

Parent Follow-up Questionnaire

Last name, Middle, First name
Student ID
School Name
Unit# Room#
Grade Code:

1. What is your relationship to this child? (Circle one number)
 - 1 Mother
 - 2 Father
 - 3 Female other, specify relation _____
 - 4 Male, other, specify relation _____
2. Did this child attend any school before kindergarten (for example, Head Start or a Child-Parent Center)?
 - 1 Yes, two years
 - 2 Yes, one year
 - 3 No
3. If so, was it a preschool in the Chicago Public Schools?
(Do not answer if your response to question 2 was "NO")
 - 1 Yes
 - 2 No
4. Including kindergarten, how many schools has this child attended?
_____ Schools
5. How many times have you and your child moved to another home since this child has been in kindergarten?
_____ Times

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
6. I like going to my child's school	1	2	3	4
7. School is important for getting a good job	1	2	3	4
8. I like helping my child with school work	1	2	3	4
9. My child's school does a good job of Informing me about school events	1	2	3	4
10. My child tries hard in school	1	2	3	4
11. My child is happy in school	1	2	3	4
12. School reform will help improve the education my child receives	1	2	3	4

Please indicate how often you or your child do the following activities. (Circle one number for each line)

<u>HOW OFTEN DO YOU:</u>	<u>Never</u>	<u>Once a Month</u>	<u>Once a Week</u>	<u>2 or 3 times a Week</u>	<u>Nearly Every Day</u>
13. Read to child	1	2	3	4	5
14. Cook with child	1	2	3	4	5
15. Help child with homework	1	2	3	4	5
16. Read the newspaper	1	2	3	4	5
17. Discuss school progress with child	1	2	3	4	5
18. Help in child's classroom	1	2	3	4	5

How often does your child:

19. Go to the library	1	2	3	4	5
20. Read books for pleasure	1	2	3	4	5
21. Write stories or notes	1	2	3	4	5
22. Play with school friends	1	2	3	4	5
23. Stay home from school	1	2	3	4	5

<u>HOW OFTEN DO YOU:</u>	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>
24. Praise child for improving in school	1	2	3
25. Limit child's TV time	1	2	3
26. Encourage child to do well in school	1	2	3
27. Encourage child to behave in school	1	2	3
28. Take child to a museum, zoo, Planetarium, or aquarium	1	2	3
29. Talk to teacher about child's progress	1	2	3
30. Participate in school activities	1	2	3
31. Get invited to attend school events	1	2	3
32. Take child on trips to other cities	1	2	3

HOW OFTEN DOES:

Never

Sometimes

Often

- | | | | |
|---|---|---|---|
| 33. A brother, sister, or another adult
Help child with schoolwork | 1 | 2 | 3 |
| 34. Your child get in trouble at school | 1 | 2 | 3 |
| 35. Your child try to please you | 1 | 2 | 3 |

36. How far in school do you think your child will get? (circle number)

- | | |
|------------------------|---|
| 1 Grade 8 | 5 Complete 4-year college (Bachelor's degree) |
| 2 Some high school | 6 Some graduate work |
| 3 Complete high school | 7 Complete graduate degree |
| 4 Some College | |

37. How much influence do you have on your child's school success? (circle number)

- 1 A lot of influence
- 2 Some influence
- 3 Not much influence

38. How satisfied are you with the quality of education your child has received at school? (circle number)

- | | |
|------------------|--------------------|
| 1 Very Satisfied | 4 Very Unsatisfied |
| 2 Satisfied | 5 Not sure |
| 3 Unsatisfied | |

39. Are you a member of any of the following groups/organizations?
Please circle number for yes or no.

- | | <u>Yes</u> | <u>No</u> |
|-----------------------------|------------|-----------|
| ECIA Council | 1 | 2 |
| Local School Council | 1 | 2 |
| PTA or other school group | 1 | 2 |
| Community organization | 1 | 2 |
| A church or religious group | 1 | 2 |
| A political organization | 1 | 2 |

40. Have you attended any Local School Council meetings?

- 1 Yes
- 2 No

41. Did you vote in your 1989 Local School Council election?

- 1 Yes
- 2 No

All of us have problems. Do you and your child have the following past or present problems in every day life? This information is very important and again is strictly confidential. Check each item only if you have had or now have a problem

<u>Check if a problem:</u>	<u>A Past Problem</u>	<u>A Present Problem</u>
42. Having enough money to buy food	_____	_____
43. Paying rent or mortgage	_____	_____
44. Paying gas or electric bill	_____	_____
45. Paying medical bills	_____	_____
46. Having enough money for new clothes	_____	_____
47. Finding a good job	_____	_____
48. Finding a safe place to live	_____	_____
49. Finding the right school for child	_____	_____
50. Communicating with child's school	_____	_____
51. Transportation	_____	_____
52. Getting child to try hard in school	_____	_____
53. Getting child to behave at home	_____	_____
54. The year you were born: Year _____		
55. Your present marital status (circle one number).		
1 Never married	4 Separated	
2 Married	5 Widowed	
3 Divorced		
56. Do you own your own home? (circle number)		
1 Yes		
2 No		
57. Length of time you have lived at present address: _____Years, _____Months		

58. What is the highest level of education that you (and if there is another adult in your home) have completed?
(Circle the number)

Yourself		Other Adult (Relation to child: _____)	
1	No formal Education	1	
2	Some Grade School	2	
3	Completed Grade 8	3	
4	Some High School	4	
5	High School Degree	5	
6	Some College	6	
7	4-year College Degree	7	
8	Some Graduate Work	8	
9	Graduate Degree	9	

59. Employment status: (circle the number)

Yourself		Other Adult (Relation to child: _____)	
1	Employed Full-time	1	
2	Employed Part-time	2	
3	Disabled	3	
4	Unemployed	4	
5	Retired	5	
6	Full-time Homemaker	6	

60. Was your child eligible for free or reduced lunches this year? (check response)

_____ Yes, free lunch _____ Yes, reduced lunch _____ No

61. How many people live in your home (or apartment)?

_____ Female Adults

_____ Male Adults

_____ Children under 18

Thank you very much for your help!