

**Year 2 Parent Survey**  
**Department of Program Evaluation**  
**Bureau of Program Evaluation**  
**Parent Follow-up Questionnaire of 1985 Kindergarten Students**

To: The parent or guardian of:

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

If you have more than one child in school, please remember that your answers on this form should only be about the child whose name is given above. We hope you will answer the questions frankly and return the form to us in the enclosed preaddressed envelope.

No stamp is needed. Just seal the form in the envelope and drop it in any mail box as soon as you can. Thank you.

The following questions concern your involvement with this child's school progress. Information you provide will help us better serve the needs of children in the Chicago Public Schools. All information will be completely confidential. Thank you.

Answer the questions below by using the following scale. Circle your response

<u>Rate your child's:</u>	<u>Poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Good</u>	<u>Excellent</u>
1. Attendance in school	1	2	3	4	5
2. Ability to learn	1	2	3	4	5
3. Motivation in school	1	2	3	4	5
4. Chances of entering high school Without being held back	1	2	3	4	5
5. Chances of graduating from High school	1	2	3	4	5

Listed below are activities your child does or you do. Please indicate how often, on the average, these activities are done. Circle your response.

<u>How often does your child:</u>	<u>Never</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Every Day</u>			
6. Go to the library	1	2	3	4	5	6	7
7. Read books	1	2	3	4	5	6	7
8. Play with school friends	1	2	3	4	5	6	7
9. Write stories or notes	1	2	3	4	5	6	7

  

<u>How often do you:</u>	<u>Never</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Every Day</u>
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10. Read to child	1	2	3	4	5	6	7
11. Cook with child	1	2	3	4	5	6	7
12. Go on outings with child	1	2	3	4	5	6	7
13. Discuss school progress With child	1	2	3	4	5	6	7
14. Communicate with child's school (i.e., teacher, principal, etc.)	1	2	3	4	5	6	7
15. Participate in school activities	1	2	3	4	5	6	7
16. Help in child's classroom	1	2	3	4	5	6	7
17. Talk with teacher about child	1	2	3	4	5	6	7
18. Attend parent meetings	1	2	3	4	5	6	7

19. How many hours a day does this child usually watch TV?

\_\_\_\_\_none \_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3 \_\_\_\_\_4 \_\_\_\_\_5 \_\_\_\_\_6 or more

How would you rate your child's overall progress in kindergarten, first grade, and second grade for the following areas:

<u>Progress in school:</u>	<u>Poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Good</u>	<u>Excellent</u>
20. Kindergarten	1	2	3	4	5
21. First grade	1	2	3	4	5
22. Second grade	1	2	3	4	5

Attitudes toward school:

23. Kindergarten	1	2	3	4	5
24. First grade	1	2	3	4	5
25. Second grade	1	2	3	4	5

26. Have you received a high school graduation certificate?

\_\_\_\_\_Yes \_\_\_\_\_No

27. Has your child been eligible for free lunch since starting school this year?

\_\_\_\_\_Yes, free lunch \_\_\_\_\_Yes, reduced lunch \_\_\_\_\_No

28. How many brothers and sisters does this child have? \_\_\_\_\_

29. How many of your children are older than this child? \_\_\_\_\_

30. What is your relationship to this child? (check one)

\_\_\_\_\_Mother \_\_\_\_\_Father \_\_\_\_\_Male Guardian \_\_\_\_\_Female Guardian