have a cochlear implant? IF ASKED, A COCHLEAR IMPLANT IS

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS

1 2 3

B4g. Does [CHILD] use...READ CATEGORIES, CIRCLE ONE CODE FOR EACH.

| | | YES | NO | DON'T KNOW | REFUSED |
|----|--------------------------------|-----|----|------------|---------|
| a. | Sign language? | 1 | 2 | -1 | -2 |
| b. | Lip reading? | 1 | 2 | -1 | -2 |
| c. | Cued speech? | 1 | 2 | -1 | -2 |
| d. | Oral speech? | 1 | 2 | -1 | -2 |
| e. | A communication board or book? | 1 | 2 | -1 | -2 |

CHECKPOINT: IF B4gd= 1 (YES) ASK B4h, ELSE, GO TO CHECKPOINT BEFORE B4i.

NEILS

1 2 3

B4h. Compared with other children about the same age, how clearly does CHILD speak?
Would you say he/she.... READ CATEGORIES, CIRCLE ONE CODE

| | | |
|------------|--|----|
| | Speaks just as well as other children, | 1 |
| | Has a little trouble speaking | 2 |
| | Has a lot of trouble speaking, or | 3 |
| | Doesn't speak at all? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

CHECKPOINT: IF B4ga. = YES, ASK B4i. ELSE, GO TO CHECKPOINT BEFORE B5a.

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4i. Is the sign language that [CHILD] is learning to use... READ CATEGORIES. CODE ONE

| | |
|---|----|
| American Sign Language, | 1 |
| Signed English, or | 2 |
| Some other sign language system? (SPECIFY) | 3 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4j. Do any other members of [CHILD's] household use sign language to communicate with (him/her)?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF B4ge = 1 (USES COMMUNICATIN BOARD) ASK B4k, ELSE GO TO CHECKPOINT BEFORE B5a.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B4k. How frequently does CHILD use his communication board or book at school? Would you say.... READ CATEGORIES. CIRCLE ONE CODE

| | | |
|------------|-------------|----|
| | Always, | 1 |
| | Frequently, | 2 |
| | Sometimes, | 3 |
| | Never? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IN WAVE GO TO B5a.. IN WAVES 2 AND 3 IF B1a. = 08 (PARTIALLY SIGHTED) OR 09 (BLINDNESS), OR 13 (DEAFNESS/BLINDNESS) GO TO B5a. IF B3d=07, 08 OR 12 GO TO B5a.

Now I'm going to ask about [CHILD's] vision.

B5a. OUT

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B5b. Does [CHILD] wear glasses?

| | | |
|-----------|------------|----|
| GO TO B5c | YES | 1 |
| GO TO B5d | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B5c. How well can [CHILD] see printed words with glasses? Would you say [he/she] ...?
 READ CATEGORIES. CIRCLE ONE CODE

| | | |
|---|---------------------------------|----|
| GO TO CHECKPOINT BEFORE B5e | Sees normally, | 1 |
| | Has a little trouble seeing, or | 2 |
| | Has a lot of trouble seeing? | 3 |
| DON'T READ; GO TO B5d | DOESN'T HAVE THEM | 4 |
| | WON'T WEAR THEM | 5 |
| DON'T READ; GO TO CHECKPOINT BEFORE B6a | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B5d. How well can [CHILD] see printed words? Would you say [he/she] ... READ CATEGORIES.

| | | |
|------------|---------------------------------|----|
| | Sees normally, | 1 |
| | Has a little trouble seeing, or | 2 |
| | Has a lot of trouble seeing? | 3 |
| | Doesn't see at all | 4 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

CHECKPOINT: IF B1a = 08 (PARTIALLY SIGHTED) OR 09 (BLINDNESS) OR 13 (DEAFNESS/BLINDNESS) OR B5c=3 OR B5d=3 (A LOT OF TROUBLE SEEING) ASK B5e. ELSE GO TO CHECKPOINT BEFORE B6a.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B5e. Does CHILD use any of the following:.. READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|--|---------------------------------------|---|
| | Braille | 1 |
| | Portable Braille note taker or writer | |
| | Large print type | 2 |

| | | |
|------------|---|----|
| | Optical devices (E.G. NEAR VISION MAGNIFICATION SYSTEM, TELESCOPIC DEVICE, BIOPTIC LENSES) | 3 |
| | Mobility Devices (E.G. CANES, ELECTRONIC TRAVEL AIDES) | 4 |
| | Assistive technology, such as voice synthesizers or software to enlarge the size of the print on the computer screen. | 5 |
| | Any other devices to help him/her see or read? SPECIFY _____ | 6 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

N

CHECKPOINT: IN WAVES 1,2 AND 3 IF B1a=HEARING IMPAIRMENT (06), DEAFNESS (07), DEAFNESS BLINDNESS (13) GO TO B7a. IN WAVE 2 AND 3, IF B3d=06, 07 OR 13 GO TO B7a. IN WAVES 1, 2 OR 3 IF B1a= 04 OR B3d= 04 (SPEECH IMPAIRED) GO TO B6b. ELSE GO TO B6a.

My next questions are about [CHILD's] ability to use language.

1 2 3

B6a. Does CHILD have any problem speaking clearly, or carrying on a conversation or any other speech or language problem?

| | | |
|-----------|------------|----|
| | YES | 1 |
| GO TO B7a | NO | 2 |
| GO TO B7a | DON'T KNOW | -1 |
| GO TO B7a | REFUSED | -2 |

1 2 3

B6b. Compared with other children about the same age, how clearly does CHILD speak? Would you say [he/she] ... READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|------------|---|----|
| GO TO B6d | Speaks just as clearly as other children, | 1 |
| GO TO B6d | Has a little trouble speaking clearly, | 2 |
| GO TO B6c | Has a lot of trouble speaking clearly, or | 3 |
| GO TO B6c | Doesn't speak at all? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

NEILS

1 2 3

B6c. How does [CHILD] communicate with you? Does [he/she] use ... READ CATEGORIES. CODE ALL THAT APPLY.

| | | |
|--|--------|----|
| | Words? | 01 |
|--|--------|----|

| | | |
|------------|---------------------------------|----|
| GO TO B7a | Sounds that are not words? | 02 |
| | Gestures, including pointing? | 03 |
| | Sign language | 04 |
| GO TO B6c1 | A communication board or book | 05 |
| GO TO B7a | A computer | 06 |
| | Anything else? (Specify: _____) | 07 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

NEILS

1 2 3

B6c1. How frequently does CHILD use his communication board at school? Would you say....READ CATEGORIES. CIRCLE ONE CODE

| | | |
|------------|------------|----|
| GO TO B7a | Always | 1 |
| | Frequently | 2 |
| | Sometimes | 3 |
| | Never | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

B6d. Compared with other children about the same age, how well does CHILD carry on a conversation? Would you say he/she....READ CATEGORIES, CIRCLE ONE CODE

| | | |
|------------|--|----|
| | Converses just as well as other children, | 1 |
| | Has a little trouble carrying on a conversation, | 2 |
| | Has a lot of trouble carrying on a conversation, or | 3 |
| | Doesn't carry on a conversation at all? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

Next, I want to ask about [CHILD's] physical abilities.

NEILS

1 2 3

B7a. How well does [CHILD] use [her/his] arms and hands? Would you say [he/she]... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM.

| | | |
|------------|--|----|
| | Uses both [his/her] arms and hands normally, | 1 |
| | Has a little trouble using one or both, | 2 |
| | Has a lot of trouble using one or both, or | 3 |
| | Has no use at all of one or both of [his/her] arms or hands? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B7b. How well does [CHILD] use [her/his] legs and feet? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH LEG/FOOT, CODE THE LEG/FOOT THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN LEG.

| | | |
|------------|--|----|
| GO TO B8a | Uses both [his/her] legs and feet normally, | 1 |
| | Has a little trouble using one or both, | 2 |
| | Has a lot of trouble using one or both, or | 3 |
| | Has no use at all of one or both of [his/her] legs and feet? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B7c. Does [CHILD] use any equipment to help [him/her] get around such as crutches, a walker, or a wheelchair?

| | | |
|-----------|------------|----|
| GO TO B7d | YES | 1 |
| | NO | 2 |
| GO TO B8a | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B7d. What is the equipment he/she uses? DO NOT READ CATEGORIES. CIRCLE ALL THAT APPLY.

| | |
|---------------------|----|
| Crutches | 1 |
| Walker | 2 |
| Leg braces | 3 |
| Wheelchair | 4 |
| Other SPECIFY _____ | 5 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B7e. How frequently does CHILD use this equipment at school? Would you say.... READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|------------|------------|----|
| | Always | 1 |
| | Frequently | 2 |
| | Sometimes | 3 |
| | Never | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

Now, I have some questions about [CHILD's] health

NHIS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B8a. Compared with other children about the same age, would you say [CHILD's] general health is... READ CATEGORIES, CIRCLE ONE CODE

| | | |
|------------|------------|----|
| | Excellent, | 1 |
| | Very good, | 2 |
| | Good, | 3 |
| | Fair, or | 4 |
| | Poor? | 5 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

CHECKPOINT: IF B1c=3 (PARENT SAYS NO DISABILITY) GO TO B9a. ELSE ASK B8b.

NHIS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B8b. Is CHILD now taking any prescription medicine for a condition or problem related to his/her disability?

| | | |
|-----------------------------|------------|----|
| | YES | 1 |
| | NO | 2 |
| GO TO CHECKPOINT BEFORE B8f | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B8c. Is CHILD taking Ritalin?

| | | |
|--|------------|----|
| | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF A5c=06, 07, OR 08 (LIVES IN FACILITY) GO TO B8f, ELSE ASK B8d.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B8d. Does he/she take his/her medication while he/she is at school?

| | | |
|-----------|------------|----|
| GO TO B8e | YES | 1 |
| | NO | 2 |
| GO TO B8f | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

B8e. Does someone at the school give him/her the medication?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF B8a=1 (EXCELLENT HEALTH) GO TO B9a. ELSE GO TO B8f.

1 2 3

B8f. Does [CHILD] use any kind of medical equipment or device, like an oxygen tank, or a catheter? THIS DOES NOT INCLUDE MOBILITY DEVICES, LIKE A WHEEL CHAIR, WALKER, CANE, ETC.

| | | |
|-----------------------------|------------|----|
| | YES | 1 |
| | NO | 2 |
| GO TO CHECKPOINT BEFORE B8h | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

B8g. What is the equipment or device[s]? DO NOT READ CATEGORIES, CIRCLE CODE AND/OR WRITE ANSWER.

| | |
|----------------------|----|
| Oxygen tank | 1 |
| Catheter | 2 |
| Feeding tube | 3 |
| Other, SPECIFY _____ | 4 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

B8g1. How frequently does CHILD use this equipment at school? Would you say.... READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|------------|------------|----|
| | Always | 1 |
| | Frequently | 2 |
| | Sometimes | 3 |
| | Never | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF B8b=1 [TAKES MEDICATION] AND B4d=2 [NO HEARING AID], AND B6c DOES NE 05 OR 06(NO COMMUNICATION BOARD OR COMPUTER), AND B7c=2 [NO MOBILITY DEVICE] AND B8g=2 [NO MEDICAL DEVICES] ASK B8h, OTHERWISE GO TO

B9a.

1 2 3

B8h. Does CHILD use any equipment or devices because of his/her disability?

| | | |
|-----------|------------|----|
| GO TO B8i | YES | 1 |
| GO TO B9a | NO | 2 |
| GO TO B9a | DON'T KNOW | -1 |
| GO TO B9a | REFUSED | -2 |

1 2 3

B8i. What equipment or devices? DO NOT READ CATEGORIES, CIRCLE ONE CODE AND/OR WRITE ANSWER.

| | |
|----------------------|----|
| Protective helmet | 1 |
| Computer | 2 |
| calculator | 3 |
| Other, SPECIFY _____ | 4 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

B8j. How frequently does CHILD use this equipment at school? Would you say.... READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|------------|------------|----|
| | Always | 1 |
| | Frequently | 2 |
| | Sometimes | 3 |
| | Never | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHIS, NLTS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B9a. During this school year has CHILD received any of the following services?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B9b. Was that from or through his/her school?

FOR EACH SERVICE READ SERVICE AND CODE CORRECT RESPONSE IN COLUMN A, IF RESPONSE IS YES, ALSO READ B9b FOR THAT SERVICE. IF RESPONDENT SAYS STUDENT IS NOT IN SCHOOL, CODE B9c AND DO NOT ASK B9b FOR THE REST OF THE SERVICES.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

B9c.

| | |
|--------------------------|---|
| STUDENT IS NOT IN SCHOOL | 1 |
|--------------------------|---|

| | Service | A. Received Service | | | | B. From or through the school | | | |
|---|--|---------------------|---|----|----|-------------------------------|---|----|---|
| | | Y | N | DK | R | Y | N | DK | R |
| a | Speech or language therapy | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| b | Audiology services for hearing problems | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| c | Psychological or mental health services or counseling | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| d | Physical therapy | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| e | Social work services | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| f | Occupational therapy or life skills therapy | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| g | Recreational therapy | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| h | Orientation and mobility services | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| i | Medical services for diagnosis or evaluation | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| j | Nursing care | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| k | Personal assistant/aide | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| l | Tutor | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| m | Reader or interpreter, including sign language | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| n | Assistive technology services or devices, such as help selecting, getting or using assistive technology devices. IF ASKED, ASSISTIVE TECHNOLOGY COVERS A WIDE VARIETY OF DEVICES ANYTHING FROM A WHEEL CHAIR TO SOFTWARE ON A COMPUTER TO A CALCULATOR | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| o | Transportation | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |
| p | Service coordination or case management | 1 | 2 | -1 | -2 | 1 | 2 | -1 | 2 |

C. Health Insurance

NEILS, NSAF

1 2 3

- C1. Is [CHILD] now covered by health insurance from an employer or union, or that your family buys directly?

| | | |
|-----------------------------|------------|----|
| GO TO CHECKPOINT BEFORE C4a | YES | 1 |
| GO TO C2 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS, NSAF

1 2 3

- C2. Is [CHILD] covered by government-assisted health insurance, such as _____, (FILL IN STATE NAMES FOR MEDICAID AND OTHER LOW-INCOME INSURANCE PROGRAMS)?

| | | |
|-----------------------------|------------|----|
| GO TO CHECKPOINT BEFORE C4a | YES | 1 |
| GO TO C3 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS, NSAF

1 2 3

- C3. Is [CHILD] covered by any other health insurance program?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF C1, C2, or C3=1 (YES), ASK C4a. ELSE, GO TO C5.

NEILS, NSAF

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

C4a. Is any of (CHILD's) coverage an HMO [Health Maintenance Organization]? IF ASKED, AT AN HMO YOU MUST GENERALLY RECEIVE CARE FROM HMO DOCTORS; OTHERWISE THE EXPENSE IS NOT COVERED UNLESS YOU WERE REFERRED BY THE HMO.

| | | |
|----------------------------|------------|----|
| GO TO CHECKPOINT BEFORE C5 | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS, NSAF

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

C4b. Is any of (CHILD's) coverage managed care?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF B1b= 01 (LD) OR 04 (SPEECH) AND B8a=1 OR 2 (EXCELLENT HEALTH) GO TO C6a, OR IF B1c=3 (PARENT SAYS NO DISABILITY) GO TO D1a. IF WAVE 2 AND RESPONSE TO C5 WAS 1 (YES) IN WAVE 1, GO TO C6a. IN WAVE 3 AND RESPONSE TO C5 WAS 1 (YES) IN WAVE 1 OR 2, GO TO C6a. OTHERWISE ASK C5.

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

C5. Have you had to change insurance plans or buy extra insurance for [CHILD] because of [his/her] special needs.

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

C6a. (WAVES 2 & 3: In the past 2 years have you) (WAVE 1: Have you ever) tried to get your insurance or health plan to pay for something for [CHILD] because of his/her disability, but they wouldn't pay? INSERT OPENING PHRASE IN SUBSEQUENT INTERVIEWS, LEAVE OUT OPENING PHRASE AND INSERT "EVER" IN YEAR 1 INTERVIEW.

| | | |
|----------|------------|----|
| | YES | 1 |
| GO TO D1 | NO | 2 |
| GO TO D1 | DON'T KNOW | -1 |

| | | |
|----------|---------|----|
| GO TO D1 | REFUSED | -2 |
|----------|---------|----|

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

C6b. What wouldn't your insurance pay for? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

| | | |
|------------|---|----|
| | Diagnostic procedures or tests | 1 |
| | Medication | 2 |
| | Mental Health services | 3 |
| | Specialists | 4 |
| | Special equipment/devices | 5 |
| | Surgery | 6 |
| | Other therapy services, e.g. occupational therapy, physical therapy, speech therapy | 7 |
| | Alternative therapies; e.g., acupuncture, massage therapy, biofeedback | 8 |
| | Or something else? (SPECIFY: _____) | 9 |
| DON'T READ | DON'T KNOW | -1 |
| DON'T READ | REFUSED | -2 |

D. SCHOOL EXPERIENCES**(Note: IS THERE ANYBODY WE SHOULD SKIP FROM THIS SECTION)**

| |
|---|
| CHECKPOINT: IF B9c=1 (NOT IN SCHOOL) GO TO D1b, ELSE GO TO D1a. |
|---|

My next questions are about CHILD'S school experiences in this school year, 1999-2000
(FOR SUBSEQUENT WAVES, NAME APPROPRIATE YEAR – 2001-2 and 2003-4).

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D1a. Is CHILD currently enrolled in school, [ADD IF INTERVIEWING AFTER MAY 1ST, or if this is summer vacation, was CHILD enrolled in school this past school year?]

| | | |
|----------------------------|------------|----|
| GO TO CHECKPOINT BEFORE D6 | Yes | 1 |
| GO TO D1c | No | 2 |
| GO TO D5a | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D1b. You told me earlier that CHILD is not currently enrolled in school, is that correct?

| | | |
|-----------|------------|----|
| GO TO D1c | Yes | 1 |
| GO TO D1a | No | 2 |
| GO TO D5a | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D1c. [Wave 1 Has CHILD ever been enrolled in school?]
[Wave 2 & 3 Has CHILD been enrolled in school in the last 2 years?]

| | | |
|-----------------------------|------------|----|
| GO TO CHECKPOINT BEFORE D2. | Yes | 1 |
| | No | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| |
|--|
| CHECKPOINT: WAVE 1 ASK D2. WAVE 2 & 3 IF D2=5 (DROPPED OUT) IN PREVIOUS INTERVIEWS AND D1c=2 (NOT ENROLLED IN SCHOOL IN PAST 2 YEARS) IN CURRENT INTERVIEW GO TO D5a, ELSE GO TO D2. |
|--|

NHES96 (home schooled)

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D2. Why is CHILD not enrolled in school now? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

| | | |
|-----------|--|----|
| GO TO D4a | Is being home schooled by parent | 1 |
| GO TO D4a | Too sick to go to school – PROBE: DOES CHILD RECEIVE HOME BOUND SCHOOLING FROM THE SCHOOL? IF YES, CODE D1a AS A YES AND FOLLOW D1a=YES, SKIP PATTERN. | 2 |
| GO TO D4a | In the hospital/schooled in the hospital/in institution – PROBE: IF JUST SAYS IN HOSPITAL OR INSTITUTION, ASK - DOES CHILD RECEIVE ANY SCHOOLING OR INSTRUCTION IN SCHOOL SUBJECTS IN THE HOSPITAL/INSTITUTION. IF YES, CODE D1a AS A YES AND FOLLOW D1a=YES, SKIP PATTERN | 3 |
| GO TO D4a | Is receiving home-bound instruction/schooling from a professional. IF YES CODE D1a AS A YES AND FOLLOW D1a=YES SKIP PATTERN | 4 |
| GO TO D3 | Dropped out/quit/just stopped going. | 5 |
| GO TO D4a | Expelled. | 6 |
| GO TO D4a | Incarcerated – PROBE; DOES CHILD RECEIVE ANY SCHOOLING OR INSTRUCTION? IF YES, CODE D1a AS A YES AND FOLLOW D1a=YES, SKIP PATTERN | 7 |
| GO TO D5a | Has never attended school | 8 |
| GO TO D4a | Other SPECIFY: _____ | 9 |
| GO TO D4a | DON'T KNOW | -1 |
| GO TO D4a | REFUSED | -2 |

| |
|---|
| CHECKPOINT: IF D1c=2 OR D2=8 , GO TO D5a. |
|---|

NLTS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D3. Why did CHILD stop going to school? DO NOT READ CATEGORIES. CIRCLE ALL THAT APPLY.

| | |
|---|----|
| Poor grades/not doing well | 01 |
| Didn't like school | 02 |
| Friends were dropping out | 03 |
| Illness/disability-related reasons | 04 |
| Didn't get into desired program | 05 |
| Didn't get along with teachers | 06 |
| Didn't get along with students | 07 |
| School too dangerous | 08 |
| Wanted/needed to find a job | 09 |
| Offered a job/chose to work | 10 |
| Moved | 11 |
| Got married | 12 |
| Got pregnant or had a child | 13 |
| Couldn't get childcare | 14 |
| Incarcerated | 15 |
| Trouble getting or using transportation | 16 |
| Other (SPECIFY) _____ | 17 |
| Don't know | -1 |
| Refused | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D4a. Was CHILD enrolled in school at any time during this past school year?

| | |
|------------|----|
| Yes | 1 |
| No | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D4b. When did CHILD last attend school? (RESPONSE MAY BE THE MONTH AND YEAR CHILD LEFT SCHOOL OR HOW LONG AGO S/HE LEFT SCHOOL.) [NOTE: IF PARENT SAYS CHILD IS STILL IN SCHOOL, E.G. HOSPITAL SCHOOL, WILL NEED TO GO BACK AND CHANGE D1a RESPONSE TO YES (1)]

| | | | | | |
|------------|-----------------|---|----|-------|------------|
| _____ | Days ago | 1 | | _____ | Month |
| | Weeks ago | 2 | OR | | |
| Number of: | Months ago | 3 | | _____ | Year |
| | Years ago | 4 | | | |
| | Never in school | 5 | | | DON'T KNOW |
| -1 | | | | | REFUSED |
| | | | | | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D5a. Do you expect that CHILD will be enrolled in school in the next school year, that is, [WAVE 1 -the 2000-2001] [WAVE 2 – the 2002-2003] [WAVE 3 – the 2004-2005] school year?

| | | |
|--------------------------------|------------|----|
| GO TO D5b | Yes | 1 |
| GO TO 1st CHECKPOINT BEFORE D6 | No | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF WAVE 1 OR 2 ASK D5b. IF WAVE 3 GO TO CHECKPOINTS BEFORE D6.

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

D5b. What is the full name of the school you think CHILD will be attending next year? (PROBE FOR FULL NAME OF SCHOOL.)

NAME OF SCHOOL: _____

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

D5c. Where is that located?

LOCATION: _____

— Street address City/State

CHECKPOINT: IF D4a=1 (ENROLLED AT SOME TIME THIS YEAR) GO TO D7a. IF D1a=2 OR D1b=2 (NOT ENROLLED NOW) AND D1c=1 (YES, ENROLLED EARLIER) AND D4a = 2 (NOT ENROLLED THIS PAST YEAR), GO TO SECTION F (SCHOOL HISTORY IF NOT CURRENTLY ENROLLED), IF D1c = 2, OR D2 = 8 (NEVER ATTENDED SCHOOL) GO TO SECTION G. ELSE, GO TO CHECKPOINT BEFORE D6.

CHECKPOINT: IF INTERVIEW IS BEING CONDUCTED ON OR AFTER MAY 1ST, ASK ITEM D6, OTHERWISE ASK D7a.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D6. Is CHILD's school closed for summer vacation or is child still going to school?

| | |
|---------------------|----|
| Closed for vacation | 1 |
| Currently in school | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D7a. What is the full name of the school CHILD has been enrolled in this year? (IF D6=1 ASK: What is the full name of the school CHILD was enrolled in this past year?) (IF CHILD HAS BEEN ENROLLED IN MORE THAN ONE SCHOOL THIS SCHOOL YEAR, WE WANT MOST RECENT OR CURRENT ENROLLMENT. PROBE FOR FULL NAME OF SCHOOL.)

NAME OF SCHOOL: _____

OR

CHILD IS SCHOOLED AT HOME/HOME BOUND INSTRUCTION 1

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D7b. Where is that located? (IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE, DO NOT PROBE FOR FULL STREET ADDRESS.)

LOCATION: _____

—

Street address

City/State _____

—

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D8a. Which of the following best describes the school CHILD attends? READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|--------------------------|--|----|
| GO TO D8b | A regular school that serves a wide variety of students | 1 |
| GO TO D8b | A school that serves only students with disabilities, | 2 |
| | A school that specializes in a particular subject area or theme, sometimes called a magnet school, | 3 |
| | A voc-tech school (vocational/technical), | |
| | A charter school, | 4 |
| | Alternative school, or | 5 |
| | Another kind of school, SPECIFY: _____ | 6 |
| DO NOT READ GO TO D9a | Juvenile justice facility | 7 |
| | Hospital school | 8 |
| | Home schooled | 9 |
| | Home bound schooling/instruction | 10 |
| DO NOT READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NOTE WE NEED SKIP PATTERN FOR THOSE IN HOSPITAL/INST SCHOOL OR JUVENILLE FACILITY OR HOME SCHOOLED OR HOME-BOUND INSTRUCTION

1 2 3

D8b. Is that a public or private school?

| | |
|------------|----|
| Public | 1 |
| Private | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

SSS

1 2 3

D8c. Is this school located in the neighborhood where you live?

| | | |
|--------------------------------|------------|----|
| GO TO D9a | YES | 1 |
| | NO | 2 |
| GO TO CHECKPOINT BEFORE D8d | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF A5c=4 (RESIDENTIAL SCHOOL) GO TO D9a. ELSE GO TO D8d.

1 2 3

D8d. [IF D4a=1 ASK: Did; ELSE ASK: Does] CHILD live at the school? (IF ASKED, WE MEAN AT LEAST DURING THE WEEKDAYS.)

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

D9a. IF D6 NE 1 ASK: Is this the first school year CHILD has attended this school?
IFD6=1 OR D4a=1 ASK: Was this the first school year CHILD attended this school?

| | | |
|------------|------------|----|
| GO TO D9b | YES | 1 |
| | NO | 2 |
| GO TO D11a | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 | 2 | 3

D9b. Why did CHILD go to a new school this (If D6=1 OR D4a=1 past) year? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

| | | |
|------------|--|----|
| GO TO D10a | Changing grade levels required that s/he change schools e.g. from elementary to middle school. | 1 |
| GO TO D11a | The family moved | 2 |
| | CHILD changed households or living arrangements | 3 |
| | Family chose a different school for CHILD that they thought would be better for him/her | 4 |
| | School system assigned CHILD to a different school because of better program at the new school | 5 |
| | Hospitalized | 6 |
| | Incarcerated | 7 |
| | Other, SPECIFY: _____ | 8 |
| | DON'T KNOW | -1 |
| REFUSED | -2 | |

NOTE: TRANSITION ITEMS WILL ONLY BE ASKED IF TRANSITION WAS IN LAST YEAR - IF D9a=1 (YES) AND D9b=1.

1 | 2 | 3

D10a. Before school started did the school do anything to help CHILD prepare for this move, like taking him/her to visit the new school? NOTE IF ASKED, THIS CAN BE ANYTHING DONE BY THE SENDING OR RECEIVING SCHOOL.

| | | |
|------------|------------|----|
| GO TO D10b | YES | 1 |
| GO TO D10c | NO | 2 |
| GO TO D10d | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 | 2 | 3

D10b. Do you think that what the school did to get CHILD ready for the move was ... READ CATEGORIES, CIRCLE ONE...

| | | |
|------------|-------------------------|----|
| GO TO D10d | More than he/she needed | 1 |
| | Less than he/she needed | 2 |
| | About right? | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D10c. Do you think the move would have been easier for CHILD if the school had done something to help him/her prepare?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D10d. Before school started did you, or another family member, do anything on your own about this school change, such as going to talk with teachers, or taking CHILD to visit the classroom?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D10e. How do you think the transition to this new school [D4a = 1 ASK had; ELSE has] gone for CHILD? Overall would you say it's been... READ CATEGORIES, CIRCLE ONE CODE

| | |
|----------------|----|
| Very easy, | 1 |
| Somewhat easy, | 2 |
| Somewhat hard, | 3 |
| Very hard? | 4 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NSAF, NELS88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D11a. How many times has CHILD changed schools [WAVE 1: since s/he entered elementary school?] [WAVE 2: since the 99-2000 school year?] [WAVE 3: since the 2001-2002 school year?] RECORD NUMBER OR CODE. IF ASKED, THAT WOULD INCLUDE MOVING FROM SCHOOL TO HOME SCHOOL/HOME BOUND SCHOOL OR MOVING FROM HOME SCHOOL/HOME BOUND INSTRUCTION TO SCHOOL

| | |
|-------------------|----|
| _____ | |
| Number of changes | |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

D11b. [IF D11a = 1 ASK: Was that a change because] [IF D11a NE 1 ASK: How many of those changes were because] of a promotion to the next grade, for example, from elementary to middle school? RECORD NUMBER OR CODE.

| Number of changes | |
|-------------------|----|
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF B1c=3 (PARENT SAYS NO DISABILITY) GO TO D13a. IF D8a NE 2 IN ALL WAVES TO DATE (NOT A SPECIAL SCHOOL) AND D11a>0 GO TO D12a. ELSE ASK D13a.

1 2 3

D12a. [WAVE 1: Since s/he started school] [WAVES 2 & 3: In the past 2 years], has CHILD [ever] attended a special school that serves only students with disabilities or special needs?

| | | |
|------------|------------|----|
| GO TO D12b | YES | 1 |
| GO TO D13a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF D8a=2 (SPECIAL SCHOOL) OR D12a=1 ASK D12b. ELSE GO TO D13a.

1 2 3

D12b. How old was CHILD when s/he first attended the special school? RECORD NUMBER FOR AGE OR CIRCLE CODE. IF PROVIDES GRADE PROBE FOR AGE.

| | |
|------------|----|
| Age | |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

D12c. How many years did CHILD attend a special school? RECORD NUMBER OR CODE.

| | | |
|-------------------|------------------|----|
| # OF MONTHS OR | Number of months | 1 |
| # OF YEARS | Number of Years | 2 |
| | DON'T KNOW | -1 |

| | |
|---------|----|
| REFUSED | -2 |
|---------|----|

CHECKPOINT: IF D4a=1 (ENROLLED PART OF YEAR) GO TO D15. ELSE ASK D13a.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D13a. Our records show that CHILD received special education services at the beginning of 1999-2000 school year. Is she/he in special education now?

| | | |
|---------------------------------|--------------------------|----|
| GO TO D14a | Yes | 1 |
| | No | 2 |
| GO TO CHECKPOINT 1 BEFORE D13b. | Never was in Special Ed. | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT 1: IF B13a=3 (NEVER WAS IN SPECIAL ED) AND/OR B1c=3 (PARENT SAYS NO DISABILITY) GO TO D15, ELSE GO TO CHECKPOINT 2.

CHECKPOINT 2: IN WAVE 1 IF D13a=2 (NO) ASK D13b. ELSE GO TO D14a. IN WAVE 2, IF D13a=2 AND D13a HAD BEEN 1(YES) IN WAVE 1 ASK D13b, ELSE GO TO D14a. IN WAVE 3, IF D13a=2 (NO) AND D13a HAD BEEN YES IN WAVE 2 ASK D13b, ELSE GO TO D14a.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D13b. Why is she/he no longer in special education? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

| | |
|---|----|
| No longer needs special education/special services | 1 |
| Met IEP goals | 2 |
| Child was declassified, school says no longer needs services | 3 |
| No longer eligible, doesn't qualify | 4 |
| School doesn't have the programs child needs | 5 |
| Parent doesn't want child in special education | 6 |
| Child did not want to be in special education | 7 |
| Child changed schools, did not request special services, child not identified as needing special services | 8 |
| Student now has a 504 plan | 9 |
| Doesn't think student ever was in special education | 10 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF SCHOOL IS IN SESSION (D6=2) ASK D13c, IF INTERVIEWING DURING THE SUMMER (D6 NE 2) ASK D13d.

1 | 2 | 3

D13c. Did CHILD stop being in the special education program (or stop receiving special education services); this school year or was it last school year? CODE ONE RESPONSE.

| | | |
|------------------------------|------------------------|----|
| GO TO CHECKPOINT BEFORE D13e | This year | 1 |
| | Last year | 2 |
| | Earlier than last year | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 | 2 | 3

D13d. Did child stop being in the special education program this past school year or the year before that?

| | | |
|------------------------------|-----------------------------------|----|
| GO TO CHECKPOINT BEFORE D13e | This past school year | 1 |
| | The year before that | 2 |
| | Earlier than the year before that | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF D13b = 8 (STUDENT HAS 504 PLAN) GO TO D15, OTHERWISE ASK D13e.

1 | 2 | 3

D13e. Does CHILD now have a 504 plan for accommodations because of his/her special needs?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF D13a=1 (IN SPECIAL EDUCATION NOW) ASK D14a. ELSE GO TO CHECKPOINT BEFORE D14c.

1 | 2 | 3

D14a. During this current school year is [IF D6=1 ASK, During this past school year was], any part of CHILD's school day spent in general education classes mostly with children who don't have disabilities or special needs?

| | | |
|------------|------------|----|
| GO TO D14c | YES | 1 |
| GO TO D14b | NO | 2 |
| | DON'T KNOW | -1 |

| | | |
|--|---------|----|
| | REFUSED | -2 |
|--|---------|----|

1 2 3

D14b. [WAVE 1 ASK: Was there any time since CHILD entered school that he/she spent part of his/her school day in general education classes mostly with students who don't have disabilities?] [WAVES 2 & 3 ASK: In the past 2 years was there any time that CHILD spent part of his/her school day in general education classes mostly with students who don't have disabilities?]

| | | |
|-----------|------------|----|
| GO TO D15 | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: WAVE 1 - ASK D14c. WAVES 2 & 3 IF D13a=1 (IN SPECIAL EDUCATION NOW) ASK D14c. IF D13a NE 1 IN CURRENT WAVE, BUT D13=1 IN PRIOR WAVE, ASK D14c. IF 13a NE 1 IN CURRENT AND PRIOR WAVE, GO TO D15.

1 2 3

D14c. [WAVE 1 ASK: Was there any time since CHILD entered school that he spent all of his/her time in classes with students that have disabilities?] [WAVES 2&3 ASK: In the past 2 years was there any time that CHILD spent all of his/her time in classes with students that have disabilities?]

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

D15. What grade is CHILD in this year? (IF D6=1 OR D4a=1 ASK—What grade was CHILD in this past year?) DO NOT READ CATEGORIES, CIRCLE ONE CODE. PROBE FOR UNGRADED, IF PARENT UNSURE.

| | |
|----------------|----|
| Ungraded class | 0 |
| First grade | 1 |
| Second grade | 2 |
| Third grade | 3 |
| Fourth grade | 4 |
| Fifth grade | 5 |
| Sixth grade | 6 |
| Seventh grade | 7 |
| Eighth grade | 8 |
| Ninth grade | 9 |
| Tenth grade | 10 |
| Eleventh grade | 11 |

| | |
|-----------------------------|----|
| Twelfth grade | 12 |
| Multi-grade, SPECIFY: _____ | 9 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D16a. [Wave 1 - Has CHILD ever skipped a grade in school?]
 [Wave 2 & 3 - Has CHILD skipped a grade in the past 2 years?]

| | | |
|------------|------------|----|
| ASK D16b | YES | 1 |
| GO TO D17a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D16b. What grade did s/he skip? DO NOT READ CATEGORIES, CIRCLE ALL THAT APPLY.

| | |
|----------------|----|
| Kindergarten | 1 |
| First grade | 2 |
| Second grade | 3 |
| Third grade | 4 |
| Fourth grade | 5 |
| Fifth grade | 6 |
| Sixth grade | 7 |
| Seventh grade | 8 |
| Eighth grade | 9 |
| Ninth grade | 10 |
| Tenth grade | 11 |
| Eleventh grade | 12 |
| Twelfth grade | 13 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D17a. [Wave 1 - Has CHILD ever been held back a grade in school?]
 [Wave 2 & 3 - Has CHILD been held back a grade in the past 2 years?]

| | | |
|------------|------------|----|
| ASK D17b | YES | 1 |
| GO TO D18a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D17b. What grade was s/he held back? DO NOT READ CATEGORIES, CIRCLE ALL THAT APPLY.

| | |
|------------------|----|
| Pre-kindergarten | 1 |
| Kindergarten | 2 |
| First grade | 3 |
| Second grade | 4 |
| Third grade | 5 |
| Fourth grade | 6 |
| Fifth grade | 7 |
| Sixth grade | 8 |
| Seventh grade | 9 |
| Eighth grade | 10 |
| Ninth grade | 11 |
| Tenth grade | 12 |
| Eleventh grade | 13 |
| Twelfth grade | 14 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

SSS, NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D18a. Has CHILD ever been suspended from school? IF ASKED, WOULD INCLUDE IN-SCHOOL SUSPENSION. [WAVE 2 & 3 ASK: Has CHILD been suspended from school in the past 2 school years?]

| | | |
|------------|------------|----|
| ASK D18b | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |
| GO TO D19a | | |

NSAF, NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D18b. Did that happen during this school year?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

SSS, NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D19a. Has CHILD ever been expelled from school? (WAVE 2 & 3 ASK: Has CHILD been expelled from school in the past 2 school years?)

| | | |
|------------|------------|----|
| ASK D19b | YES | 1 |
| GO TO D20a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D19b. Did that happen during this school year?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

Now I would like to ask you about CHILD's grades during this school year.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D20a. Does CHILD get grades at school so you and s/he know how well s/he is doing?

| | | |
|------------|------------|----|
| ASK D20b | YES | 1 |
| GO TO D20c | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

D20b. Overall, across all subjects, does CHILD get mostly... READ CATEGORIES, CIRCLE ONE CODE

| | | |
|------------------------|--|----|
| GO TO D21 | A's | 1 |
| | B's | 2 |
| | C's | 3 |
| | D's | 4 |
| | F's, or | 5 |
| GO TO D20c | Does CHILD's school not give these grades? | 6 |
| DON'T READ, GO TO D20c | DON'T KNOW | -1 |
| DON'T READ, GO TO D21 | REFUSED | -2 |

NHES96

1 2 3

D20c. Would you describe CHILD's work at school as... READ CATEGORIES, CIRCLE ONE CODE.

| | | |
|------------|-------------------|----|
| | Excellent | 1 |
| | Above average, | 2 |
| | Average, | 3 |
| | Below average, or | 4 |
| | Failing? | 5 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

D21. How well would you say CHILD has gotten along with other children at school [D6=2—this school year] [D6=1—this past school year]? Would you say...? READ CATEGORIES. CODE ONE.

| | | |
|------------|----------------------------|----|
| | Very well | 1 |
| | Pretty well | 2 |
| | Not very well, or | 3 |
| | Not at all well? | 4 |
| DON'T READ | Mixed, some well, some not | 5 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

D22. How well would you say CHILD has gotten along with teachers [D6=2—this school year] [D6=1—this past school year]? Would you say...? READ CATEGORIES. CODE ONE.

| | | |
|------------|----------------------------|----|
| | Very well, | 1 |
| | Pretty well, | 2 |
| | Not very well, or | 3 |
| | Not at all well? | 4 |
| DON'T READ | Mixed, some well, some not | 5 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES 96, all; NELS, a and b.

1 2 3

D23. Think about CHILD'S experiences at his/her school [D6=2—since the beginning of this school year] [D6=1—this past school year]. Would you say you strongly agree, agree, disagree, or strongly disagree with each of the following statements? READ STATEMENTS. CODE ONE RESPONSE FOR EACH.

| | | Strongly Agree | Agree | Dis-agree | Strongly Dis-agree | DK | Ref |
|----|---|----------------|-------|-----------|--------------------|----|-----|
| a. | CHILD is challenged at school. | 1 | 2 | 3 | 4 | -1 | -2 |
| b. | CHILD enjoys school. | 1 | 2 | 3 | 4 | -1 | -2 |
| c. | CHILD'S teachers maintain good discipline in the classroom. | 1 | 2 | 3 | 4 | -1 | -2 |
| d. | In CHILD'S school, most students and teachers respect each other. | 1 | 2 | 3 | 4 | -1 | -2 |
| e. | The principal and assistant principal maintain good discipline at CHILD'S school. | 1 | 2 | 3 | 4 | -1 | -2 |
| f. | The school is good at meeting CHILD's individual needs. | 1 | 2 | 3 | 4 | -1 | -2 |

SSS

1 2 3

D24. Has CHILD had any of the following things happen to him/her during [D6=2—this school year] [D6=1—this past school year]? READ EACH. CODE ONE RESPONSE FOR EACH ITEM.

| | | Yes | No | NA | DK | Ref |
|----|--|-----|----|----|----|-----|
| a. | Has s/he had things stolen from his/her locker or desk? | 1 | 2 | 3 | -1 | -2 |
| b. | Has s/he had money or other things taken directly from him/her by force or threat of force at school or on the way to or from school? | 1 | 2 | 3 | -1 | -2 |
| c. | Has s/he been bullied or picked on by other students or made to do things like give them money either at school or on the way to or from school? | 1 | 2 | 3 | -1 | -2 |
| d. | Has s/he been physically attacked or involved in fights at school or on the way to or from school? | 1 | 2 | 3 | -1 | -2 |
| e. | Has s/he been teased or called names at school? | 1 | 2 | 3 | -1 | -2 |

SSS, a-b; NELS c-d

1 2 3

D25. Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with... READ CATEGORIES, CODE ONE FOR EACH ITEM.

| | | VS | Sat. | SD | VD | DK | Ref |
|----|---|----|------|----|----|----|-----|
| a. | The school CHILD has attended this year. | 1 | 2 | 3 | 4 | -1 | -2 |
| b. | The teachers CHILD has had this year. | 1 | 2 | 3 | 4 | -1 | -2 |
| c. | The educational services or programs CHILD has received this school year | 1 | 2 | 3 | 4 | -1 | -2 |
| d. | The educational services or programs that CHILD has received altogether in school up to now. | 1 | 2 | 3 | 4 | -1 | -2 |
| e. | The amount and difficulty of homework CHILD is assigned. | 1 | 2 | 3 | 4 | -1 | -2 |
| f. | IF CHILD IS CURRENTLY IN SPECIAL EDUCATION (D13a=1) READ ITEM, ELSE GO TO D26. The special education services CHILD receives. | 1 | 2 | 3 | 4 | -1 | -2 |

NELS 88

1 2 3

D26. [D6=2—Since the beginning of the school year] [D6=1—This past school year], how many times have you been contacted by the school about each of the following? READ FIRST ITEM. Would you say none, 1 or 2, 3 or 4, or more than 4 times? READ EACH SUBSEQUENT ITEM, FOLLOWED BY RESPONSE CATEGORIES. IF ASKED, CONTACT BY THE SCHOOL COULD INCLUDE TELEPHONE CALLS FROM THE SCHOOL, LETTERS OR NOTES SENT HOME BY THE SCHOOL, E-MAIL MESSAGES FROM THE SCHOOL.

| | | None | 1 or 2 | 3 or 4 | >4 | DK | Ref |
|----|------------------------------|------|--------|--------|----|----|-----|
| a. | CHILD's academic performance | 1 | 2 | 3 | 4 | -1 | -2 |
| b. | CHILD's behavior in school | 1 | 2 | 3 | 4 | -1 | -2 |

SECTION E. FAMILY INTERACTION/ INVOLVEMENT

CHECKPOINT: IF D8a=07 (JUVENILE JUSTICE FACILITY), 08 HOSPITAL SCHOOL, 09 (HOME SCHOOL) 10 (HOME BOUND INSTRUCTION) GO TO E2a.

SSS; NHES 96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

- E1. Since the beginning of the school year have you or another adult in the household done each of the following? READ FIRST ITEM. CODE IN COLUMN A. IF YES, ASK— About how many times has that happened? Would you say ... READ RESPONSE CATEGORIES. CODE IN COLUMN B. IF NO, READ NEXT ITEM.

| | | A. | | | | B. | | | | | |
|----|--|----|---|----|----|-----------|-----------|-----------|----------------|----|----|
| | | Y | N | DK | R | 1-2 times | 3-4 times | 5-6 times | More than that | DK | R |
| a. | Attended a general school meeting, for example back to school night or a meeting of a parent-teacher organization? | 1 | 2 | -1 | -2 | 3 | 4 | 5 | 6 | -1 | -2 |
| b. | Attended a school or class event, such as a play, sports event, or science fair? | 1 | 2 | -1 | -2 | 3 | 4 | 5 | 6 | -1 | -2 |
| c. | Been a volunteer at the school or served on a school committee? | 1 | 2 | -1 | -2 | 3 | 4 | 5 | 6 | -1 | -2 |

CHECKPOINT: IF STUDENT IS CURRENTLY IN SPECIAL EDUCATION PROGRAM (D13a=1) GO TO E2a. IF B1c=3 (PARENT SAYS NO DISABILITY) GO TO E7. ELSE GO TO E6a.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

- E2a. During this school year, did you or another adult in your household go to a meeting at CHILD'S school about an Individualized Education Plan or IEP or about (his/her) special education program or services? IF ASKED AN IEP IS ...

| | | |
|-----------|------------|----|
| GO TO E3 | YES | 1 |
| | NO | 2 |
| GO TO E2b | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

E2b. Last school year, did you or another adult in your household go to such a meeting at CHILD's school?

| | | |
|----------|------------|----|
| GO TO E3 | YES | 1 |
| GO TO E5 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

E3. Who came up with the goals on for CHILD in his/her IEP? Was it... READ CATEGORIES, CIRCLE ONE RESPONSE.

| | | |
|------------|--|----|
| | Mostly your family, | 1 |
| | Mostly teachers and other school staff, or | 2 |
| | You and the school staff together? | 3 |
| DON'T READ | Advocate/Consultant | 4 |
| | DOESN'T KNOW ABOUT ANY GOALS | 5 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

E4a. How do you feel about your family's involvement in the decisions about CHILD's IEP? Do you feel you... READ CATEGORIES, CIRCLE ONE RESPONSE.

| | | |
|------------|--|----|
| | Wanted to be more involved, | 1 |
| | Were involved about the right amount, or | 2 |
| | Wanted to be less involved? | 3 |
| DON'T READ | NO OPINION | 4 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

E4b. To what extent do you agree or disagree with the statement: CHILD's IEP goals are challenging and appropriate. Would you say you..... READ CATEGORIES, CIRCLE ONE CODE.

| | |
|-------------------|----|
| Strongly agree | 1 |
| Agree | 2 |
| Disagree | 3 |
| Strongly disagree | 4 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E4c. How much progress do you think CHILD has made toward meeting these IEP goals?
Would you say... READ CATEGORIES, CIRCLE ONE RESPONSE.

| | | |
|------------|-----------------------|----|
| | A lot of progress, | 1 |
| | Some progress, | 2 |
| | Not much progress, or | 3 |
| | No progress? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E5. Do you feel that the education and services that CHILD receives are READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|------------|---|----|
| | Highly individualized to CHILD's needs, | 1 |
| | Somewhat individualized, or | 2 |
| | Not individualized at all? | 3 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E6a. Have you, or has anyone in your family, participated in any parent meetings, programs or trainings for families of students with disabilities?

| | | |
|-----------|------------|----|
| GO TO E6b | YES | 1 |
| | NO | 2 |
| GO TO E7 | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E6b. Were any of the meetings, programs or trainings sponsored by a parent training and information center?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E6c. How helpful was the information or training you received? Would you say it was...
READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|------------|----------------------|----|
| | Very helpful, | 1 |
| | Pretty helpful, | 2 |
| | Not very helpful, or | 3 |
| | Not at all helpful? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E7. Adults differ in how much they talk to children about school. How often do you or another adult in the household talk with CHILD about (his/her) experiences in school? Would you say.... READ CATEGORIES. CODE ONE.

| | | |
|------------|------------------|----|
| | Not at all, | 1 |
| | Rarely, | 2 |
| | Occasionally, or | 3 |
| | Regularly? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES96; NELS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E8. During this school year, how often have you or has another adult in the household helped CHILD with (his/her) homework? Would you say... READ CATEGORIES. CODE ONE.

| | | |
|------------|--|----|
| | Never, | 1 |
| | Less than once a week, | 2 |
| | 1 to 2 times a week, | 3 |
| | 3 to 4 times a week, or | 4 |
| | 5 or more times a week? | 5 |
| DON'T READ | Not applicable; child doesn't get homework | 6 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES96, NSAF

1 2 3

E9. How many times have you or has someone in your family read to CHILD in the past week? Would you say... READ CATEGORIES. CODE ONE.

| | | |
|------------|-------------------------|----|
| | Not at all, | 1 |
| | Once or twice, | 2 |
| | Three or more times, or | 3 |
| | Every day? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES96; NELS

1 2 3

E10. Are there family rules for CHILD about the following activities?
READ EACH ITEM, CIRCLE ONE CODE FOR EACH

| | | Yes | No | DK | Ref |
|----|--|-----|----|----|-----|
| a. | Doing homework | 1 | 2 | -1 | -2 |
| b. | Doing household chores | 1 | 2 | -1 | -2 |
| c. | Getting a certain grade point average in school | 1 | 2 | -1 | -2 |
| d. | What time CHILD goes to bed on school nights | 1 | 2 | -1 | -2 |
| e. | The amount of time s/he is allowed to watch television | 1 | 2 | -1 | -2 |
| f. | What TV programs s/he is allowed to watch | 1 | 2 | -1 | -2 |

CHECKPOINT= IF D8a= 07 OR 08 OR IF D8d=1 (LIVES AT SCHOOL) OR IF A5c=4 GO TO E13a. ELSE GO TO E11.

1 2 3

E11. Does CHILD have a quiet place at home for him/her to do homework?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NELS 88

1 2 3

E12. Do you have a computer in your home that CHILD uses for educational purposes?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

E13a. Thinking ahead to next year do you expect that CHILD will still be at his/her current school?

| | | |
|------------------------------|------------|----|
| GO TO SECTION G | YES | 1 |
| GO TO CHECKPOINT BEFORE E13b | NO | 2 |
| GO TO SECTION G | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT; IF WAVE 1 OR 2 ASK E13b. IN WAVE 3 GO TO SECTION G.

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

E13b. What is the full name of the school you think CHILD will be attending next year?
(PROBE FOR FULL NAME OF SCHOOL.)

NAME OF SCHOOL:

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

E13c. Where is that located?

LOCATION:

Street address

LOCATION:

City/State

F. SCHOOL EXPERIENCES OF STUDENTS NO LONGER IN SCHOOL

1 2 3

- F1a. [WAVE 1 – Since s/he started school, has CHILD ever attended a special school that serves only students with disabilities or special needs?]
 [WAVES 2 & 3 – In the past 2 years has CHILD attended a special school that serves only students with disabilities or special needs?]

| | | |
|-----------|------------|----|
| GO TO F1b | YES | 1 |
| GO TO F2a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

- F1b. How old was CHILD when s/he first began going to the special school? IF GIVES GRADE, PROBE FOR AGE. RECORD NUMBER FOR AGE OR CIRCLE CODE.

| | |
|------------|----|
| _____ | |
| Age | |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

- F1c. How many years did CHILD attend that school? RECORD NUMBER OR CODE.

| | | |
|-------------------|------------------|----|
| _____ | Number of months | 1 |
| # OF MONTHS OR | | |
| _____ | Number of Years | 2 |
| # OF YEARS | | |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88

1 2 3

- F2a. [WAVE 1—Has CHILD ever skipped a grade in school?]
 [WAVES 2 & 3—Has CHILD skipped a grade in the past 2 years?]

| | | |
|-----------|------------|----|
| GO TO F2b | YES | 1 |
| GO TO F3 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

F2b. What grade did s/he skip? DO NOT READ CATEGORIES, CIRCLE ALL THAT APPLY.

| | |
|----------------|----|
| Kindergarten | 1 |
| First grade | 2 |
| Second grade | 3 |
| Third grade | 4 |
| Fourth grade | 5 |
| Fifth grade | 6 |
| Sixth grade | 7 |
| Seventh grade | 8 |
| Eighth grade | 9 |
| Ninth grade | 10 |
| Tenth grade | 11 |
| Eleventh grade | 12 |
| Twelfth grade | 13 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

F3a. [WAVE 1 – Has CHILD ever been held back a grade in school?]
 [WAVES 2 & 3 – Has CHILD been held back a grade in school in the past 2 years?]

| | | |
|-----------|------------|----|
| GO TO F3b | YES | 1 |
| | NO | 2 |
| GO TO F4 | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS:88

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

F3b. What grade was s/he held back? DO NOT READ CATEGORIES, CIRCLE ALL THAT APPLY.

| | |
|------------------|----|
| Pre-kindergarten | 1 |
| Kindergarten | 2 |
| First grade | 3 |
| Second grade | 4 |
| Third grade | 5 |
| Fourth grade | 6 |
| Fifth grade | 7 |
| Sixth grade | 8 |
| Seventh grade | 9 |
| Eighth grade | 10 |
| Ninth grade | 11 |
| Tenth grade | 12 |
| Eleventh grade | 13 |
| Twelfth grade | 14 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

SSS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

F4. [WAVE 1 – Has CHILD ever been suspended from school?]
 [WAVES 2 & 3 – Has CHILD been suspended from school in the past 2 years?]
 IF ASKED, WOULD INCLUDE IN-SCHOOL SUSPENSION.

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

SSS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

F5. [WAVE 1 – Has CHILD ever been expelled from school?]
 [WAVES 2 & 3 – Has CHILD been expelled from school in the past 2 years?]

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

G. AFTER SCHOOL AND EXTRACURRICULAR ACTIVITIES

My next questions are about after or outside of school activities.

CHECKPOINT: IF D1a=1 OR D1b=2 (CHILD IS CURRENTLY IN SCHOOL) AND D8d =1 OR A5c=4 (THIS IS A RESIDENTIAL SCHOOL) GO TO G4. IF D8a=7 OR 8 OR 9 OR 10 (HOSPITAL, JUVENILE FACILITY, HOME SCHOOL, HOME BOUND INSTRUCTION) GO TO G5. IF D1a NE 1 OR D1b=1 (CHILD NOT CURRENTLY IN SCHOOL) BUT D4a=1 (HAS BEEN IN SCHOOL DURING THE YEAR) GO TO G4, IF D1a NE 1 OR D1b=1 (CHILD NOT CURRENTLY IN SCHOOL) AND D4a NE 1 (NOT IN SCHOOL DURING PAST YEAR) GO TO G4 AND DO NOT READ BRACKETED WORD "SCHOOL" IN REST OF SECTION G ITEMS. ELSE GO TO G1.

NELS

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G1. [D6=2 – Does] [D6=1 – During the past school year did] CHILD usually come home directly after school?

| | | |
|----------|------------|----|
| GO TO G2 | YES | 1 |
| | NO | 2 |
| GO TO G3 | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS, Similar NSAF

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G2. [D6=2 – Is] [D6=1 – Was] there an adult usually at home when CHILD gets home from school?

| | | |
|----------|------------|----|
| GO TO G4 | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NELS

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G3. Where [D6=2 – does] [D6=1 – did] CHILD usually go after school? DO NOT READ CATEGORIES. CIRCLE ONE ONLY. PROBE FOR USUALLY

| | |
|--|----|
| After school child care program | 01 |
| Babysitter's house | 02 |
| Neighbor's house | 03 |
| Relative's house | 04 |
| Friend's house | 05 |
| Extracurricular activities (e.g., sports team practice, lessons, club meetings, community center activities) | 06 |
| Therapies | 07 |
| After school job | 08 |
| Mixed/Can't decide | 09 |
| Other, SPECIFY: _____ | 97 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NELS, similar NSAF97

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G4. During this [school] year has CHILD taken lessons or classes [outside of school] in things like art, music, dance, a foreign language, religion, or, computer skills?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF D4a=2 (NOT IN SCHOOL DURING THE YEAR) GO TO G6. ELSE GO TO G5. IF D4a=1 READ BRACKETED WORD "HAD".

NHES96

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G5. During this school year, has [had] CHILD participated in any school activities outside of class, such as sports teams, band or chorus, school clubs, or student government?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NHES93, SIMILAR NELS88 AND NHES96

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- G6. During this [D6=2 – school] [D6=1 – past school] year, has CHILD participated in any [out-of-school] group activity, such as scouting, church or temple youth group, or non school team sports like Little League?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| |
|--|
| CHECKPOINT: IF G5 OR G6 = 1 (YES), ask G7. ELSE, GO TO G8. |
|--|

NLTS and NELS (NELS asks "ever"), NSAF

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- G7. What kinds of groups has CHILD belonged to this [D6=2 – school] [D6=1 – past school] year? DO NOT READ, CODE ALL THAT APPLY.

| | |
|--|----|
| Scouting (e.g., Cub Scouts/Brownies, Boy/Girl Scouts, Campfire/Bluebirds) | 01 |
| Religious group, religious youth group | 02 |
| YMCA, YWCA, JCC club/activities, Boys-Girls Clubs | 03 |
| Sports team (e.g., Little League, AYSO soccer, other sports team) | 04 |
| Special Olympics | 05 |
| 4-H club | 06 |
| Special interest club (e.g., chess club, computer club, environment club) | 07 |
| Performing group (choir, band, theater group, dance troupe) | 08 |
| Student government | 09 |
| School subject matter club (e.g., science, language, journalism, yearbook, school paper) | 10 |
| Volunteer service group (e.g., Candystripers) | 11 |
| Disability oriented support or social group (e.g., ADHD) | 12 |
| Cultural affinity group (e.g., Asian students club, Hispanic club) | 13 |
| Homework club | 14 |
| Leadership, youth development club | 15 |
| Vocational clubs (e.g., Future Homemakers, DECA) | 16 |
| After school care center | 17 |
| Other SPECIFY: _____ | 18 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

G8. During this [D6=2 – school] [D6=1 – past school] year has CHILD done any volunteer or community service activities? IF ASKED, THIS COULD INCLUDE COMMUNITY SERVICE THAT IS PART OF A SCHOOL CLASS OR ACTIVITY.

| | |
|------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |

CHECKPOINT: D8a=7 OR 8 OR D8d =1 OR A5c=4 (LIVES AT SCHOOL) GO TO G13, ELSE GO TO G9.

NLTS

1 2 3

G9. During this [D6=2 – school] [D6=1 – past school] year about how many days a week does CHILD usually get together with friends outside of [school or] organized activities? OK TO READ CATEGORIES IF NEEDED. CODE ONE.

| | |
|-------------------------------|----|
| Never | 0 |
| Sometimes, but not every week | 1 |
| 1 day a week | 2 |
| 2 or 3 days a week | 3 |
| 4 or 5 days a week | 4 |
| 6 or 7 days a week | 5 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

1 2 3

G10. During this [D6=2 – school] [D6=1 – past school] year has CHILD been invited to other children's social activities like over to their home or to a birthday party?

| | |
|------------|----|
| Yes | 1 |
| No | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
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G11a. During this [D6=2 – school] [D6=1 – past school] year how often have his/her friends called your child on the phone? OK TO READ CATEGORIES IF NEEDED. CODE ONE

| | |
|---|----|
| Never | 1 |
| Rarely/less than once a month | 2 |
| A few times a month, but not every week | 3 |
| About once a week | 4 |
| Several days a week | 5 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF E12=1 (HAS COMPUTER) ASK G11B. ELSE ASK G12.

NHES96

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G11b. Does CHILD interact with others using the computer for such things as exchanging e-mail or taking part in chatrooms?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NLTS

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G12. Does CHILD get an allowance or have other money about which (he/she) makes decisions? (IF ASKED, THIS COULD INCLUDE MONEY EARNED FROM A JOB.) (CIRCLE ONE CODE)

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

H. Employment Outcomes

CHECKPOINT: IF WAVE 1 GO TO SECTION I; IF WAVE 2 OR 3 AND CHILD IS 12 YEARS OR OLDER GO TO CHECKPOINT BEFORE H1; IF YOUNGER THAN 12 GO TO SECTION I.

CHECKPOINT: IF CHILD IS NOT CURRENTLY IN SCHOOL (D1a=2 OR D1b=1) GO TO H4. IF D8a= 7,8,9,OR 10 (JUVENILE FACILITY, HOSPITAL, HOME SCHOOL, HOME BOUND INSTRUCTION) GO TO H4. ELSE IF CHILD IS IN SCHOOL AND CHILD IS IN 9TH GRADE OR ABOVE ASK H1. IF CHILD IS IN LESS THAN 9TH GRADE GO TO H4. IF CHILD IS IN AN UNGRADED CLASS AND IS 14 YEARS OLD OR OLDER ASK H1, OTHERWISE GO TO H4.

Now, I would like to ask a few questions about (CHILD'S) work experience.

NLTS

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H1. During this school year did (CHILD) have a work-study job? [if D6=1 ask; During this past school year did CHILD have a work-study job?] A work study job is a job for which child received school credit.

| | | |
|----------|------------|----|
| | YES | 1 |
| | NO | 2 |
| GO TO H4 | DON'T KNOW | -1 |
| | REFUSED | -2 |

NLTS

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- H2. What has (he/she) done on his/her work-study job? (IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place (NAME) did this work? DO NOT READ CATEGORIES. CIRCLE ONE CODE / IF MORE THAN ONE WORK STUDY JOB CODE MOST RECENT JOB / IF MORE THAN ONE CURRENT WORK STUDY JOB, CODE JOB WHERE CHILD SPEND THE MOST TIME.

| | |
|---|----|
| Animal care – e.g., dog walking, veterinary helper | 1 |
| Camp counselor | 2 |
| Cashier – at grocery, fast food place, etc. | 3 |
| Child care, including babysitting | 4 |
| Cleaning – e.g., janitor, maid | 5 |
| Clerical – e.g., filling, receptionist, secretary, typist | 6 |
| Computer support – e.g., data entry, programming, web page development | 7 |
| Delivery – e.g., of food, prescriptions, newspapers | 8 |
| Health care – personal care attendant, nurses aide | 9 |
| Farm laborer – animals and fields | 10 |
| Food service – busboy, waiter, baker, cook | 11 |
| Gardening and grounds maintenance – lawn mowing, grounds keeping | 12 |
| Gas station attendant | 13 |
| Retail sales | 14 |
| Sorting, stuffing | 15 |
| Sports related – caddy, umpire, referee, coach, lifeguard, teaching a sport | 16 |
| Stock clerks – grocery store, drug store | 17 |
| Usher – movie theater | 18 |
| Other, Specify _____ | 19 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NLTS

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|--|---|---|
| | 2 | 3 |
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- H3. Has CHILD been paid for this work? (CIRCLE ONE CODE)

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

IF CHILD HAS A WORK STUDY JOB (I1=1), SAY: "My next questions are about paid work other than work study jobs."

NLTS

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|--|---|---|

H4. During this past year did CHILD do any work for pay, other than work around the house or a work study job? (CIRCLE ONE CODE)

| | | |
|-----------|------------|----|
| | YES | 1 |
| GO TO H10 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
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|--|---|---|

H5. Did CHILD do this work only during the summer, during the school year, or both? IF ASKED, SCHOOL YEAR IS FROM SEPTEMBER TO MAY, CIRCLE ONE RESPONSE.

| | | |
|----------|-----------------------------|----|
| GO TO H6 | Only during the summer | 1 |
| GO TO H7 | Only during the school year | 2 |
| GO TO H6 | Both | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|--|---|---|
| | 2 | 3 |
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H6. About how many hours a week does CHILD usually work during the summer? IF MORE THAN ONE JOB COMBINE ALL JOBS. IF ASKED, IF CHILD WORKED THIS SUMMER AND LAST SUMMER CODE THIS SUMMER. ENTER NUMBER OR CIRCLE CODE.

| | |
|------------------------------------|----|
| _____ # OF HOURS PER WEEK OR | 1 |
| _____ # OF HOURS PER MONTH | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

H7. About how many hours a week does CHILD usually work during the school year? IF MORE THAN ONE JOB COMBINE ALL JOBS. IF CHILD IS NO LONGER IN SCHOOL, IF ASKED, WE MEAN DURING SEPTEMBER TO MAY. ENTER NUMBER OR CIRCLE CODE.

| | |
|---------------------------|----|
| Less than 1 hour a week | 1 |
| _____ # OF HOURS PER WEEK | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NLTS

| | | |
|--------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
|--------------------------|----------------------------|----------------------------|

H8. What kinds of paid work has CHILD done in the past year, other than work around the house? DO NOT READ CATEGORIES. IF MORE THAN ONE JOB, CODE ALL JOBS. ONLY ONE CODE PER JOB. IF TYPE OF WORK IS UNCLEAR, PROBE: CAN YOU TELL ME A LITTLE ABOUT THE PLACE CHILD DOES THIS WORK? WHAT KINDS OF THINGS DOES CHILD DO THERE?

| | |
|---|----|
| Animal care – e.g., dog walking, veterinary helper | 1 |
| Camp counselor | 2 |
| Cashier – at grocery, fast food place, etc | 3 |
| Child care, including babysitting | 4 |
| Cleaning – e.g., janitor, maid | 5 |
| Clerical – e.g., filing, receptionist, secretary, typist | 6 |
| Computer support – e.g., data entry, programming, web page development | 7 |
| Delivery – e.g., of food, prescriptions, newspapers | 8 |
| Health care – personal care attendant, nurses aide | 9 |
| Farm laborer – animals and fields | 10 |
| Food service – busboy, waiter, baker, cook | 11 |
| Gardening and grounds maintenance – lawn mowing, grounds keeping | 12 |
| Gas station attendant | 13 |
| Retail sales | 14 |
| Sorting, stuffing | 15 |
| Sports related – caddy, umpire, referee, coach, lifeguard, teaching a sport | 16 |
| Stock clerks – grocery store, drug store | 17 |
| Usher – movie theater | 18 |
| ONLY MENTIONS JOBS AROUND THE HOUSE | 19 |
| OTHER, SPECIFY _____ | 20 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NLTS

| | | |
|--------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
|--------------------------|----------------------------|----------------------------|

H9. About how much is CHILD paid for his/her most recent work? (PROBE: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS.) (ENTER NUMBER/CIRCLE ONE CODE)

| | | | |
|-----------------|----------------------|--------------|----|
| GO TO SECTION I | \$ _____ Pay per: | Hour | 1 |
| | | Week | 2 |
| | | Month | 3 |
| | | Year | 4 |
| | | Minimum wage | 0 |
| | | DON'T KNOW | -1 |
| | | REFUSED | -2 |

(if no job now)

| | | |
|--|---|---|
| | 2 | 3 |
|--|---|---|

H10. Has CHILD ever worked for pay (other than work around the house)? (CIRCLE ONE CODE) [IF WAVE 3 AND IF ASKED ABOUT EMPLOYMENT IN WAVE 2 CHANGE WORDING TO: Has CHILD worked for pay (other than work around the house) in the past 2 years?]

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

I. CHILD BEHAVIORS

SSQ, ECLSK, NEILS

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| 1 | 2 | 3 |
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11. I am going to read you a list of statements and I want you to tell me how often CHILD acts this way. How often does CHILD.... READ EACH ITEM AND THEN ASK "Would you say Never, Sometimes, or Very Often?" CIRCLE THE APPROPRIATE CODE FOR FOR EACH ITEM.

| | | Never | Some times | Very Often | DK | Ref |
|--------------------|--|-------|---------------|---------------|----|-----|
| a.ssq eclskl | ***** | 0 | 1 | 2 | -1 | -2 |
| b. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| c. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| k ssq. eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| n. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| d. ssq | ***** | 0 | 1 | 2 | -1 | -2 |
| o. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| e. ssq | ***** | 0 | 1 | 2 | -1 | -2 |
| f. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| p. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| q. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| r. neils | Do things on his/her own even if it is hard | 0 | 1 | 2 | -1 | -2 |
| i. ssq | ***** | 0 | 1 | 2 | -1 | -2 |
| l. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| m. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| g. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| h. ssq | ***** | 0 | 1 | 2 | -1 | -2 |
| j. ssq eclsk | ***** | 0 | 1 | 2 | -1 | -2 |
| s. neils | Keep working at something until he/she is finished, even if it takes a long time | 0 | 1 | 2 | -1 | -2 |

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12. Children have a variety of strengths and interests. Would you say CHILD is particularly strong in any of the following areas: READ EACH ITEM, CIRCLE CORRECT RESPONSE FOR EACH ITEM

| | | Yes | No | DK | Ref |
|----|---|-----|----|----|-----|
| a. | Athletic ability | 1 | 2 | -1 | -2 |
| b. | Performing arts ability, like music, theater or dance | 1 | 2 | -1 | -2 |
| c. | Mechanical ability, like building or fixing things | 1 | 2 | -1 | -2 |
| d. | Artistic ability, like drawing or sculpting, | 1 | 2 | -1 | -2 |
| e. | Creative writing, like writing poetry | 1 | 2 | -1 | -2 |
| f. | Leadership ability | 1 | 2 | -1 | -2 |
| g. | Computer use | 1 | 2 | -1 | -2 |
| h. | Being well organized | 1 | 2 | -1 | -2 |
| i. | Being sensitive to other people's feelings | 1 | 2 | -1 | -2 |
| j. | Having a sense of humor | 1 | 2 | -1 | -2 |

| |
|---|
| CHECKPOINT: IF B1a= LEARNING DISABILITY (01), HEARING IMPAIRMENT (06), SPEECH IMPAIRMENT (04) OR EMOTIONAL DISTURBANCE (05) ONLY OR B1c=3 (PARENT SAYS NO DISABILITY) GO TO I4. ELSE ASK I3 |
|---|

NLTS

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| 1 | 2 | 3 |
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13. How well does CHILD do each of the following things on his/her own, without help? READ STATEMENTS. CODE ONE RESPONSE FOR EACH. Would you say (he/she) does it very well, pretty well, not very well, not at all well

| | | Very Well | Pretty Well | Not Very Well | Not At All Well | DK | Ref |
|----|-----------------------------------|-----------|-------------|---------------|-----------------|----|-----|
| a. | Dress himself/herself completely. | 4 | 3 | 2 | 1 | -1 | -2 |
| b. | Feed himself/herself completely | 4 | 3 | 2 | 1 | -1 | -2 |

NLTS

1 2 3

14. How well does CHILD do each of the following things on his/her own, without help?
 READ STATEMENTS. CODE ONE RESPONSE FOR EACH. Would you say (he/she) does it very well, pretty well, not very well, not at all well?

| | | Very Well | Pretty Well | Not Very Well | Not At All Well | Child not allowed | DK | Ref |
|----|---|-----------|-------------|---------------|-----------------|-------------------|----|-----|
| a. | Tell time on a clock with hands | 4 | 3 | 2 | 1 | 5 | -1 | -2 |
| b. | Read and understand common signs, like STOP, MEN, WOMEN or DANGER. | 4 | 3 | 2 | 1 | 5 | -1 | -2 |
| c. | Count change | 4 | 3 | 2 | 1 | 5 | -1 | -2 |
| d. | Look up telephone numbers in the phone book and use the phone. | 4 | 3 | 2 | 1 | 5 | -1 | -2 |
| e. | Get places outside the home, like to school, to a nearby store or park, or to a neighbor's house. | 4 | 3 | 2 | 1 | 5 | -1 | -2 |

NLTS

1 2 3

15. When the following chores need doing, about how often, on his/her own, does CHILD ...
 READ STATEMENTS. CODE ONE RESPONSE FOR EACH. Would you always, usually, sometimes, or never?

| | | Always | Usually | Sometimes | Never | DK | Ref |
|----|---|--------|---------|-----------|-------|----|-----|
| a. | Fix his/her own breakfast or lunch | 4 | 3 | 2 | 1 | -1 | -2 |
| b. | Do laundry | 4 | 3 | 2 | 1 | -1 | -2 |
| c. | Straighten up his/her own room or living area | 4 | 3 | 2 | 1 | -1 | -2 |
| d. | Buy a few things at the store he/she needs | 4 | 3 | 2 | 1 | -1 | -2 |

NLTS

1 2 3

16. WAVE 1 AND CHILD IS 12 YEARS OR OLDER OR IF WAVE 2 OR 3 AND CHILD IS 12 YEARS OR OLDER AND HAS NOT BEEN ASKED IN PREVIOUS WAVE, ASK: Has (CHILD) ever been arrested? (CIRCLE ONE CODE)
 WAVES 2 AND 3 AND CHILD IS 12 YEARS OR OLDER AND HAS BEEN ASKED IN PREVIOUS WAVE, ASK: Has CHILD been arrested in the past 2 years?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

J. HOUSEHOLD CHARACTERISTICS

Now I have some questions about the household CHILD is part of. IF CHILD LIVES IN MORE THAN ONE HOUSEHOLD WE MEAN THE HOUSEHOLD CHILD LIVES IN WITH THE RESPONDENT.

NHES93 similar, NLTS

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J1. How many people live in your household? RECORD NUMBER.

| | |
|-----------------------------|----|
| _____ | |
| Number of household members | |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NHES93 similar, NLTS

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| 1 | 2 | 3 |
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J2a. How many children are there in the household, not including CHILD? RECORD NUMBER.

| | | |
|---|--------------------|----|
| IF NUMBER=0 GO TO CHECKPOINT BEFORE J3a, ELSE GO TO J2b | _____ | |
| | Number of children | |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHIS, NLTS

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J2b. [IF J2a>1: Do any of these children] [IF J2a=1: Does this child] have a learning problem or other disability?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

| |
|--|
| CHECKPOINT: IF WAVE 3 AND CHILD IS AGED 12 OR OLDER GO TO J3a. IN WAVE 1 OR WAVE 2 OR IF CHILD IS LESS THAN 12 YEARS OLD IN WAVE 3 GO TO J4A |
|--|

NLTS

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J3a. Does CHILD have any children?

| | | |
|-----------|------------|----|
| GO TO J3b | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |
| GO TO J4a | YES | 1 |
| | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
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| | | 3 |
|--|--|---|

J3b. What is this child's birthdate? IF MORE THAN ONE CHILD, ENTER BIRTHDATES FOR EACH CHILD. ENTER NUMBER OR CIRCLE CODE

BIRTHDATE OF CHILD ONE: MONTH: _____ DAY: _____ YEAR: _____

BIRTHDATE OF CHILD TWO: MONTH: _____ DAY: _____ YEAR: _____

BIRTHDATE OF CHILD THREE: MONTH: _____ DAY: _____ YEAR: _____

| | |
|------------|----|
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF J3a=1 (HAS CHILDREN) AND AGE IS 14 YEARS OR OLDER ASK J3c, ELSE GO TO J4a

NLTS

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| | | 3 |
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J3c. Is CHILD ... READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|-------------|---|----|
| DO NOT READ | Engaged | 1 |
| | Single, never married | 2 |
| | Married or living with someone of the opposite sex, | 3 |
| | Divorced or separated | 4 |
| | Widowed | 5 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES93 similar, NLTS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J4a. How many adults are there in the household, including you? RECORD NUMBER

| | |
|------------------|----|
| _____ | |
| Number of adults | |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NHIS, NLTS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J4b. Do any of these adults have a disability, developmental delay, or other special need?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF THE RESPONDENT IS NOT THE MOTHER OR LEGAL GUARDIAN (S11 NE 01-05) OR THE FATHER (S12 NE 01-05) ASK J5a, OTHERWISE GO TO CHECKPOINT BEFORE J6a.

NSAF

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J5a. Does CHILD's mother or father or legal guardian live in this household?

| | | |
|-----------------------------|------------|----|
| GO TO J5b | YES | 1 |
| | NO | 2 |
| GO TO CHECKPOINT BEFORE J6a | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J5b. Is that the CHILD's mother, father or legal guardian? CODE ALL THAT APPLY.

| | |
|----------------|----|
| Mother | 1 |
| Father | 2 |
| Legal guardian | 3 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: IF RESPONDENT IS PARENT OR LEGAL GUARDIAN (S11 OR S12 = 01,02,03,04 OR 05) ASK J6a ABOUT RESPONDENT. IF PARENT OR LEGAL GUARDIAN LIVES IN HOUSEHOLD (J5a=1) THE FOLLOWING QUESTIONS ARE ABOUT HIM OR HER, IF BOTH MOTHER AND FATHER LIVE IN HOUSEHOLD (J5b = 1 AND 2) ASK ABOUT MOTHER, IF ONLY MOTHER OR FATHER (J5b = 1 OR 2) ASK ABOUT THAT PARENT. IF LEGAL GUARDIAN (J5b=3) ASK ABOUT GUARDIAN. [WORDING IN BRACKETS TO BE USED IF J5a=1] (RESPONDENT IS NOT PARENT OR LEGAL GUARDIAN, BUT PARENT OR GUARDIAN LIVES IN THE HOUSEHOLD.) IF J5a NE 1 (NO PARENT OR GUARDIAN IN HOUSEHOLD), ASK ABOUT RESPONDENT.

NEILS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J6a. Do you now have a partner or spouse living with you? [IF J5b= 1 - Does CHILD's Mother have a partner or spouse living in the household?] [If J5b NE 1 AND J5b=2 - Does CHILD's Father have a partner or spouse living in the household?] [If J5b=3 - Does CHILD's legal guardian have a partner or spouse living in the household?]

| | | |
|-----------|-----|---|
| GO TO J6b | YES | 1 |
|-----------|-----|---|

| | | |
|----------|------------|----|
| GO TO J7 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J6b. What is that person's relationship to CHILD? DO NOT READ CATEGORIES. CIRCLE ONE RESPONSE. IF JUST SAYS "MOTHER" OR "FATHER" PROBE FOR BIOLOGICAL, ADOPTIVE, STEP, FOSTER.

| | |
|-----------------------|----|
| Biological mother | 01 |
| Biological father | 02 |
| Adoptive mother | 03 |
| Adoptive father | 04 |
| Stepmother | 05 |
| Step father | 06 |
| Foster mother | 07 |
| Foster father | 08 |
| Legal guardian | 09 |
| Sister/step sister | 10 |
| Brother/stepbrother | 11 |
| Aunt | 12 |
| Uncle | 13 |
| Grandmother | 14 |
| Grandfather | 15 |
| Unrelated | 16 |
| OTHER (SPECIFY) _____ | 17 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NELS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J7. What is your [CHILD's mother/father/legal guardian's] current marital status? Are you... [Is he/she...] READ CATEGORIES CIRCLE ONE CODE

| | | |
|------------|----------------------------------|----|
| DON'T READ | Single, never married, | 01 |
| | Married, | 02 |
| | In a marriage-like relationship, | 03 |
| | Divorced, | 04 |
| | Separated, or | 05 |
| | Widowed? | 06 |
| | OTHER (SPECIFY) _____ | 16 |
| DON'T KNOW | -1 | |
| REFUSED | -2 | |

CHECKPOINT: WAVES 2 & 3 - IF RESPONDENT IS THE SAME AS IN AN EARLIER WAVE, OR IF THE PARENT OR LEGAL GUARDIAN LIVED IN THE HOUSEHOLD DURING AN EARLIER WAVE (J5a=1) GO TO J10a, ELSE ASK J8.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J8. In what year were you born? [In what year was [CHILD's mother/father/legal guardian] born?] RECORD YEAR OR CIRCLE CODE

| | |
|------------|----|
| _____ | |
| Year | |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NELS, NSAF, NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J9. What is the highest year or grade you [Child's mother/father/legal guardian] finished in school? DO NOT READ CATEGORIES, CIRCLE ONE CODE

| | |
|--|----|
| 8th grade or less | 01 |
| 9th grade or above, not a high school graduate | 02 |
| High school graduate or GED | 03 |
| Post high school education, no degree | 04 |
| 2-year college degree/AA degree | 05 |
| 4-year college degree/ BA, BS degree | 06 |
| Some post BA, BS work, no degree | 07 |
| Masters degree, e.g., MSW, MA, MFA, MPH, MBA | 08 |
| Ph.D., M.D., J.D., LLB., or other professional graduate degree | 09 |
| OTHER (SPECIFY) _____ | 17 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NSAF

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J10a. Do you have a paid job now? [Does CHILD's mother/father/legal guardian have a paid job now?]

| | | |
|-----------------------------|------------|----|
| ASK J10b | YES | 1 |
| GO TO CHECKPOINT BEFORE J11 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NSAF, NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J10b. In an average week, about how many hours do you [does CHILD's mother/father/legal guardian] work for pay. RECORD HOURS

| | | |
|-----------------------------|----------------------|----|
| GO TO CHECKPOINT BEFORE J11 | _____ | |
| | Hours worked for pay | |
| ASK J10c | DON'T KNOW | -1 |
| GO TO CHECKPOINT BEFORE J11 | REFUSED | -2 |

NSAF, NHES96

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J10c. Would you say you usually work [he/she usually works]... READ CATEGORIES. CODE ONE.

| | |
|---------------------------|----|
| Less than 20 hours a week | 1 |
| 20 to 35 hours a week, or | 2 |
| More than 35 hours a week | 3 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

CHECKPOINT: WAVES 1, 2 & 3: IF J6a NE 1 (NO PARTNERS), GO TO J14a. IN WAVE 1: IF J6a = 1 (PARTNER), GO TO J11. IN WAVES 2 & 3: IF J6a=1 (HAS A PARTNER) AND IF PARENT/GUARDIAN DID NOT LIVE IN HOUSEHOLD DURING EARLIER WAVE (J5A NE 1) ASK J11, ELSE GO TO J13A. NOTE IN ALL WAVES: IF J7=2 (MARRIED), ITEMS WILL READ "SPOUSE," OTHERWISE, READ "PARTNER."

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J11. My next questions are about your [CHILD's mother/father/legal guardian's] spouse/partner. In what year was your [his/her] spouse/partner born? RECORD YEAR OR CODE.

| | |
|------------|----|
| _____ | |
| Year | |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS, NSAF, NHIS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J12. What is the highest year or grade your [his/her] spouse/partner finished in school?
DO NOT READ CATEGORIES. CIRCLE ONE CODE.

| | |
|--|----|
| 8th grade or less | 01 |
| 9th grade or above, not a high school graduate | 02 |
| High school graduate or GED | 03 |
| Post high school education, no degree | 04 |
| 2-year college degree/AA degree | 05 |
| 4-year college degree/ BA, BS degree | 06 |
| Some post BA, BS work, no degree | 07 |
| Masters degree, e.g., MSW, MA, MFA, MPH, MBA | 08 |
| Ph.D., M.D., J.D., LLB., or other professional graduate degree | 09 |
| OTHER (SPECIFY) _____ | 17 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NSAF

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J13a. Does your [his/her] spouse/partner have a paid job now?

| | | |
|------------|------------|----|
| ASK J13b | YES | 1 |
| GO TO J14a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NSAF

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

J13b. In an average week, about how many hours does your [his/her] spouse/partner work for pay. RECORD HOURS

| | | |
|------------|----------------------|----|
| GO TO J14a | _____ | |
| | Hours worked for pay | |
| ASK J3c | DON'T KNOW | -1 |
| GO TO J14a | REFUSED | -2 |

NSAF

1 2 3

J13c. Would you say your [his/her] spouse/partner usually works... READ CATEGORIES.
CODE ONE.

| | |
|---------------------------|----|
| Less than 20 hours a week | 1 |
| 20 to 35 hours a week, or | 2 |
| More than 35 hours a week | 3 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS, NSAF

1 2 3

J14a. My next questions are about government benefits you or others in your household may receive. Do you or anyone in the household now receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program?

| | | |
|------------|------------|----|
| GO TO F15 | YES | 1 |
| GO TO J14b | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS, ECLSK similar

1 2 3

J14b. Did you or anyone in the household receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program anytime in the past 2 years?

| | | |
|------------|------------|----|
| GO TO J14c | YES | 1 |
| GO TO J15 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS

1 2 3

J14c. Who got these welfare benefits? Was it.... READ CATEGORIES, CIRCLE ONE CODE

| | | |
|------------|--|----|
| GO TO J14d | You, [CHILD's mother/father/guardian] | 1 |
| GO TO J15 | Someone else in the household, or | 2 |
| | Both you [CHILD's mother/father/guardian] and someone else in the household? | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS (some changes)

1 2 3

J14d. Did your household stop getting these welfare benefits because the person receiving the benefits ... READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|-----------------------|-------------------------------------|----|
| GO TO J14e | Started working, | 1 |
| GO TO J15 | Got married, or | 2 |
| | Some other reason? Specify _____ | 3 |
| DON'T READ, GO TO J15 | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS

1 2 3

J14e. Did that person start working because he/she wanted to or because his/her welfare benefits were ending? CIRCLE ONE CODE.

| | |
|------------------------------|----|
| Respondent wanted to | 1 |
| Welfare benefits were ending | 2 |
| BOTH | 3 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS, similar NSAF

1 2 3

J15. Do you or anyone in the household receive food stamps now?

| | |
|------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -1 |
| REFUSED | -2 |

NEILS, similar NSAF, SSA

1 2 3

J16a. Does the household receive money for [CHILD] from the Supplemental Security Income or SSI program?

| | | |
|------------|------------|----|
| GO TO J17 | YES | 1 |
| GO TO J16b | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

J16b. Did the household get money for [CHILD] from the Supplemental Security Income or SSI program in the past 2 years?

| | | |
|------------|------------|----|
| GO TO J16c | YES | 1 |
| GO TO J17a | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

SSA similar

1 2 3

J16c. Did the household stop getting money from SSI for [CHILD] because ... READ CATEGORIES. CIRCLE ONE CODE.

| | | |
|------------|---|----|
| DON'T READ | Your household income was too high, or [CHILD] no longer qualified? | 1 |
| | | 2 |
| | BOTH; INCOME TOO HIGH AND CHILD NO LONGER ELIGIBLE | 3 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS, NHIS similar

1 2 3

J17a. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on for all household members, before taxes. Was your household income in the past year ...

| | | |
|-----------------------|----------------------|----|
| GO TO J17b | \$25,000 or less, or | 1 |
| GO TO J17c | More than \$25,000? | 2 |
| DON'T READ, GO TO J18 | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

J17b. Was it... READ CATEGORIES. CODE ONE CATEGORY.

| | | | |
|-----------|------------|--------------------------|----|
| GO TO J18 | | \$5,000 or less, | 1 |
| | | \$5,001 to \$10,000, | 3 |
| | | \$10,001 to \$15,000, | 3 |
| | | \$15,001 to \$20,000, or | 4 |
| | | \$20,001 to \$25,000? | 5 |
| | DON'T READ | DON'T KNOW | -1 |
| | | REFUSED | -2 |

1 2 3

J17c. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

| | | |
|-----------------------|----------------------|----|
| GO TO J17d | \$50,000 or less, or | 1 |
| GO TO J17e | More than \$50,000? | 2 |
| DON'T READ, GO TO J18 | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

J17d. Was it... READ CATEGORIES. CODE ONE CATEGORY.

| | | |
|------------|--------------------------|----|
| GO TO J18 | \$25,001 to \$30,000, | 1 |
| | \$30,001 to \$35,000, | 2 |
| | \$35,001 to \$40,000, | 3 |
| | \$40,001 to \$45,000, or | 4 |
| | \$45,001 to \$50,000? | 5 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

1 2 3

J17e. Was it... READ CATEGORIES. CODE ONE CATEGORY.

| | | |
|------------|--------------------------|----|
| DON'T READ | \$50,001 to \$55,000 | 1 |
| | \$55,001 to \$60,000, | 2 |
| | \$60,001 to \$65,000, | 3 |
| | \$65,001 to \$70,000, | 4 |
| | \$70,001 to \$75,000, or | 5 |
| | Over \$75,000? | 6 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NEILS

1 2 3

J18. My next question is about household transportation. How well does your household's current transportation meet your family's needs? Would you say the way it meets your needs is.. READ CATEGORIES, CIRCLE ONE CODE.

| | | |
|------------|------------|----|
| DON'T READ | Excellent, | 1 |
| | Good, | 2 |
| | Fair, or | 3 |
| | Poor? | 4 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

CHECKPOINT: IF A5d=4 (LIVE IN INSTITUTION LONGER THAN A YEAR) GO TO SECTION L, CLOSING.

K. PARENT EXPECTATIONS

My last questions are about your future expectations for CHILD.

CHECKPOINT: IF B1a=09 (BLINDNESS) OR 43 (QUADIPLEGIA) GO TO K2, OTHERWISE ASK K1.

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

K1. How likely do you think it is that CHILD will get a driver's license? Do you think s/he ...
 READ CATEGORIES, CIRCLE ONE CODE

| | | |
|------------|------------------------------------|----|
| DON'T READ | Definitely will, | 1 |
| | Probably will, | 2 |
| | Probably won't, or | 3 |
| | Definitely won't | 4 |
| | Child already has driver's license | 5 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

NLTS, NHES 93 similar

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

K2. How likely do you think it is that CHILD will graduate from high school and get a regular high school diploma? Do you think s/he... READ CATEGORIES. CODE ONE.
 (IF ASKED, A REGULAR HIGH SCHOOL DIPLOMA INCLUDES A GED BUT DOES NOT INCLUDE A CERTIFICATE OF COMPLETION OR A SPECIAL DIPLOMA FOR STUDENTS IN SPECIAL EDUCATION.)

| | | |
|------------|--------------------|----|
| GO TO K6 | Definitely will, | 1 |
| | Probably will, | 2 |
| | Probably won't, or | 3 |
| | Definitely won't? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NHES 96

1 2 3

K3. How likely do you think it is that CHILD will attend school after high school? Do you think sh/e... READ CATEGORIES. CODE ONE.

| | | |
|------------|---|--------|
| | Definitely will, | 1 |
| | Probably will, | 2 |
| GO TO K6 | Probably won't, or Definitely won't? | 3 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NLTS, NHES 96, NHES 93

1 2 3

K4. How likely do you think it is that CHILD will graduate from a 4-year college? Do you think s/he...READ CATEGORIES. CODE ONE.

| | | |
|------------|---|--------|
| GO TO K6 | Definitely will, | 1 |
| | Probably will, | 2 |
| | Probably won't, or Definitely won't? | 3 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NLTS

1 2 3

K5. How likely do you think it is that CHILD will graduate from a 2-year or junior college? Do you think s/he...READ CATEGORIES. CODE ONE.

| | | |
|------------|---|--------|
| | Definitely will, | 1 |
| | Probably will, | 2 |
| | Probably won't, or Definitely won't? | 3 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

NLTS

1 2 3

K6. How likely do you think it is that CHILD eventually will live away from home on (his/her) own without supervision? Do you think s/he...READ CATEGORIES. CODE ONE.

| | | |
|------------|--|--------|
| | Definitely will, | 1 |
| | Probably will, | 2 |
| | Probably won't, or Definitely won't | 3 4 |
| DON'T READ | DON'T KNOW | -1 |

| | | |
|--|---------|----|
| | REFUSED | -2 |
|--|---------|----|

NLTS

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

K7. How likely do you think it is that CHILD eventually will get a paid job? Do you think s/he...READ CATEGORIES. CODE ONE.

| | | |
|------------|--------------------|----|
| | Definitely will, | 1 |
| | Probably will, | 2 |
| | Probably won't, or | 3 |
| | Definitely won't? | 4 |
| DON'T READ | DON'T KNOW | -1 |
| | REFUSED | -2 |

L. CLOSING

We'll be eager to talk with you again in two years to see how you and [CHILD] are doing then. We want to make sure we don't lose track of you.

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L1. Do you have an email address?

| | | |
|----------|------------|----|
| GO TO L2 | YES | 1 |
| GO TO L3 | NO | 2 |
| | DON'T KNOW | -1 |
| | REFUSED | -2 |

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L2. What is your email address? ENTER EMAIL ADDRESS OR CIRCLE CODE

_____ EMAIL ADDRESS

| | |
|------------|----|
| DON'T KNOW | -1 |
| REFUSED | -2 |

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L3. Could you please tell me the name of someone who is likely to know where you are if you move? RECORD NAME OR INDICATE REFUSAL: What is their address? RECORD ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their email address? RECORD EMAIL

| | | |
|-----------|---------|----|
| GO TO END | REFUSED | -2 |
|-----------|---------|----|

Name: _____

Address: _____

_____ or DON'T KNOW -1

Phone: _____

OR DON'T KNOW -1

EMAIL _____

OR DON'T KNOW -1

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L4. What is this person's relationship to [CHILD]?

| | |
|------------------------|----|
| MOTHER | 01 |
| ADOPTIVE MOTHER | 02 |
| STEPMOTHER | 03 |
| FOSTER MOTHER | 04 |
| LEGAL GUARDIAN | 05 |
| SISTER/STEP SISTER | 06 |
| AUNT | 07 |
| GRANDMOTHER | 08 |
| FATHER | 09 |
| ADOPTIVE FATHER | 10 |
| STEPFATHER | 11 |
| FOSTER FATHER | 12 |
| LEGAL GUARDIAN | 13 |
| BROTHER/STEP BROTHER | 14 |
| UNCLE | 15 |
| GRANDFATHER | 16 |
| COUSIN | 17 |
| FAMILY FRIEND/NEIGHBOR | 18 |
| OTHER (SPECIFY) | 97 |
| _____ | |

CHECKPOINT: IF RESPONDENT IS FOSTER PARENT (S11 OR S12=04) ASK L5a. ELSE GO TO L5c.

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L5a. Is there someone else who would know where CHILD has moved if he/she is no longer in your foster care? PROBE FOR SOCIAL WORKER ASSIGNED TO CHILD.

| | | |
|-----------|------------|----|
| | YES | 1 |
| GO TO L5c | NO | 2 |
| GO TO L5c | DON'T KNOW | -1 |
| GO TO L5c | REFUSED | -2 |

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L5b. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their email address?

| | | |
|-----------|---------|----|
| GO TO END | REFUSED | -2 |
|-----------|---------|----|

Name: _____

Address: _____

_____ or DON'T KNOW -1

Phone: _____

or DON'T KNOW -1

EMAIL _____

or DON'T KNOW -1

GO TO END

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L5c. Is there someone else who also would know where you are if you move?

| | | |
|-----------|------------|----|
| | YES | 1 |
| GO TO END | NO | 2 |
| GO TO END | DON'T KNOW | -1 |
| GO TO END | REFUSED | -2 |

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L6. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their email address?

| | | |
|-----------|---------|----|
| GO TO END | REFUSED | -2 |
|-----------|---------|----|

Name: _____

Address: _____

_____ or DON'T KNOW -1

Phone: _____

_____ or DON'T KNOW -1

EMAIL _____

_____ or DON'T KNOW -1

| | | |
|---|---|--|
| 1 | 2 | |
|---|---|--|

L7. What is this person's relationship to [CHILD]?

| | |
|------------------------|----|
| MOTHER | 01 |
| ADOPTIVE MOTHER | 02 |
| STEPMOTHER | 03 |
| FOSTER MOTHER | 04 |
| LEGAL GUARDIAN | 05 |
| SISTER/STEP SISTER | 06 |
| AUNT | 07 |
| GRANDMOTHER | 08 |
| FATHER | 09 |
| ADOPTIVE FATHER | 10 |
| STEPFATHER | 11 |
| FOSTER FATHER | 12 |
| LEGAL GUARDIAN | 13 |
| BROTHER/STEP BROTHER | 14 |
| UNCLE | 15 |
| GRANDFATHER | 16 |
| COUSIN | 17 |
| FAMILY FRIEND/NEIGHBOR | 18 |
| OTHER (SPECIFY) | 97 |
| _____ | |

END: Thank you very much for taking time to answer these questions and help us with this important study .

THE END PAGE FOR PRINTING PURPOSES