



PARENT QUESTIONNAIRE

National Longitudinal Transition Study-2 (NLTS2) Wave 5

Sponsored by the U.S. Department of Education

Please answer the questions in this questionnaire for the young adult whose first name appears below.

To thank you for your time and help with this important study, we will mail you a \$15 check when you complete and return this questionnaire.

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 1850-0815. The time required to complete this information collection is estimated to average 15 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, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Jacquelyn Buckley, U.S. Department of Education, 555 New Jersey Ave., NW--Room 510C Washington DC 20208-5550





IMPORTANT NOTE:

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

To thank you for your time and help with this important study, we will mail you a \$15 check when you complete and return this questionnaire. Please PRINT the information below so that we can mail you the \$15 "thank you" gift:

Your Name

Street Address

City

Phone number - - State Zip Code

E-mail address

ABOUT THIS YOUNG ADULT

1 Where does this young adult live now? (The place he/she usually spends at least 5 nights a week) Mark (X) all that apply.

- With his/her parent(s)
- With a spouse or roommate
- With another relative
- Other, please specify:
- On his/her own/alone

2 Is he/she: Mark (X) one box.

- Single, never married
- Engaged
- Married
- Other, please specify:



3 Has this young adult ever had or fathered any children?

- No Yes

4 What was this young adult's (and his/her spouse's, if applicable) total income in 2008? (Include salaries, earnings, money from public assistance, etc., before taxes.)

Mark (X) one box.

- \$25,000 or less \$25,001 - \$50,000 \$50,001 - \$75,000 More than \$75,000

ABOUT THIS YOUNG ADULT'S SCHOOL EXPERIENCES

5 Is this young adult enrolled in high school now?

Yes ► PLEASE SKIP TO QUESTION 20 ON PAGE 6.

No ► **6** If "No", he/she is not in high school now because he/she:
Mark (X) one box.

- Is on high school vacation or break
- Graduated with a regular diploma
- Graduated with a certificate of completion
- Took a test for a diploma without taking all of his/her high school classes
- Dropped out or stopped going
- Was suspended
- Was expelled
- Is older than the school age limit
- Some other reason, please specify:

7 When did this young adult leave high school?

/
month year



ABOUT THIS YOUNG ADULT'S COLLEGE EXPERIENCES

2-YEAR OR COMMUNITY COLLEGE

8a Has this young adult taken classes from a 2-year or community college since leaving high school?

No ► PLEASE SKIP TO QUESTION 12a BELOW.

Yes ► **8b** If "Yes", has he/she taken classes from a 2-year or community college:

a. In the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is currently enrolled now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9 If attended a 2-year or community college, what was his or her major or primary course of study? Please specify:

10 Was he or she enrolled continuously, not counting time off for vacation, or was he or she enrolled on and off?

Continuously On and off

11 Has he or she gotten a diploma, certificate, or license from a 2-year or community college?

No Yes

VOCATIONAL, BUSINESS, OR TECHNICAL SCHOOL AFTER HIGH SCHOOL

12a Has this young adult taken classes from a vocational, business, or technical school since leaving high school?

No ► PLEASE SKIP TO QUESTION 16a ON NEXT PAGE.

Yes ► **12b** If "Yes", has he/she taken classes from a vocational, business, or technical school after high school ...

a. In the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is currently enrolled now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



13 If attended a vocational, business, or technical school, what was his or her major or primary course of study? *Please specify:*

14 Was he or she enrolled continuously, not counting time off for vacation, or was he or she enrolled on and off?

Continuously On and off

15 Has he or she gotten a diploma, certificate, or license from a post secondary vocational, business, or technical school?

No Yes

4-YEAR COLLEGE OR UNIVERSITY

16a Has this young adult taken classes from a 4-year college or university since leaving high school?

No ► PLEASE SKIP TO QUESTION 20 ON NEXT PAGE.

Yes ► **16b** If "Yes", has he/she taken classes from a 4-year college or university ...

a. In the past 2 years? Yes No

b. Is currently enrolled now? Yes No

17 If attended a 4-year college or university, what was his or her major or primary course of study? *Please specify:*

18 Was he or she enrolled continuously, not counting time off for vacation, or was he or she enrolled on and off?

Continuously On and off

19 Has he or she gotten a diploma, certificate, or license from a 4-year college or university?

No Yes



ABOUT THIS YOUNG ADULT'S NONACADEMIC EXPERIENCES

20 In the past 12 months, has this young adult ...

a. Been invited to other friends' social activities like over to their home or to a party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Done in volunteer or community service activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Taken lessons or classes in things like art, music, dance, foreign language, religion, or computer skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Taken part in group activities, such as church, or temple group, or team sports like soccer or softball?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

21a Has this young adult ever been arrested?

No ► PLEASE SKIP TO QUESTION 23a BELOW.

Yes ► **21b** If "Yes", has he/she been arrested ...

a. Since leaving high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. In the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

22 If this young adult has been arrested, has he or she been on parole ...

a. Since leaving high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. In the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

23a Has this young adult ever received any services or help (not from family members or friends)?

No ► PLEASE SKIP TO QUESTION 25a ON NEXT PAGE.

Yes ► **23b** If "Yes", has he/she received any services or help (not from family members or friends) ...

a. Since leaving high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. In the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

24 If received help or services, what services has he/she received (e.g. career counseling, help in finding a job, training in or help with things like managing money or cooking, mental health services or counseling, etc.)?



ABOUT THIS YOUNG ADULT'S EMPLOYMENT EXPERIENCES

25a

Has this young adult ever had a paid job other than work around the house?

No ► PLEASE SKIP TO THE NEXT PAGE.

Yes ► **25b** If "Yes", has he/she had a paid job other than work around the house ...

a. Since leaving high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. In the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has a job now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Has this young adult been fired from a job ...

a. Since leaving high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. In the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Ever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27

How much per hour does this young adult earn at his/her current job? If not employed now, what did he or she earn at his/her most recent job?

\$.

28

About how many hours per week does/did this young adult usually work at that job?

29

What is/was this young adult's job title at that job and what are/were his/her main duties at that job?



THANK YOU FOR COMPLETING THIS SURVEY!

Please return this survey in the postage-paid envelope to the address below. You should expect to receive your **\$15** "thank you" check within 4 weeks.

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

If the young adult named on the front page is able to answer similar questions him/herself, by mail, please provide his/her contact information.
When he/she completes a questionnaire, we will send him/her a \$20 "thank you" check.

Young Adult Name

Street Address

City

Phone number - - State Zip Code

E-mail address

