

**Year 4 Parent Survey**  
**Department of Research, Evaluation and Planning**  
**Bureau of Program Evaluation**  
**Parent Follow-up Questionnaire**

To the parent or guardian of:

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

The questions below concern you and your child. 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 the above named child. For each question, circle the number beside your answer or fill in as shown.

1. What is your relationship to this child? (Circle one number)
 

1 Mother	3 Female other, specify relation _____
2 Father	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

For each question below, circle the number that reflects your opinion.

	<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

How often do you:

	<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



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		
2 Married		
3 Divorced		
4 Separated		
5 Widowed		
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

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

\_\_\_\_\_ Female Adults

\_\_\_\_\_ Male Adults

\_\_\_\_\_ Children under 18

**Thank you very much for your help!**