



Child-Parent Center (CPC) Preschool-to-Third Grade Study Parent Survey

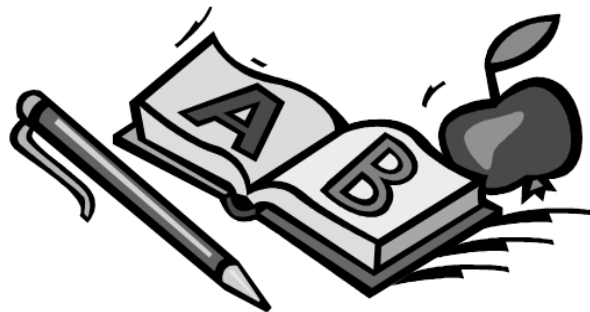
<input type="text"/>	<input type="text"/>
Child Name	Child ID
<input type="text"/>	<input type="text"/>
School Name	School ID
<input type="text"/>	<input type="text"/>
Teacher Name	Teacher ID

Thank you for agreeing to participate in the CPC Preschool-to-Third Grade Study!

The survey is one part of the CPC Preschool-to-Third Grade study and was described in the consent form you signed agreeing to participate in the study. Your responses will be kept confidential, and will not be shared with anyone outside the research group, including your child's school.

You will receive a **\$20 gift card** when you complete this survey to thank you for your time.

If you have questions about this survey or the research study in general, please leave a message on our toll-free line: **1-855-460-2633** with your name, your child's name, and your phone number, and someone will return your call.



IMPORTANT: Please use a BLACK pen. Mark response boxes with an "X." Use block printing for any text or numeric responses. If you wish to change a response, mark the correct response and CIRCLE it.

Today's date: (Month / day / year)

/ /

1. What is your relationship to your child? (Mark (X) one only.)

- | | |
|--|---|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Biological Father |
| <input type="checkbox"/> Adoptive Mother | <input type="checkbox"/> Adoptive Father |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Foster Father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Other female relative guardian
(e.g., aunt, grandmother) | <input type="checkbox"/> Other male relative guardian
(e.g., uncle, grandfather) |
| <input type="checkbox"/> Other female non-relative guardian | <input type="checkbox"/> Other male non-relative guardian |

2. Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medicare or through something else?

- Yes
 No

3. Is there a place, other than an emergency room, where your child usually goes when he or she is sick or you need advice about his or her health?

- Yes
 No

4. Is there a doctor or other healthcare provider that you usually take your child to for well-child care?

(A healthcare provider is a doctor, nurse, nurse practitioner, physician assistant, or another person who sees your child for health care.)

- Yes
 No

5. Overall, would you say your child's health is...? (Mark (X) one only.)

- Excellent
 Very good
 Good
 Fair
 Poor

6. In the past year, did your child have an illness or health condition that limited his or her ability to do the same activities as other children his or her age?

- No
 Yes ▶ If Yes, please describe:



7. How much did your child weigh when he or she was born?

(Just your best estimate is fine. Enter whole numbers.)

pounds and ounces **OR** kilograms and grams

8. About how much does your child weigh now?

(Just your best estimate is fine. Enter a whole number.)

pounds **OR** kilograms

9. About how tall is your child now?

(Just your best estimate is fine. Enter whole numbers.)

feet and inches **OR** meters and centimeters

10. In the past year, did you have an illness or health condition that limited your ability to do the same activities as other adults?

- No
 Yes ► If Yes, please describe:

11. How much control do you feel you have over each item below? Would you say you have no control at all, very little control, some control, or a lot of control? (Mark (X) one for each item.)

	<i>No control at all</i>	<i>Very little control</i>	<i>Some control</i>	<i>A lot of control</i>
a. Your life overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How your children do in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In the last month, how often have you felt each of these things? Would you say almost every day, a few times a week, about once a week, two or three times a month, or about once a month?

(Mark (X) one for each item.)

	<i>Almost Every Day</i>	<i>A Few Times a Week</i>	<i>About Once a Week</i>	<i>2 or 3 Times a Month</i>	<i>About Once a Month</i>	<i>Never</i>
a. Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Very sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are in need of emotional support, call CRISIS CONNECTION at 1-800-273-TALK

13. **Nowadays, a person has to live pretty much for today and let tomorrow take care of itself. Would you say you...?** (Mark (X) one only.)

- Strongly agree
- Agree
- Disagree
- Strongly disagree

14. **How much do you agree with each of the statements below about your neighborhood?** (Mark (X) one for each item.)

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
a. This is a close-knit neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People around here are willing to help their neighbors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People in this neighborhood do not share the same values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People in this neighborhood can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This neighborhood is a safe place for me and my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There are enough resources in my neighborhood for families with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. **The following statements are about attitudes toward education and schools. Please tell us your level of agreement with each one.** (Mark (X) one for each item.)

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
a. I feel welcome in my child's school or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel welcome in my child's class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child's teacher is responsive to questions I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child's school or center does a good job of informing me about my child's progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel confident my child's principal would answer my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. **How far in school do you think your child will get?** (Mark (X) one only.)

- Grade 8
- Some high school
- Complete high school
- Some college
- Complete a 2-year college degree
- Complete a 4-year college degree
- Some graduate work
- Complete a graduate degree



17. So far this year, have you done any of the things below? (Mark (X) ALL that apply.)

- Volunteered in the classroom
- Gone on field trips
- Attended meetings of the parent-teacher association (PTA) or another group
- None of the above**

18. So far this year, have you attended any meetings or workshops at the school that focus on any of these or other topics? (Mark (X) ALL that apply.)

- Employment and job training
- Parenting
- Adult education
- Child development
- Financial skills
- Health and physical well being
- Other (please specify): ▶
- None of the above**

19. So far this year, about how often have you participated in school or center activities? (Mark (X) one only.)

- More than once a week
- Once a week
- Two or three times per month
- Once a month
- Less than once a month
- Never

20. How much did you participate in activities at the school for this school year (2013-2014)? (Mark (X) one for each item.)

	<i>More than once a week</i>	<i>Once a week</i>	<i>Two or three times per month</i>	<i>Once a month</i>	<i>Less than once a month</i>	<i>Never</i>
a. Meeting with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering in the school or classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending workshops to further your career, and vocational interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Attending workshops to further your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Attending workshops on financial skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Attending workshops on health, nutrition, and physical well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attending workshops on child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Receiving home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



21. What prevents you from participating at your child's school? (Mark (X) ALL that apply.)

- Nothing, I participate as much as I want
- I'm not interested in the activities offered
- My work schedule gets in the way
- I have younger children to care for
- I don't feel welcome
- I don't have transportation
- I don't know

22. Which type of child care or early education setting did your child spend the **MOST TIME** in last year (2012-13)? (Mark (X) one only.)

- Child care center
- Head Start program
- Preschool or pre kindergarten program in a public school
- Private preschool or nursery school
- Family child care home
- Relative, friend, or neighbor outside your home
- No care outside the home ► If so, please skip ahead to question 26.

23. About how many hours each day did your child usually spend at this program or setting? (Just your best estimate is fine. Enter a whole number.)

hours each day

24. Last year, in a typical week, how many days each week did your child attend this program or setting? (Just your best estimate is fine. Enter a whole number.)

days each week

25. How many months did your child attend this program or setting last year? (Just your best estimate is fine. Mark (X) one only.)

- Less than 3 months
- 3-5 months
- 6-8 months
- 9 months to a full year

26. If your child attended a different school for preschool last year, why did you change schools? (Mark (X) one only.)

- Did not go to preschool last year
- Lived in a different neighborhood last year
- Didn't like that preschool program
- Wanted my child to attend kindergarten at the same school as an older sibling, cousin, or friend
- Other (please specify): ►
- My child did attend this school last year



27. How often do you engage in the following activities at home with your child?

(Mark (X) one for each item.)

	<i>Every day</i>	<i>5-6 days a week</i>	<i>3-4 days a week</i>	<i>2 days a week</i>	<i>Once a week</i>	<i>Never</i>
a. Read to your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tell stories to your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work on number or math activities with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write or draw with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cook with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watch educational programs on TV with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Play educational games on a computer or electronic device with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

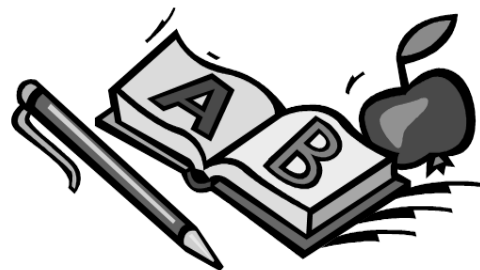
28. How often do you engage in the following activities with your child?

(Mark (X) one for each item.)

	<i>More than once a week</i>	<i>Once a week</i>	<i>Two or three times per month</i>	<i>Once a month</i>	<i>Less than once a month</i>	<i>Never</i>
a. Go to the library with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Go to a community center with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Go to a museum, zoo, or aquarium with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Go to a playground or park with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss school progress with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Praise your child for improving in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Encourage your child to do well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. In a typical day, how much time overall do you participate in learning activities with your child at home (for example reading to, playing games, or going on outings)? (Mark (X) one only.)

- Less than half an hour
- Half an hour to an hour
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 or more hours



30. Are you a member of any of the following groups or organizations? (Mark (X) all that apply.)

- Local school council
- PTA or other school group
- Community organization
- A church or religious group
- A political organization
- Neighborhood groups
- Other
- None of these**

31. Do you live with a spouse or partner?

- Yes
- No

32. How many of the following people normally live in the same household with you?

(Put a number next to each type of person.)

- children age 5 or younger, including the child in this study
- children age 6 or older
- other relatives
- non-relatives

33. How many of the children are your child's siblings? (Enter a number.)

siblings

34. What is your child's mother's birth date? (Month / Date / Year)

/ / **1** **9**

35. What is your child's father's birth date? (Month / Date / Year)

/ / **1** **9**

36. How would you describe your child's racial or ethnic group? (Mark (X) all that apply.)

- Black/African-American, non-Hispanic
- African immigrant
- White/Caucasian, non-Hispanic
- Asian
- Pacific Islander or Native Hawaiian
- Alaska Native or American Indian
- Hispanic/Latino

Other 1 (please specify): ►

Other 2 (please specify): ►



Draft



37. What is the highest grade or year of school you and your spouse/partner (if applicable) has ever completed? (Mark (X) one for each person.)

You	Spouse/partner
<input type="checkbox"/> Less than high school diploma or equivalent	<input type="checkbox"/> Less than high school diploma or equivalent
<input type="checkbox"/> High school diploma or equivalent (GED)	<input type="checkbox"/> High school diploma or equivalent (GED)
<input type="checkbox"/> Some college	<input type="checkbox"/> Some college
<input type="checkbox"/> Bachelor's degree (BA, BS)	<input type="checkbox"/> Bachelor's degree (BA, BS)
<input type="checkbox"/> Graduate or professional degree	<input type="checkbox"/> Graduate or professional degree

38. If you are currently in school, what degree or certification are you pursuing? (Mark (X) one only.)

- I am not in school
- GED / high school equivalent
- Vocational certification
- Associate's degree
- Bachelor's degree
- Masters degree
- PhD or professional degree (e.g., MD, DDS, JD, EdD)

39. What is your current marital status? (Mark (X) one only.)

- Single, never married
- Single, living with a partner
- Married, living with spouse
- Married, separated
- Divorced or widowed

40. What is the employment status of you and your spouse/partner (if applicable)? (Mark (X) one for each person.)

You	Spouse/partner
<input type="checkbox"/> Employed full-time	<input type="checkbox"/> Employed full-time
<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Employed part-time
<input type="checkbox"/> Unemployed/not working	<input type="checkbox"/> Unemployed/not working

41. We don't need to know the exact amount, but which of the following categories best describes your total family income for the year 2011? (Just your best estimate is fine. Mark (X) one only.)

- Under \$15,000 per year (\$1,250 per month)
- \$15,000 to under \$20,000 per year (\$1,250 to less than \$1,667 per month)
- \$20,000 to under \$25,000 per year (\$1,667 to less than \$2,083 per month)
- \$25,000 to under \$30,000 per year (\$2,083 to less than \$2,500 per month)
- \$30,000 to under \$35,000 per year (\$2,500 to less than \$2,916 per month)
- \$35,000 to under \$40,000 per year (\$2,916 to less than \$3,333 per month)
- \$40,000 to under \$50,000 per year (\$3,333 to less than \$4,166 per month)
- \$50,000 or more per year (\$4,166 per month or more)

42. Do you currently receive any of the following benefits? (Mark (X) all that apply.)

- Medicaid, Medicare, or other public insurance
- Food Stamps
- WIC
- Free or reduced price school lunches for your children
- Public Housing
- Section 8 Housing Voucher
- Social Security payments
- Disability (SSI) for yourself
- Disability (SSI) for other family member
- Child care assistance or subsidy
- Unemployment insurance
- None of the above**



43. What is the zip code where you currently live?

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44. How many times have you moved in the past 12 months?

(Just your best estimate is fine. Enter a whole number.)

Number of times moved:

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45. Which of these statements about food best describes your household in the last 6 months?

(Mark (X) one only.)

- We have enough to eat and the kind of foods we want
- We have enough to eat but not always the kinds of food we want
- Sometimes we don't have enough to eat
- Often we don't have enough to eat

<p>For food assistance, call the number below for your area: Chicago and Evanston, IL - Greater Chicago Food Depository, (773) 247-3663 Normal, IL - Peoria Area Food bank, (309) 671-3906 Minnesota - Emergency Food Shelf, (763) 450-3860</p>
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46. Has your child experienced any of the following during their life? (Mark (X) all that apply.)

- Death of a parent
- Divorce of parents
- Incarceration of a parent
- Death of a brother or sister
- None of the above**

47. Are you from an immigrant or refugee group? (We only care about how you identify yourself.

We are not interested in the legal or documented status of your immigration.)

- Yes
- No

48. What are you most satisfied with this year about your child's education?

49. Please provide any suggestions for improving education in kindergarten or preschool.

Thank you very much!

Please give us the address where you'd like us to send a \$20 gift card as a token of our appreciation for your time.

--	--

Your first name

Your last name

--

Street

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

City

State

Zip

--	--

Your phone number

Your email (if you have one)

We'd also like to have the name and phone number of someone who will know how to get in touch with you in case you move or we are unable to reach you at this number in the future.

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Name

--	--

Phone number

Relationship to you

Thank you very much again for your help!

If you have questions about this survey or the research study in general,
please leave a message on our toll-free line: 1-855-460-2633



