

## Chicago Public Schools – Early Childhood Programs Study

The Chicago Public School system has asked us at the University of Wisconsin to conduct a study of parents and guardians' opinions about their experiences with early childhood programs. For your assistance in answering these questions, we will be sending you a check for \$10.00. The questions concern you and your child's educational/school experiences both during and after participation in early childhood programs. Information you provide will help us better serve children and families in the Chicago Public Schools. All information you provide will remain completely confidential. Remember to answer the questions only for:

If you are not the parent or guardian of this child, please check this box and return the empty survey to us in the enclosed business envelope. This will help us avoid sending you future mailings.

Please take a few minutes to fill out the survey below, circling one answer for each question. Return the survey to us in the enclosed business envelope at your earliest convenience.

1. What is your relationship to the child named on the cover letter?

- (1) Mother (3) Female other, specify relation \_\_\_\_\_  
 (2) Father (4) Male other, specify relation \_\_\_\_\_

2a. Has there ever been a period of time longer than 6 months when this child did not live with you? Yes No  
 b. For how many years did this child not live with you? \_\_\_\_\_

3. Looking back, how satisfied are you with the education received by your child during the following school years? Would you say that you are: (1) Very satisfied; (2) Somewhat satisfied; (3) Somewhat unsatisfied; or (4) Very unsatisfied with the education this child received in:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	(Question Does Not Apply)
a. Preschool?	1	2	3	4	NA
b. How about kindergarten?	1	2	3	4	NA
c. How about 1st, 2nd, and 3rd grade?	1	2	3	4	NA
d. How about elementary school?	1	2	3	4	NA
e. How about high school (so far)?	1	2	3	4	NA

4a. Looking back, when this child was in preschool or preschool age, did he or she live with both parents? Yes No  
 b. Currently, does your child live with both parents? Yes No

5. Including Kindergarten, how many schools has this child attended? \_\_\_\_\_  
 (if you can't remember, choose a category: 1-3 4-6 7-10 11 or more)

6. How many times have you and this child moved to another home since this child has been in kindergarten? \_\_\_\_\_  
 (if you can't remember, choose a category: 1-3 4-6 7-10 11 or more)

7. If this child attended a preschool, was it a Child Parent Center (CPC) ?  
 Yes, Name: \_\_\_\_\_ No, Name: \_\_\_\_\_ Child did not attend preschool

**The next few questions are about you and this child's participation in early childhood education. The first question is:**

8a. Think back to when this child started preschool or was preschool age, what was your employment status?

- |                        |                         |
|------------------------|-------------------------|
| (1) Employed full-time | (4) Unemployed          |
| (2) Employed part-time | (5) Retired             |
| (3) Disabled           | (6) Full-time homemaker |

b. When this child started preschool or was preschool age, what was your highest level of education?

- |                                |   |
|--------------------------------|---|
| (1) Elementary school          | (6) Some college                            |
| (2) Some high school           | (7) Associate's Degree                      |
| (3) High school diploma        | (8) Bachelor's Degree (4 yr college degree) |
| (4) GED                        | (9) Master's degree                         |
| (5) Vocational or trade school | (10) Ph.D., M.D., or equivalent             |

9. How often did you participate in this child's school when this child was in preschool or kindergarten, for example by volunteering in the classroom or attending an event at school?

- |                                |                            |                         |
|--------------------------------|----------------------------|-------------------------|
| (1) Weekly or more             | (3) Once a month           | (5) Did not participate |
| (2) Two or three times a month | (4) Less than once a month | (6) Do not remember     |

10. Did you participate in any of the following school activities when this child was in preschool or kindergarten?

	Yes	No	If yes, how satisfied	Very Satisfied 1	Somewhat Satisfied 2	Somewhat Dissatisfied 3	Very Dissatisfied 4
a. Attended programs in the parent resource room							
b. Attended school meetings							
c. Attended school assemblies							
d. Went on class field trips							
e. Volunteered in classroom (helped children or teacher)							
f. Received home visit							
g. Had a parent teacher conference							
f. Dropped off or picked up my child from preschool or kindergarten							

**If answer to Question 7 is YES - Please continue with question 11,**

**If answer to Question 7 is NO - Please go to Question 21 on the next page.**

11. How satisfied were you OVERALL with the CPC program this child attended?

	Very Satisfied 1	Somewhat Satisfied 2	Somewhat Dissatisfied 3	Very Dissatisfied 4
a. With the education program (offered to this child)				
b. With the parent program				

12. Did you feel welcome in the center? Yes No

13a. When your child attended preschool, did you develop a close relationship with anyone at the CPC?

Yes No NA

b. If yes, with whom? \_\_\_\_\_

14. Overall, how satisfied were you with your participation in the CPC program for you as a parent?  
 (1) Very satisfied (2) Somewhat satisfied (3) Neither satisfied nor dissatisfied  
 (4) Somewhat dissatisfied (5) Very dissatisfied

15. Overall, how satisfied are you with the CPC program for your child's education?  
 (1) Very satisfied (2) Somewhat satisfied (3) Neither satisfied nor dissatisfied  
 (4) Somewhat dissatisfied (5) Very dissatisfied

16. Did your participation in the CPC program help you to feel more involved in your community? Would you say:  
 (1) Yes, very involved (2) Yes, somewhat involved (3) No, not very involved

17. How much did the CPC program affect your career development? Would you say it has had:  
 (1) A large effect (2) Some effect (3) Not much effect (4) No effect at all on your career development?

- 17a. How much did the CPC program affect your attitudes toward education? Would you say it has had:  
 (1) A large effect (2) Some effect (3) Not much effect (4) No effect at all on your attitudes toward education?

- 18a. Were you ever employed in the CPC? Yes No  
 b. If yes, what was your job? (1) aide (2) clerk (3) teacher (4) other, please list: \_\_\_\_\_

19. How many of your children attended a CPC program? \_\_\_\_\_

20. Did the CPC program benefit children in your family who did not participate in the CPC? Yes No

**The next few questions are about you and this child's school participation.**

21. Overall, how satisfied are you with how this child has done in school?  
 (1) Very satisfied (2) Somewhat satisfied (3) Somewhat dissatisfied (4) Very dissatisfied

- 21a. How often did you participate in this child's school while they were in grades 1,2 and 3?  
 (1) weekly or more (2) two or three times a month (3) once a month (4) less than once a month  
 (5) never (6) Do not remember

- b. How often did you participate in this child's school while they were in grades 4-8?  
 (1) weekly or more (2) two or three times a month (3) once a month (4) less than once a month  
 (5) never (6) Do not remember

- 22a. Please tell me which of the following prevented you from participating in activities at this child's school?  
 (Check all that apply)

<input type="checkbox"/> lack of child care	<input type="checkbox"/> work schedule
<input type="checkbox"/> your school or training schedule	<input type="checkbox"/> lack of transportation
<input type="checkbox"/> don't know others at school	<input type="checkbox"/> feel uncomfortable at school
<input type="checkbox"/> health problems	<input type="checkbox"/> school hasn't provided enough opportunities
<input type="checkbox"/> language barrier	<input type="checkbox"/> previous negative experiences with schools
<input type="checkbox"/> safety concerns	<input type="checkbox"/> other: _____
<input type="checkbox"/> disability	

**For the following statements, please tell us if you (1) never, (2) sometimes, (3) often, or (4) always do the following.**

<b>How often do you</b>	Never	Sometimes	Often	Always
23. Make sure your child does his/her homework	1	2	3	4
24. Ask your child questions about school	1	2	3	4
25. Pick up your child's report card at school	1	2	3	4
26. Limit the number of hours your child watches TV	1	2	3	4
27. Know where your child is?	1	2	3	4
28. Set rules about the time your child has to be home at night?	1	2	3	4
29. Assign your child regular chores?	1	2	3	4
30. Allow your child influence over family decisions that affect him/her?	1	2	3	4
31. Know who your child's friends are?	1	2	3	4
32. Talk to teacher about your child's progress	1	2	3	4
33. Attend student performances, programs or events	1	2	3	4
34. Take family trips	1	2	3	4
35. Attend church or religious events	1	2	3	4
36. Attend a community organization meeting or political meeting	1	2	3	4

37. What are the chances that you will:

	Excellent	Good	Fair	Poor
a. further your education or training in the next 5 years	1	2	3	4
b. 5 years from now have a job that pays well	1	2	3	4
c. In 5 years you will have a happy family life	1	2	3	4
d. stay in good health most of the time	1	2	3	4

38. Taking all things together, on a scale from 1 to 10, where 1 is very poor and 10 is absolutely perfect, how would you describe:

	Very poor										Perfect	Does Not Apply
a. Your relationship with (child)?	1	2	3	4	5	6	7	8	9	10		NA
b. Your relationship with your child's father/mother	1	2	3	4	5	6	7	8	9	10		NA

39. As things stand now, how far in school do you think this child will probably get?

- (1) Some high school
- (2) High school graduation only
- (3) Finish vocational or trade school
- (4) 1 or 2 years of college
- (5) Finish college (4-year degree)
- (6) Master's degree
- (7) Ph.D., M.D., or equivalent

40. How far in school would you like this child to go?

- (1) Some high school
- (2) High school graduation only
- (3) Finish vocational or trade school
- (4) 1 or 2 years of college
- (5) Finish college (4-year degree)
- (6) Master's degree
- (7) Ph.D., M.D., or equivalent

41. How much influence do you have on your child's school success? Would you say you have:

- (1) A lot of influence
- (2) Some influence
- (3) Not much influence
- (4) No influence at all

42. All of us have problems from time to time. In the last year, did you and this child have the following problems?

	Yes	No
a. Paying rent or mortgage	1	2
b. Paying gas, electric or medical bills	1	2
c. Having enough money for new clothes you and this child	1	2
d. Finding a good job	1	2
e. Finding a safe place to live	1	2
f. Finding dependable transportation	1	2
g. Getting dental care for you and your child	1	2
h. Getting medical care for you and this child at your neighborhood clinic	1	2
i. Getting medical care for you and this child in a hospital	1	2
j. Getting help from Cook County Public Assistance	1	2
k. Getting your child to try hard in school	1	2

**Below is a list of statements that might describe a person's opinion. Please tell us whether you (1) strongly agree, (2) agree, (3) disagree or (4) strongly disagree with each statement.**

	Strongly agree	Agree	Disagree	Strongly disagree
43. I look forward to the future	1	2	3	4
44. I feel down about life (by down, we mean depressed)	1	2	3	4
45. School is important for getting a good job	1	2	3	4
46. All people should have at least a high school education	1	2	3	4
47. My child's school does a good job of informing me about school events	1	2	3	4
48. I have telephoned or talked to other parents about school events	1	2	3	4
49. I feel safe in my neighborhood	1	2	3	4
50. I feel safe in my home	1	2	3	4
51. I feel my child is safe going to and coming home from school	1	2	3	4

**We would now like to learn more about the people and services in your neighborhood. For the following statements please let us know which answer best describes your neighborhood.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
52.a. Your neighbors have similar views about how to raise children.	1	2	3	4	5
b. This is a close-knit neighborhood (a close or tight neighborhood).	1	2	3	4	5
c. There are a lot of adults around here that your children can look up to	1	2	3	4	5
d. You can count on people in the neighborhood to let you know about opportunities for your kids.	1	2	3	4	5
e. Schools are so bad around here, you can't blame students for not attending school.	1	2	3	4	5
f. Unless you know the right people, you can't get services in this neighborhood.	1	2	3	4	5
g. If you want decent health and social services for your children, you can't find them around here.	1	2	3	4	5
h. Getting help when your children need it always takes more time and energy than you seem to have.	1	2	3	4	5

53. In your neighborhood, what are students' chances of

	Very high	High	In the middle	Low	Very low
a. Graduating from high school?	1	2	3	4	5
b. Completing college?	1	2	3	4	5
c. Finding a stable, well-paying job when adults?	1	2	3	4	5
d. Entering military?	1	2	3	4	5

54. Think about how your neighborhood compares to other neighborhoods. Is your neighborhood better, worse, or the same as other neighborhoods with respect to:

	Better	Same	Worse
a. Safety?	1	2	3
b. Neighbors helping each other out?	1	2	3
c. Having more involved parents?	1	2	3
d. As a place to live?	1	2	3

### Background Questions

55. In what year were you born? 19\_\_\_\_\_

56. How long have you lived at your present address? \_\_\_\_\_ Years, \_\_\_\_\_ Months

57. Did you attend the Chicago public schools? Yes No

58a. What is the highest level of education that you have completed?

- |                                |   |
|--------------------------------|---|
| (1) Elementary school          | (6) Some college                            |
| (2) Some high school           | (7) Associate's Degree                      |
| (3) High school diploma        | (8) Bachelor's Degree (4 yr college degree) |
| (4) GED                        | (9) Master's degree                         |
| (5) Vocational or trade school | (10) Ph.D., M.D., or equivalent             |

b. How old were you when you left school or completed your education? \_\_\_\_\_

59a. Have you taken classes beyond high school (This might involve taking classes at a vocational, technical, or trade school, a 2 year junior college, a 4 year college, or a professional school)? Yes No

b. If yes, what was the name of the school? \_\_\_\_\_

60. Currently, what is your employment status?

- |                        |                         |
|------------------------|-------------------------|
| (1) Employed full-time | (4) Unemployed          |
| (2) Employed part-time | (5) Retired             |
| (3) Disabled           | (6) Full-time homemaker |

61. Presently, how many people live in your home (or apartment)? \_\_\_\_\_

\_\_\_\_\_ Children under 18 years old  
 \_\_\_\_\_ Female adults  
 \_\_\_\_\_ Male adults

62. Looking back, how would you improve the CPC program?

63. Looking back, how would you improve the early childhood education programs in Chicago?

64. Lastly, what else would you like to tell us about you children's education with the Chicago Public Schools?

To make sure that we send the \$10 check to your correct address, please print your full name and mailing address below. The information you give us below will only be used for the mailing of this check.

NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

I give my consent to participate in this study.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THANK YOU VERY MUCH FOR YOUR HELP WITH THIS PROJECT.  
PLEASE RETURN THIS SURVEY IN THE ENCLOSED BUSINESS REPLY ENVELOPE PROVIDED.**