



FAMILY SURVEY

National Longitudinal Transition Study - 2 (NLTS2)

Sponsored by the U.S. Department of Education

Please answer the questions in this survey for the youth named on the label below. If any information on the label is wrong, please cross it out and write in the correct information.

Families included in this survey are eligible to be chosen to receive a personal computer or one of 10 \$100 gift certificates. Please PRINT the information below so that we can contact you if you are chosen for one of these "Thank You" gifts:

Your name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

E-mail address: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0635. The time required to complete this information collection is estimated to average 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651.

About This Youth

1. In the past year, has this youth lived with you all of the time?

1 Yes **PLEASE GO TO QUESTION 3.**

2 No **PLEASE GO TO QUESTION 2.**

2. Where else has he/she lived in the past year?
PLEASE CIRCLE ALL THAT APPLY.

1 With his/her (other) parent(s)

2 With another relative

3 In foster care

4 In a residential or boarding school

5 In a group home or other assisted living center

6 In a hospital, medical facility, convalescent hospital, or institution for persons with disabilities

7 In a mental health facility

8 In a correctional facility or youth detention center

9 Other. Please describe: _____

3. Is this youth of Hispanic, Latino, or other Spanish origin?

1 Yes

2 No

4. Which of the following categories best describe this youth?

PLEASE CIRCLE ALL THAT APPLY.

1 White

2 African American or Black

3 American Indian or Alaska Native

4 Asian

5 Native Hawaiian or Other Pacific Islander

6 Other race or ethnicity. Please describe: _____

5. Is this youth a male or female?

1 Male

2 Female

6. At the beginning of the 2000 school year, the school district indicated that this youth may have received special education services and had an Individualized Education Plan (IEP). With what physical, sensory, learning, or other disabilities or problems has this youth been diagnosed?

PLEASE CIRCLE ALL THAT APPLY IN COLUMN A.

↓ **PLEASE CIRCLE ONLY ONE FOR MAIN PROBLEM OR DISABILITY IN COLUMN B.**

↓
A B

- | | | |
|----|----|--|
| 00 | 00 | This youth has no disabilities or learning problems |
| 01 | 01 | Asthma |
| 02 | 02 | Attention deficit disorder or hyperactivity disorder |
| 03 | 03 | Autism or Asperger's syndrome |
| 04 | 04 | Cerebral palsy |
| 05 | 05 | Deaf-blindness |
| 06 | 06 | Down syndrome |
| 07 | 07 | Emotional disturbance or behavior disorder |
| 08 | 08 | Hearing impairment, deafness |
| 09 | 09 | Learning disability |
| 10 | 10 | Mental retardation |
| 11 | 11 | Multiple disabilities |
| 12 | 12 | Orthopedic impairment |
| 13 | 13 | Other health impairment |
| 14 | 14 | Seizure disorder, epilepsy |
| 15 | 15 | Speech or language impairment |
| 16 | 16 | Traumatic brain injury |
| 17 | 17 | Visual impairment, blindness |
| 18 | 18 | Other. Please describe: _____ |

7. Please indicate how good you think this youth is in each of the following areas.

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Very good	Pretty good	Not very good	Not at all good
a. Being well organized	4	3	2	1
b. Performing-arts ability, like music, theater, or dance	4	3	2	1
c. Creative or artistic ability, like drawing or writing poetry	4	3	2	1
d. Being sensitive to other people's feelings	4	3	2	1
e. Mechanical ability, like building or fixing things	4	3	2	1
f. Computer use	4	3	2	1
g. Athletic ability	4	3	2	1
h. Having a sense of humor	4	3	2	1


8. How often does this youth act in each of the following ways?
PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Never	Sometimes	Very often	Don't know
a. Join group activities without being told.	0	1	2	9
b. Make friends easily.	0	1	2	9
c. End disagreements with you calmly.	0	1	2	9
d. Seem self-confident in social situations, such as parties or group outings.	0	1	2	9
e. Avoid situations that are likely to result in trouble.	0	1	2	9
f. Start conversations rather than waiting for others to talk first.	0	1	2	9
g. Receive criticism well.	0	1	2	9
h. Behave at home in a way that causes problems for the family.	0	1	2	9
i. Control his/her temper when arguing with peers.	0	1	2	9
j. Keep working at something until it is finished, even if it takes a long time.	0	1	2	9
k. Speak in an appropriate tone at home.	0	1	2	9

About This Youth's School Experiences

9. Was this youth in school through the end of the **last** school year (2000-2001)? (By school we mean any place where this youth receives schooling or instruction.)

1 Yes → **PLEASE GO TO QUESTION 11.**

2 No


10. Was he/she not in school because he/she:

- 1 Graduated
- 2 Took a test and received a diploma or certificate without taking all of his/her high school classes
- 3 Dropped out or just stopped going
- 4 Was suspended
- 5 Was expelled
- 6 Some other reason? Please describe: _____

11. What grade was this youth in during this **past** school year (2000-2001)?
PLEASE CIRCLE ONE NUMBER.

- | | | | | | |
|---|-----------|---|-----------|----|------------|
| 0 | Ungraded | 5 | 5th grade | 10 | 10th grade |
| 1 | 1st grade | 6 | 6th grade | 11 | 11th grade |
| 2 | 2nd grade | 7 | 7th grade | 12 | 12th grade |
| 3 | 3rd grade | 8 | 8th grade | 13 | 13th grade |
| 4 | 4th grade | 9 | 9th grade | | |

12. Where does this youth go to school now? [If not in school now, or in a postsecondary school (e.g., college), where did he/she go to school last year?]

Name of school: _____

Street address: _____

City: _____ State: _____ Zip code: _____

13. Which of the following best describes the school this youth attended **last** year?
 (If he/she attends more than one school, describe the one where he/she spends the most time.)
PLEASE CIRCLE ONE NUMBER.

- 01 A regular school that serves a wide variety of students
- 02 A school that serves only students with disabilities
- 03 A school that specializes in a particular subject area or theme, sometimes called a magnet school
- 04 A vocational-technical school
- 05 A charter school
- 06 An alternative school
- 07 Homebound instruction by public school personnel
- 08 Home schooled by parent or other non-public-school personnel
- 09 School in a hospital, medical or convalescent facility, or institution for persons with disabilities
- 10 School in a mental health facility
- 11 School in a juvenile justice facility, youth detention center, or other correctional facility
- 12 Another kind of school. Please describe: _____

14. How well did this youth get along with other students and teachers at school **last** year?
PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Very well	Pretty well	Not very well	Not at all well	Mixed, some well, some not	Does not interact	Don't know
a. Got along with students	1	2	3	4	5	6	9
b. Got along with teachers	1	2	3	4	5	6	9

15. How strongly do you agree or disagree with each of the following statements about this youth's experiences at school **last** year?
PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Strongly agree	Agree	Dis-agree	Strongly disagree	Don't know
a. He/she enjoyed school.	1	2	3	4	9
b. School was challenging.	1	2	3	4	9
c. His/her teachers maintained good discipline in the classroom.	1	2	3	4	9
d. In his/her school, most students and teachers respected each other.	1	2	3	4	9
e. The principal and assistant principal maintained good discipline at his/her school.	1	2	3	4	9
f. The school was good at meeting his/her individual needs.	1	2	3	4	9

16. Has this youth ever had any of the following experiences with school?
PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No	Don't know
a. Skipped ahead a grade in school	1	2	9
b. Held back a grade in school	1	2	9
c. Suspended from school (including in-school suspensions)	1	2	9
d. Expelled from school	1	2	9
e. Had things stolen from a locker, desk, or other places at school	1	2	9
f. Been bullied or picked on by other students or made to do things like give them money at school or on the way to or from school	1	2	9
g. Been physically attacked or involved in fights at school or on the way to or from school	1	2	9
h. Been teased or called names at school	1	2	9

17. Which of the following best describes this youth's grades **last** year overall, across all subjects?
PLEASE CIRCLE ONE NUMBER.

- | | | | |
|----|--|----|-------------|
| 00 | This student did not receive this kind of grade. | 06 | C's and D's |
| 01 | A's | 07 | D's |
| 02 | A's and B's | 08 | D's and F's |
| 03 | B's | 09 | F's |
| 04 | B's and C's | 99 | Don't know |
| 05 | C's | | |

18. Which of the following best describes this youth's work at school **last** year?
PLEASE CIRCLE ONE NUMBER.

- 1 Excellent
- 2 Above average
- 3 Average
- 4 Below average
- 5 Failing
- 9 Don't know

19. Thinking about this **past** school year, how satisfied are you with each of the following...
PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Very satisfied	Satisfied	Dis-satisfied	Very dis-satisfied
a. The school this youth attended?	1	2	3	4
b. The teachers he/she had?	1	2	3	4
c. The education he/she received?	1	2	3	4
d. The amount and difficulty of homework he/she was given?	1	2	3	4
e. How well the school kept you informed about this youth's behavior and academic performance?	1	2	3	4

20. Our records show that this youth received special education services at the beginning of the 2000-2001 school year. Was he/she receiving special education services during the past school year?

- 1 Yes **PLEASE ANSWER QUESTION 21.**
- 2 No, did not receive services during year → **PLEASE GO TO QUESTION 24.**
- 3 No, never received special education services → **PLEASE GO TO QUESTION 24.**

21. During the past school year, did this youth go to a meeting about an Individualized Education Plan, or IEP, for his/her special education program or services (2000-2001) school year toward meeting his/her IEP goals?

- 1 Yes
- 2 No
- 9 Don't know

22. How strongly do you agree or disagree with this statement: “This youth’s IEP goals are challenging and appropriate.”?

PLEASE CIRCLE ONE NUMBER.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Don’t know

23. How did you feel about your family’s involvement in the decisions about this youth’s IEP?

PLEASE CIRCLE ONE NUMBER.

- 1 Wanted to be more involved
- 2 Were involved about the right amount
- 3 Wanted to be less involved
- 9 Don’t know

About This Youth’s Nonacademic Experiences

24. During the past school year, did this youth take part in any of the following kinds of activities?

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No	Don’t know
a. Lessons or classes <i>outside of school</i> in things like art, music, dance, a foreign language, religion, or computer skills.	1	2	9
b. <i>Out-of-school</i> group activity, such as scouting, church or temple youth group, or nonschool team sports like Little League.	1	2	9
c. <i>School activities outside of class</i> , such as sports teams, band or chorus, school clubs, or student government.	1	2	9
d. Volunteer or community service activities. This could include community service that is part of a school class or other group activity.	1	2	9
e. Other children’s social activities, such as birthday parties or going over to their home.	1	2	9
f. A school-sponsored work activity, like a work-study job, an internship, or a school-based business.	1	2	9
g. Work for pay that is not work around the house or a school-sponsored work activity.	1	2	9

25. During the past 12 months, did this youth take part in a school-sponsored work activity, like a work-study job?

- 1 Yes
- 2 No

26. Does this youth now work for pay that is *not* work around the house or a school-sponsored work activity?

- 1 Yes
- 2 No

27. Has this youth ever been fired from a job?

- 1 Yes
- 2 No

28. If this youth has a job now, how much is he/she paid for this job?

PLEASE CIRCLE '0' OR FILL IN PAY AND INDICATE IF IT IS PER HOUR OR PER WEEK.

- 0 Does not have a job now
- 1 \$_____ Pay per hour
- 2 \$_____ Pay per week

29. When the following chores need doing, about how often, on his/her own, does this youth do each of them?

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Always	Usually	Some-times	Never	Don't know
a. Fix his/her own breakfast or lunch	4	3	2	1	9
b. Do laundry	4	3	2	1	9
c. Straighten up his/her own room or living area	4	3	2	1	9
d. Buy a few things at the store he/she needs	4	3	2	1	9

30. How well does this youth do each of the following tasks on his/her own, without help?
PLEASE CIRCLE **ONE** NUMBER ON **EACH** LINE.

	Very well	Pretty well	Not very well	Not at all well	Don't know
a. Dress himself/herself completely.	4	3	2	1	9
b. Feed himself/herself completely.	4	3	2	1	9
c. Tell time on a clock with hands.	4	3	2	1	9
d. Read and understand common signs, like STOP, MEN, WOMEN, or DANGER.	4	3	2	1	9
e. Count change.	4	3	2	1	9
f. Look up telephone numbers in the phone book and use the phone.	4	3	2	1	9
g. Get places outside the home, like to school, to a nearby store or park, or to a neighbor's house.	4	3	2	1	9

About This Youth's Future

31. How likely do you think it is that this youth will do each of the following activities in the future? PLEASE CIRCLE **ONE** NUMBER ON **EACH** LINE.

	Definitely will	Probably will	Probably won't	Definitely won't	Already has done	Don't know
a. Get a driver's license.	1	2	3	4	5	9
b. Graduate from high school with a regular diploma.	1	2	3	4	5	9
c. Attend school after high school.	1	2	3	4	5	9
d. Complete a technical or trade school.	1	2	3	4	5	9
e. Graduate from a 2-year or junior college.	1	2	3	4	5	9
f. Graduate from a 4-year college or university.	1	2	3	4	5	9
g. Live away from home on his/her own without supervision.	1	2	3	4	5	9
h. Live away from home on his/her own with supervision.	1	2	3	4	5	9
i. Get a paid job.	1	2	3	4	5	9
j. Get a paid job and earn enough to support him/herself without financial help from his/her family or the government.	1	2	3	4	5	9

About You and Your Household

32. What is your gender?

- 1 Male
- 2 Female

33. Are you married now?

- 1 Yes
- 2 No

34. What is your relationship to this youth?

PLEASE CIRCLE ONE NUMBER.

- | | | | |
|---|-----------------|---|---|
| 1 | Birth parent | 6 | Sister, brother, stepsister, or stepbrother |
| 2 | Adoptive parent | 7 | Aunt or uncle |
| 3 | Stepparent | 8 | Grandparent |
| 4 | Foster parent | 9 | Other. Please describe: _____ |
| 5 | Legal guardian | | |

35. What is the highest year or grade you finished in school?

PLEASE CIRCLE ONE NUMBER.

- | | | | |
|---|---|---|--------------------------|
| 1 | Not a high school graduate | 5 | 4-year college degree |
| 2 | High school graduate | 6 | Graduate work, no degree |
| 3 | Education after high school,
no degree | 7 | Graduate degree |
| 4 | 2-year college degree | | |

36. What was your household income this past year?

PLEASE CIRCLE ONE NUMBER.

- 1 Less than \$25,000
- 2 \$25,000 - \$50,000
- 3 \$50,001 - \$75,000
- 4 More than \$75,000

37. During the past school year, did you or another adult in the household do any of the following at this youth's school?

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No	Don't know
a. Go to a general school meeting, such as back-to-school night or a meeting of a parent-teacher group.	1	2	9
b. Go to a school or class event, such as a play, sports event, or science fair. This can include visits to the school for other children in the family who are at this school.	1	2	9
c. Volunteer at the school, such as chaperoning a class field trip or serving on a school committee.	1	2	9
d. Go to a meeting about an Individualized Education Plan, or IEP, or about this youth's special education program or services.	1	2	9

38. Do you work for pay now?

PLEASE CIRCLE ONE NUMBER.

- 0 No, I do not work for pay.
- 1 Yes, I work less than 20 hours a week for pay.
- 2 Yes, I work between 20 and 35 hours a week for pay.
- 3 Yes, I work more than 35 hours a week for pay.

39. Does anyone in the household now get benefits from any of the following programs?

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No	Don't know
a. Temporary Assistance to Needy Families (TANF) or the state welfare program	1	2	9
b. Food Stamps	1	2	9
c. SSI (Supplemental Security Income) for this youth	1	2	9

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

Please return it in the postage-paid envelope to the address below, and have an opportunity to be chosen to receive a personal computer or \$100 gift certificate.

NLTS2
SRI International, BS135
333 Ravenswood Avenue
Menlo Park, CA 94025