

SRI International

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SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY (SEELS)

ALMOST FINAL PARENT INTERVIEW

SRI Project 3421

SEELS is being designed under Task Order 6 to SRI International and Research Triangle Institute under the Office of Special Education Programs' Initiative to Link Research and practice to Improve Results for Individuals with Disabilities.

**SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY (SEELS)
DRAFT PARENT INTERVIEW**

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SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY (SEELS) DRAFT PARENT INTERVIEW

INTRODUCTION

1	2	3
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- S1. Hello, my name is _____. May I please speak with [NAME OF PARENT/GUARDIAN ON SAMPLE FILE]. IF THERE ARE TWO NAMES, E.G., MR. AND MRS. JOHN JONES OR JOHN AND MARY JONES, ASK FOR THE FEMALE. IF FEMALE IS UNAVAILABLE, ASK FOR SECOND NAME. IF CHILD ANSWERS AND NEITHER RESPONDENT IS AVAILABLE, ASK FOR ANY OTHER ADULT IN THE HOUSEHOLD. IF THERE IS NO PARENT/GUARDIAN NAME ON THE SAMPLE FILE, ASK FOR "the parent or guardian of [CHILD'S NAME]".

ASK S2a IN WAVE 1, GO TO S2b IN WAVES 2 & 3.	YES, SUBJECT IS AVAILABLE	1
	SUBJECT(S) NOT AVAILABLE, BUT WILL BE AVAILABLE AT ANOTHER TIME, SET APPOINTMENT	2
ASK S2a IN ALL WAVES	SUBJECT NO LONGER AVAILABLE	3
IF POSSIBLE, INDICATE LANGUAGE RESPONDENT IS SPEAKING, THEN GO TO TERMINATION SCRIPT	LANGUAGE BARRIER	4

1		
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- S2a. I'm calling as part of a national study being conducted for the U.S. Department of Education about students who have received special education services in school. You may have gotten a letter about it. The school district that serves [CHILD] is part of the study and [CHILD] is one of the students included in the study. Who would be the best adult to talk with about [CHILD] and [CHILD's] experiences in school? (IF RESPONDENT SAYS S/HE DIDN'T GET THE LETTER, SAY "MAYBE IT HASN'T GOTTEN TO YOU YET" AND CONTINUE.)

GO TO CHECKPOINT BEFORE S3	PERSON SPEAKING WITH	1
GO TO S5	NAMES OTHER PERSON	2
GO TO S4	SOMEONE ELSE, NOT NAMED	3
CONDOLENCE SCRIPT	CHILD IS DECEASED	4
GO TO S6	DON'T KNOW	-1
TERMINATION SCRIPT	REFUSED	-2

Note: The three boxes indicate if item is Wave 1, 2, and/or 3.

2 3

S2b. I'm calling as part of a national study being conducted for the U.S. Department of Education that is trying to learn about the experiences of students over time. [CHILD] is part of this study, and we spoke with you about [him/her] almost 2 years ago. Are you still the best adult to talk with about [CHILD] and [his/her] experiences?

GO TO S8	YES	1
GO TO S2c	NO	2
CONDOLENCE SCRIPT	CHILD IS DECEASED	3
GO TO S6	DON'T KNOW	-1
TERMINATION SCRIPT	REFUSED	-2

2 3

S2c. Who would be the best adult to talk with about [CHILD] and [his/her] experiences in school? DO NOT READ CATEGORIES.

GO TO S5	NAMES OTHER PERSON	1
GO TO S4	SOMEONE ELSE, NOT NAMED	2
GO TO S6	DON'T KNOW	-1
TERMINATION SCRIPT	REFUSED	-2

CHECKPOINT: IF THERE IS NO NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, ASK S3. IF THERE IS A NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, GO TO S8.

1 2 3

S3. Could you please tell me your name? RECORD NAME.

NAME: _____

CHECKPOINT: GO TO S8.

1 2 3

S4. Could you tell me the name of [that person/the person] who could best talk about [CHILD] and [CHILD's] experiences in school? RECORD NAME.

NAME: _____

1 2 3

S5. ASK TO SPEAK TO PERSON NAMED AS BEST ADULT TO SPEAK TO.

GO TO S7	SUBJECT IS AVAILABLE	1
	SUBJECT WILL CALL BACK	2
	SUBJECT NOT AVAILABLE, SET APPOINTMENT	3
GO TO TERMINATION SCRIPT	LANGUAGE BARRIER	4
	REFUSED	-2

1 2 3

S6a. I have some questions about [CHILD] and [CHILD's] school experiences that will take about **XX** minutes. Could I ask you those questions?

GO TO S6a	YES	1
	WILL ANSWER, NOT NOW, SET APPOINTMENT	2
TERMINATION SCRIPT	REFUSED	-2

1 2 3

S6b. Could you please tell me your name? RECORD NAME.

NAME: _____

CHECKPOINT: GO TO S9.

1 2 3

S7. I'm calling as part of a national study being conducted for the U.S. Department of Education about students who receive special education services in school. You may have gotten a letter about it. The school district that serves [CHILD] is part of the study and [CHILD] is one of the students in the study. IF RESPONDENT SAYS HE OR SHE DIDN'T GET THE LETTER, SAY "Maybe it hasn't gotten to you yet" AND CONTINUE.

1 2 3

S8. I have some questions about [CHILD] and [CHILD's] school experiences that will take about **XX** minutes.

1 2 3

S9. Everything you say will be kept completely confidential and you may choose not to answer any question that I ask you. Nothing you say will ever be reported individually about you, [CHILD], or your family, and no information you give will be shared with [CHILD's] school. If you have any questions or concerns about the study, I can give you a toll-free number to call. IF ASKED: PROVIDE TOLL-FREE NUMBER.

If this is a good time to talk, we can start the interview now. IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.

CHECKPOINT: IN WAVE 1 GO TO S10. IN WAVES 2 & 3 IF RESPONDENT IS SAME RESPONDENT AS EARLIER WAVE (S2b = 1), GO TO CHECKPOINT BEFORE A1, ELSE GO TO S10.

1 2 3

S10. INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

GO TO S11	FEMALE	1
GO TO S12	MALE	2

1 2 3

S11. To start, what is your relation to [CHILD]? IF RESPONSE IS "MOTHER," PROBE BY ASKING: Are you [CHILD's] biological mother? IF RESPONDENT IS NOT MOTHER (1-4), ALSO ASK: Are you the legal guardian? IF ANSWER IS YES, IS THE LEGAL GUARDIAN, CODE 5; IF ANSWER IS NO, NOT LEGAL GUARDIAN, CODE APPROPRIATE NUMBER (6-9).

GO TO CHECKPOINT BEFORE A1	BIOLOGICAL MOTHER	1
	ADOPTIVE MOTHER	2
	STEPMOTHER	3
	FOSTER MOTHER	4
	LEGAL GUARDIAN	5
	SISTER/STEPSISTER	6
	AUNT	7
	GRANDMOTHER	8
	OTHER (SPECIFY) _____	9
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: GO TO CHECKPOINT BEFORE A1.

1	2	3
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S12. To start, what is your relation to [CHILD]? IF RESPONSE IS "FATHER," PROBE BY ASKING; Are you [CHILD's] biological father? IF RESPONDENT IS NOT FATHER (1-4), ALSO ASK: Are you the legal guardian? IF ANSWER IS YES, IS THE LEGAL GUARDIAN, CODE 5; IF ANSWER IS NO, NOT LEGAL GUARDIAN, CODE APPROPRIATE NUMBER (6-9).

GO TO CHECKPOINT BEFORE A1	BIOLOGICAL FATHER	1
	ADOPTIVE FATHER	2
	STEPFATHER	3
	FOSTER FATHER	4
	LEGAL GUARDIAN	5
	BROTHER/STEPBROTHER	6
	UNCLE	7
	GRANDFATHER	8
	OTHER (SPECIFY) _____	9
	DON'T KNOW	-1
REFUSED	-2	

GO TO SECTION A

CONDOLENCE SCRIPT: I'm terribly sorry. Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL.

TERMINATION SCRIPT: Thank you very much for your time.

A. STUDENT CHARACTERISTICS

CHECKPOINT: IF WAVE 1 GO TO A1. IF WAVE 2 OR 3 GO TO A2a.

1

A1. I'd like to ask you some questions about [CHILD]. Is [CHILD] male or female?

MALE	1
FEMALE	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF BIRTHDATE IS IN SAMPLE FILE, ASK A2a, IF NOT GO TO A2b.
(NOTE: BIRTHDATE IS BEING ASKED IN ALL 3 WAVES AS A MEANS OF VERIFYING TALKING ABOUT CORRECT CHILD.)

1 2 3

A2a. I have [CHILD's] birthdate as [BIRTHDATE FROM SAMPLE FILE]. Is that correct?

WAVE 1 GO TO A3. WAVE 2 OR 3 GO TO A5a.	YES	1
ASK A2b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1 2 3

A2b. What is [CHILD's] birthdate? RECORD BIRTHDATE.

_____/_____/_____
MM DD YY

VERIFICATION CHECK.

WAVE 1: IF BIRTHDATE MAKES CHILD LESS THAN 6 OR MORE THAN 12 YEARS OLD, CONFIRM THAT YOU ARE TALKING ABOUT THE CHILD ON THE SAMPLE FILE. IF UNCLEAR, SAY: I may have an error here. Let me check with my supervisor and I will call you back. Thank you.

WAVES 2 & 3: IF BIRTHDATE DIFFERS BY MORE THAN 6 MONTHS FROM WAVE 1 BIRTHDATE, CONFIRM YOU ARE TALKING ABOUT THE CHILD ON THE SAMPLE FILE. IF UNCLEAR, SAY: I may have an error here. Let me check with my supervisor and I will call you back. Thank you.

CHECKPOINT: WAVE 1, GO TO A3. WAVES 2 OR 3, GO TO A5a.

Census

1		
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A3. I'm going to read a list of categories. Please choose one or more categories that best describe [CHILD's] race and ethnicity. Is [he/she] READ CATEGORIES. CODE ALL THAT APPLY. IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK WHICH RACES THE CHILD REPRESENTS AND CODE EACH.

	White,	1
	African-American or Black,	2
	Hispanic, Latino, or other Spanish Origin,	3
	American Indian or Alaska Native,	4
	Asian,	5
	Native Hawaiian,	6
	Other Pacific Islander,	7
	Or another race or ethnicity? (SPECIFY)	8

	—	
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NELS:88, ECLS-K

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A4a. Is any language other than English regularly spoken in your home?

GO TO A4b	YES	1
GO TO A5a	NO	2
GO TO A4b	DON'T KNOW	-1
	REFUSED	-2

NELS:88, ECLS-K

1		
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A4b. What is the main language [CHILD] usually speaks at home? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

ENGLISH	1
SPANISH	2
ALBANIAN	3
CAMBODIAN	4
CHINESE	5
CROATIAN	6
FARSI	7
FRENCH	8
GERMAN	9
GREEK	10
HEBREW	11
HMONG	12
ITALIAN	13
JAPANESE	14
KOREAN	15
LAOTIAN	16
PORTUGUESE	17
TAGALOG (FILIPINO LANGUAGE)	18
RUSSIAN	19
VIETNAMESE	20
SIGN LANGUAGE	21
CHILD DOES NOT SPEAK A LANGUAGE	22
OTHER (SPECIFY) _____	23
DON'T KNOW	-1
REFUSED	-2

NELS:88

1	2	3
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A5a. In the past year has [CHILD] lived with you all of the time?

GO TO CHECKPOINT BEFORE A5g	YES	1
GO TO A5b	NO	2
CONDOLENCE SCRIPT	CHILD IS DECEASED	3
GO TO A5b	DON'T KNOW	-1
	REFUSED	-2

NELS:88

1	2	3
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A5b. How much of the time has [he/she] lived with you? Has it been ... READ CATEGORIES. CODE ONE.

More than half time,	1
Half of the time,	2
Less than half time,	3
None of the time.	4
DON'T KNOW	-1
REFUSED	-2

NLTS

1	2	3
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A5c. Where (IF A5b NE 4 ADD: else) has he/she lived in the past year? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

GO TO CHECKPOINT BEFORE A5g	WITH [HIS/HER] OTHER PARENT	1
	WITH [HIS/HER] PARENTS	2
	WITH ANOTHER RELATIVE	3
	IN FOSTER CARE	4
GO TO A5d	IN A RESIDENTIAL OR BOARDING SCHOOL	5
	IN A GROUP HOME	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/YOUTH DETENTION CENTER	9
GO TO CHECKPOINT BEFORE B1a	OTHER, SPECIFY _____	10
CONDOLENCE SCRIPT	CHILD IS DECEASED	11
GO TO CHECKPOINT BEFORE B1a	DON'T KNOW	-1
	REFUSED	-2

NELS:88

1	2	3
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A5d. Is [CHILD] currently living there? IF [CHILD] HAS LIVED IN SEVERAL FACILITIES, THEN PROBE FOR THE PLACE LIVED IN MOST RECENTLY.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT – WAVE 1 ASK A5e. WAVE 2 & 3: IF A5d=1 (WAS CURRENTLY IN A FACILITY) IN PREVIOUS WAVE AND A5d=1 ALSO IN CURRENT WAVE, GO TO A5f, ELSE GO TO A5e.

1 2 3

A5e. IF A5d=2 (NOT CURRENTLY THERE), ASK: How long did [CHILD] live there?
 IF A5d NE2, ASK: How long has [CHILD] lived there?
 ENTER NUMBER AND CODE. IF [CHILD] HAS LIVED IN SEVERAL FACILITIES THEN ANSWER FOR THE PLACE LIVED IN MOST RECENTLY

NUMBER OF	DAYS	1
	MONTHS	2
	YEARS	3
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT – IF A5d = 2 (NOT CURRENTLY THERE), GO TO CHECKPOINT BEFORE A5g.

1 2 3

A5f. How long do you think [he/she] will be living there? Would you say...READ CATEGORIES. CODE ONE RESPONSE.

A few weeks,	1
A few months,	2
About a year,	3
Longer than a year?	4
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT – IF S11=1, 2, OR 3 (BIOLOGICAL, ADOPTIVE OR STEPMOTHER) OR S12 = 1, 2, OR 3 (BIOLOGICAL, ADOPTIVE OR STEPFATHER), GO TO CHECKPOINT BEFORE B1a; IF A5b = 4 (LIVED WITH RESPONDENT NONE OF THE TIME) GO TO CHECKPOINT BEFORE B1a; ELSE ASK A5g (I.E. FOSTER CARE).

1 2 3

A5g. How long has [CHILD] lived with you? ENTER NUMBER AND/OR CODE.

NUMBER OF	YEARS	1
	MONTHS	2
	DON'T KNOW	-1
	REFUSED	-2

B. DISABILITY CHARACTERISTICS**CHECKPOINT:** ITEM B1a WILL BE ASKED ONLY IN WAVE 1. WAVES 2 & 3 GO TO B3a.

NLTS

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B1a. [CHILD] is included in this study because the school district indicated at the beginning of the 1999 school year that [he/she] may have received special education services and had an IEP. What are [CHILD's] physical, sensory, learning, or other disabilities or problems? DO NOT READ CATEGORIES. (PROBE: Does [he/she] have any other disabilities or learning problems? That could include a speech problem.) CODE **ALL** THAT APPLY IN COLUMN A.

1

B1b. (IF MORE THAN ONE DISABILITY IN B1a) Which of these is [CHILD's] main problem or disability? CODE **ONE** RESPONSE IN COLUMN B.

GO TO B1c		A	B
	HAS NO PROBLEM/DISABILITY/NOT GETTING SPECIAL SERVICES	00	
	LEARNING DISABILITY/LEARNING HANDICAP (LD)	01	01
	EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED)	02	02
	MENTAL RETARDATION (EMR, TMR, SMR, MR)	03	03
	SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT	04	04
	ATTENTION DEFICIT DISORDER (ADD) (ADHD)	05	05
	HARD OF HEARING/HEARING IMPAIRMENT	06	06
	DEAFNESS	07	07
	PARTIAL SIGHT/VISUAL IMPAIRMENT	08	08
	COMPLETE BLINDNESS	09	09
	PHYSICAL OR ORTHOPEDIC IMPAIRMENT	10	10
	TRAUMATIC BRAIN INJURY (TBI)	11	11
	HEALTH IMPAIRMENT (SPECIFY DISEASE) _____	12	12
	DEAFNESS AND BLINDNESS	13	13
	AMPUTATION OF A LIMB	14	14
	APHASIA	15	15
	ARTHRITIS	16	16
	ASTHMA	17	17
	AUTISM	18	18
	CANCER/LYMPHOMA/SARCOMA	19	19
	CEREBRAL PALSY (CP)	20	20
	CYSTIC FIBROSIS (CF)	21	21
	DEPRESSION	22	22
	DEVELOPMENTAL DISABILITY OR DELAY (DD)	23	23
	DIABETES	24	24
	DOWN'S SYNDROME	25	25
	DYSLEXIA (REVERSES LETTERS WHEN READING)	26	26
	EDUCATIONAL HANDICAP (EH)	27	27
		A	B

EMPHYSEMA	29	29
ENCEPHALITIS	30	30
EPILEPSY	31	31
HEART DISEASE	32	32
HEMOPHILIA	33	33
HYPERACTIVE	34	34
LEUKEMIA	35	35
MULTIPLE SCLEROSIS (MS)	36	36
MUSCULAR DYSTROPHY	37	37
NEUROLOGICAL IMPAIRMENT	38	38
NEUROSIS	39	39
PARAPLEGIA OR PARTIAL PARALYSIS	40	40
POLIO	41	41
PSYCHOSIS	42	42
QUADRIPLEGIA OR COMPLETE PARALYSIS	43	43
SCHIZOPHRENIA	44	44
SPINA BIFIDA	45	45
STROKE	46	46
TROUBLE WITH SCHOOL SUBJECT (E.G., MATH OR READING)	47	47
"JUST SLOW"	48	48
OTHER (SPECIFY) _____	97	97
DON'T KNOW	-1	-1
REFUSED	-2	-2

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY ON FILE. IF PARENT SAYS [CHILD] DOES NOT HAVE ANY SPEECH OR LEARNING PROBLEMS OR DISABILITIES (B1a=00), ASK B1c. ELSE GO TO CHECKPOINT BEFORE B1E.

1		
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B1c. Our records from the school district indicate that at the beginning of the school year [CHILD] had (a) [DISABILITY/IES ON FILE]. Is [any of] that still correct? CODE ONE.

IF ONE DISABILITY ON FILE, GO BACK AND CIRCLE CORRECT CODE IN B1a. IF MORE THAN ONE DISABILITY, ASK: Which of those are correct? AND THEN CIRCLE CORRECT CODE(S) IN B1a. IF MORE THAN ONE DISABILITY IN B1a, ALSO ASK B1b, THEN GO TO B2a. GO TO B1d	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1		
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B1d. Did [CHILD] ever have [this/any of these] learning [problem/s] or [disability/ies]?

GO TO B2a	YES	1
GO TO B4a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY CATEGORY ON FILE. IF FILE INDICATES [CHILD] HAS VISUAL OR HEARING DISABILITIES AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1a NE 06 OR 07, 08, OR 09), GO TO B1e, ELSE GO TO B2a.

1		
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B1e. Our records from the school district indicates that [CHILD] has (IF DISABILITY ON FILE IS VISUAL IMPAIRMENT: a visual impairment) (IF DISABILITY ON FILE IS HEARING IMPAIRMENT: a hearing impairment). Is that correct? CODE ONE RESPONSE ON EACH LINE. ALSO CODE CORRECT RESPONSE IN B1a.

	Yes	No	DK	Ref
VISUAL IMPAIRMENT	1	2	-1	-2
HEARING IMPAIRMENT	1	2	-1	-2

NLTS, NEILS

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B2a. About how old was [CHILD] when [he/she] started having [this difficulty/these difficulties] or [condition/s]? (ENTER NUMBER FOR AGE OR GRADE LEVEL AND/OR CODE, AS APPROPRIATE.) (IF MORE THAN ONE DISABILITY IN B1a AND IF PARENT ASKS WHICH DISABILITY, PARENT SHOULD ANSWER FOR FIRST/EARLIEST DISABILITY.)

	UNDER 1 YEAR	0
_____	YEARS OF AGE	1
AGE OR		
_____	GRADE LEVEL	2
GRADE		
	DON'T KNOW	-1
	REFUSED	-2

NLTS, ECLS-K

1		
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B2b. About how old was [he/she] when [he/she] started getting special services from a professional for this difficulty? ENTER NUMBER FOR AGE OR GRADE LEVEL AND/OR CODE, AS APPROPRIATE. IF MORE THAN ONE DISABILITY IN B1a AND IF PARENT ASKS WHICH DISABILITY, PARENT SHOULD ANSWER FOR PRIMARY DISABILITY IN B1b.

	UNDER 1 YEAR	0
_____	YEARS OF AGE	1
AGE OR		
_____	GRADE LEVEL	2
GRADE		
	HAS NEVER RECEIVED SPECIAL SERVICES FROM A PROFESSIONAL	3
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B2a = 0 OR AGE IS 3 YEARS OR LESS OR DON'T KNOW, AND B2b NE 3 (NEVER RECEIVED SERVICES), ASK B2c, ELSE GO TO CHECKPOINT BEFORE B2d.

NEILS

1		
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B2c. Did [CHILD] receive early intervention services for children ages birth to 3 who have developmental delays or disabilities? Early intervention services means any special services or therapies designed to meet a child's special needs, when a child is younger than 3 years old.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B2a=0 OR AGE IS 5 YEARS OR LESS, ASK B2d, ELSE GO TO B2g.

NEILS

1		
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B2d. Did [he/she] attend a preschool program, such as a nursery school?

GO TO B2e	YES	1
GO TO B2g	NO	2
GO TO B2g	DON'T KNOW	-1
GO TO B2g	REFUSED	-2

NEILS

1		
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B2e. Was that a Head Start program?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NEILS

1		
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B2f. About how many of the other children in the preschool program had special needs or disabilities? Was it ... READ CATEGORIES. CODE ONE.

	All of them,	1
	Some of them, or	2
	None of them?	3
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

1		
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B2g. When did [CHILD] first begin receiving special education services in school? CODE ONE AND ENTER AGE OR GRADE IF APPROPRIATE. IF ASKED, OR IF RESPONDENTS ANSWERS "LESS THAN 5 YEARS OR PRE KINDERGARTEN," WE MEAN SINCE STARTING KINDERGARTEN. SCHOOL CAN MEAN ANY SETTING WHERE CHILD RECEIVES SCHOOLING OR INSTRUCTION IN SCHOOL SUBJECTS FROM A PROFESSIONAL.

GO TO CHECKPOINT BEFORE B4a	_____ OR _____	YEARS OF AGE	1
	GRADE	GRADE LEVEL	2
		NEVER RECEIVED SPECIAL EDUCATION SERVICES IN SCHOOL. PROBE: DID [CHILD] NEVER RECEIVE SERVICES IN SCHOOL OR IS IT THAT [CHILD] NEVER ATTENDED SCHOOL.	3
		NEVER BEEN IN SCHOOL. PROBE: SCHOOL CAN MEAN ANY SETTING WHERE [CHILD] RECEIVES SCHOOLING OR INSTRUCTION IN SCHOOL SUBJECTS FROM A PROFESSIONAL.	4
		DON'T KNOW	-1
		REFUSED	-2

CHECKPOINT: B3a WILL ONLY BE ASKED IN WAVES 2 AND 3, WAVE 1 GO TO CHECKPOINT BEFORE B4a.

2 3

B3a. When we spoke with [you/RESPONDENT NAME] last and asked about [CHILD's] physical, sensory, learning or other disabilities or problems [you/RESPONDENT NAME] told us that [CHILD] had a (IMPORT INFORMATION FROM YEAR 1 ITEM B1a). Is that still correct?

GO TO B3c	YES	1
GO TO CHECKPOINT BEFORE B3b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF ONLY ONE DISABILITY IMPORTED FROM PRIOR WAVE, GO TO B3c, ELSE GO TO B3b.

2 3

B3b. Which ones doesn't [he/she] have? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

HAS NO PROBLEM/DISABILITY/NOT GETTING SPECIAL SERVICES	00
LEARNING DISABILITY/LEARNING HANDICAP (LD)	01
EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED)	02
MENTAL RETARDATION (EMR, TMR, SMR, MR)	03
SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT	04
ATTENTION DEFICIT DISORDER (ADD)	05
HARD OF HEARING/HEARING IMPAIRMENT	06
DEAFNESS	07
PARTIAL SIGHT/VISUAL IMPAIRMENT	08
COMPLETE BLINDNESS	09
PHYSICAL OR ORTHOPEDIC IMPAIRMENT	10
TRAUMATIC BRAIN INJURY (TBI)	11
HEALTH IMPAIRMENT (SPECIFY DISEASE)	12
<hr/>	
DEAFNESS AND BLINDNESS	13
AMPUTATION OF A LIMB	14
APHASIA	15
ARTHRITIS	16
ASTHMA	17
AUTISM	18
CANCER/LYMPHOMA/SARCOMA	19
CEREBRAL PALSY (CP)	20
CYSTIC FIBROSIS (CF)	21
DEPRESSION	22
DEVELOPMENTAL DISABILITY OR DELAY (DD)	23
DIABETES	24
DOWN'S SYNDROME	25
DYSLEXIA (REVERSES LETTERS WHEN READING)	26

EDUCATIONAL HANDICAP (EH)	27
EMPHYSEMA	29
ENCEPHALITIS	30
EPILEPSY	31
HEART DISEASE	32
HEMOPHILIA	33
HYPERACTIVE	34
LEUKEMIA	35
MULTIPLE SCLEROSIS (MS)	36
MUSCULAR DYSTROPHY	37
NEUROLOGICAL IMPAIRMENT	38
NEUROSIS	39
PARAPLEGIA OR PARTIAL PARALYSIS	40
POLIO	41
PSYCHOSIS	42
QUADRIPLEGIA OR COMPLETE PARALYSIS	43
SCHIZOPHRENIA	44
SPINA BIFIDA	45
STROKE	46
TROUBLE WITH SCHOOL SUBJECT (E.G., MATH OR READING)	47
"JUST SLOW"	48
OTHER (SPECIFY) _____	97
DON'T KNOW	-1
REFUSED	-2

	2	3
--	---	---

B3c. Are there new or additional problems or disabilities that have been identified since we last spoke?

GO TO B3d	YES	1	
	NO	2	
	GO TO CHECKPOINT BEFORE B4a	DON'T KNOW	-1
		REFUSED	-2

	2	3
--	---	---

B3d. What are the additional learning problems or disabilities? **DO NOT READ CATEGORIES. (CODE ALL THAT APPLY IN COLUMN A AND/OR WRITE RESPONSE.)**

	2	3
--	---	---

B3e. Of all [CHILD's] problems or disabilities, which has been the main one? **(CODE ONE RESPONSE IN COLUMB B.) THEN GO TO CHECKPOINT BEFORE B4a.**

	A	B
HAS NO PROBLEM/DISABILITY/NOT GETTING SPECIAL SERVICES	00	00
LEARNING DISABILITY/LEARNING HANDICAP (LD)	01	01
EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED)	02	02
MENTAL RETARDATION (EMR, TMR, SMR, MR)	03	03
SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT	04	04
	A	B

ATTENTION DEFICIT DISORDER (ADD)	05	05
HARD OF HEARING/HEARING IMPAIRMENT	06	06
DEAFNESS	07	07
PARTIAL SIGHT/VISUAL IMPAIRMENT	08	08
COMPLETE BLINDNESS	09	09
PHYSICAL OR ORTHOPEDIC IMPAIRMENT	10	10
TRAUMATIC BRAIN INJURY (TBI)	11	11
HEALTH IMPAIRMENT (SPECIFY DISEASE)	12	12
<hr/>		
DEAFNESS AND BLINDNESS	13	13
AMPUTATION OF A LIMB	14	14
APHASIA	15	15
ARTHRITIS	16	16
ASTHMA	17	17
AUTISM	18	18
CANCER/LYMPHOMA/SARCOMA	19	19
CEREBRAL PALSY (CP)	20	20
CYSTIC FIBROSIS (CF)	21	21
DEPRESSION	22	22
DEVELOPMENTAL DISABILITY OR DELAY (DD)	23	23
DIABETES	24	24
DOWN'S SYNDROME	25	25
DYSLEXIA (REVERSES LETTERS WHEN READING)	26	26
EDUCATIONAL HANDICAP (EH)	27	27
EMPHYSEMA	29	29
ENCEPHALITIS	30	30
EPILEPSY	31	31
HEART DISEASE	32	32
HEMOPHILIA	33	33
HYPERACTIVE	34	34
LEUKEMIA	35	35
MULTIPLE SCLEROSIS (MS)	36	36
MUSCULAR DYSTROPHY	37	37
NEUROLOGICAL IMPAIRMENT	38	38
NEUROSIS	39	39
PARAPLEGIA OR PARTIAL PARALYSIS	40	40
POLIO	41	41
PSYCHOSIS	42	42
QUADRIPLEGIA OR COMPLETE PARALYSIS	43	43
SCHIZOPHRENIA	44	44
SPINA BIFIDA	45	45
STROKE	46	46
TROUBLE WITH SCHOOL SUBJECT (E.G., MATH OR READING)	47	47
"JUST SLOW"	48	48
OTHER (SPECIFY)	97	97
<hr/>		
DON'T KNOW	-1	-1
REFUSED	-2	-2

Now I want to ask about how well [CHILD] does some things. I'm going to start with hearing.

CHECKPOINT: IN WAVES 1, 2, AND 3: IF B1a=HEARING IMPAIRMENT (06), DEAFNESS (07), DEAFNESS/BLINDNESS (13), GO TO B4b, ELSE ASK B4a. IN WAVES 2 AND 3, IF B3d=06, 07, OR 13, GO TO B4b, ELSE ASK B4a.

NEILS

1	2	3
---	---	---

B4a. Compared with other children about the same age, would you say [CHILD]... READ CATEGORIES, CODE ONE. IF ASKED, THIS ASSESSMENT SHOULD BE MADE OF CHILD'S HEARING WITHOUT ANY HEARING DEVICES LIKE A HEARING AID.

GO TO B5a	Hears normally, or	1
GO TO CHECKPOINT BEFORE B4b	Has a hearing problem?	2
DON'T READ, GO TO B5a.	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IN WAVE 1, ASK B4b OF EVERYONE WITH HEARING PROBLEMS (B1a=HEARING IMPAIRMENT (06), DEAFNESS (07), DEAFNESS/BLINDNESS (13) OR B4a=2). IN WAVES 2 AND 3 ASK B4b (IF NEWLY IDENTIFIED HEARING PROBLEM - B3c=1 (YES) AND B3d = HEARING IMPAIRMENT (06) OR DEAFNESS (07) OR DEAFNESS/BLINDNESS (13)) OR (IF B4a=2 IN CURRENT WAVE, BUT EQUALED 1 (HEARS NORMALLY) IN PREVIOUS WAVE/S). ELSE GO TO B5a.

NEILS

1	2	3
---	---	---

B4b. Is [CHILD'S] hearing loss ... READ CATEGORIES. CODE ONE.

	Mild,	1	
	Moderate, or	2	
	Severe to profound?	3	
	DON'T READ	DON'T KNOW	-1
		REFUSED	-2

CHECKPOINT: IN WAVE 1, ASK OF ALL WHO HAVE BEEN CORRECTLY DIRECTED TO THIS QUESTION. IN WAVES 2 AND 3, ASK ONLY IF B4c=2 (NO) IN PREVIOUS WAVE/S. ELSE GO TO CHECKPOINT BEFORE B4f.

NEILS

1	2	3
---	---	---

B4c. Has a hearing aid or other kind of hearing device been prescribed for him/her?

	YES	1	
	NO	2	
	GO TO B4f	DON'T KNOW	-1
		REFUSED	-2

NEILS

1	2	3
---	---	---

B4d. How well does [CHILD] hear with the hearing device? Would you say [he/she]...
 READ CATEGORIES. CODE ONE.

	Hears normally,	1
	Has a little trouble hearing,	2
	Has a lot of trouble hearing, or	3
	Doesn't hear at all?	4
DON'T READ	DOESN'T HAVE ONE	5
	WON'T WEAR IT	6
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B2g=4 (NEVER IN SCHOOL), GO TO B4f, ELSE ASK B4e.

1	2	3
---	---	---

B4e. How frequently does [he/she] use his hearing device at school? Would you say....
 READ CATEGORIES. CODE ONE.

	Always,	1
	Frequently,	2
	Sometimes, or	3
	Never?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IN WAVE 1, ASK OF ALL WHO HAVE BEEN APPROPRIATELY DIRECTED TO THIS QUESTION. IN WAVES 2 AND 3, ASK ONLY IF B4f=2 (NO) IN PREVIOUS WAVE/S, ELSE GO TO B4g.

1	2	3
---	---	---

B4f. Does [CHILD] have a cochlear implant? IF ASKED, A COCHLEAR IMPLANT IS A SURGICALLY IMPLANTED ELECTRONIC DEVICE THAT CAN RESTORE PARTIAL HEARING TO PEOPLE WITH PROFOUND HEARING IMPAIRMENTS.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NEILS

1 2 3

B4g. Does [CHILD] use... READ CATEGORIES. CODE ONE RESPONSE FOR EACH.

		YES	NO	DON'T KNOW	REFUSED
a.	DO NOT READ IF A4b=21 (SIGN LANGUAGE) Sign language?	1	2	-1	-2
b.	Lip reading?	1	2	-1	-2
c.	Cued speech?	1	2	-1	-2
d.	Oral speech?	1	2	-1	-2
e.	A communication board or book?	1	2	-1	-2
f.	Anything else to help [him/her] communicate? SPECIFY	1	2	-1	-2

CHECKPOINT: IF B4gd=1 (YES), ASK B4h, ELSE GO TO CHECKPOINT BEFORE B4k.

NEILS

1 2 3

B4h. Compared with other children about the same age, how clearly does [CHILD] speak?
Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO B4i	Speaks as clearly as other children,	1
	Has a little trouble speaking	2
GO TO B4j	Has a lot of trouble speaking, or	3
	Doesn't speak at all?	4
DON'T READ, GO TO B4i	DON'T KNOW	-1
	REFUSED	-2

1 2 3

B4i. Compared with other children about the same age, how well does [he/she] carry on a conversation? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Converses just as well as other children,	1
	Has a little trouble carrying on a conversation,	2
	Has a lot of trouble carrying on a conversation, or	3
	Doesn't carry on a conversation at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

1 2 3

B4j. Compared with other children about the same age, how well does [he/she] understand what people say to [him/her] [IF A4a=1 (LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN), ADD: in [his/her] primary language]? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Understands just as well as other children,	1
	Has a little trouble understanding,	2
	Has a lot of trouble understanding, or	3
	Doesn't understand at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

CHECKPOINT: IF B4ga=1 (SIGN LANGUAGE) OR A4b=21, (SIGN LANGUAGE), ASK B4k. ELSE GO TO B5a.

NEILS

1 2 3

B4k. Is the sign language that [CHILD] is learning to use... READ CATEGORIES. CODE ONE.

American Sign Language,	1
Signed English, or	2
Some other sign language system? (SPECIFY)	3

DON'T KNOW	-1
REFUSED	-2

NEILS

1 2 3

B4l. Do any other members of [CHILD's] household use sign language to communicate with [him/her]?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B2g=4 (NEVER IN SCHOOL) GO TO B5a. IF B4ge = 1 (USES COMMUNICATION BOARD), ASK B4m, ELSE GO TO B5a.

1	2	3
---	---	---

B4m. How frequently does [he/she] use [his/HER] communication board or book at school?
Would you say.... READ CATEGORIES. CODE ONE.

	Always,	1
	Frequently,	2
	Sometimes, or	3
	Never?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS

1	2	3
---	---	---

B5a. Now I'm going to ask about [CHILD's] vision. Does [CHILD] wear glasses?

GO TO B5b	YES	1
	NO	2
GO TO B5c	DON'T KNOW	-1
	REFUSED	-2

NEILS

1	2	3
---	---	---

B5b. How well can [he/she] see with glasses? Would you say [he/she] ...
READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE B5d	Sees normally,	1
	Has a little trouble seeing, or	2
	Has a lot of trouble seeing?	3
DON'T READ; GO TO B5c	DOESN'T HAVE THEM	4
	WON'T WEAR THEM	5
DON'T READ; GO TO CHECKPOINT BEFORE B6a	DON'T KNOW	-1
	REFUSED	-2

NEILS

1	2	3
---	---	---

B5c. How well can [he/she] see? Would you say [he/she] ...
READ CATEGORIES. CODE ONE.

	Sees normally,	1
	Has a little trouble seeing,	2
	Has a lot of trouble seeing, or	3
	Doesn't see at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

CHECKPOINT: IF B1a=08 (PARTIALLY SIGHTED) OR 09 (BLINDNESS) OR 13 (DEAFNESS/BLINDNESS) OR B5b=3 OR B5c=3 (A LOT OF TROUBLE SEEING), ASK B5d. ELSE GO TO CHECKPOINT BEFORE B6a.

1 2 3

B5d. Does [CHILD] use... READ CATEGORIES. CODE ONE FOR EACH ITEM.

		YES	NO	DON'T KNOW	REFUSED
a.	Braille	1	2	-1	-2
b.	Portable Braille note taker or writer	1	2	-1	-2
c.	Large print type	1	2	-1	-2
d.	Optical devices (E.G., NEAR VISION MAGNIFICATION SYSTEM, TELESCOPIC DEVICE, BIOPTIC LENSES)	1	2	-1	-2
e.	Mobility devices (E.G., CANES, ELECTRONIC TRAVEL AIDS)	1	2	-1	-2
f.	Assistive technology, such as voice synthesizers or software to enlarge the size of the print on the computer screen.	1	2	-1	-2
g.	Any other devices to help him/her see or read? SPECIFY	1	2	-1	-2

CHECKPOINT: IF B5d-b (PORTABLE BRAILLE NOTE TAKER), B5d-d (OPTICAL DEVICES), B5d-e (MOBILITY DEVICES), OR B5d-f (ASSISTIVE TECHNOLOGY) = 1 (YES), GO TO B5e. ELSE GO TO CHECKPOINT BEFORE B6a.

1 2 3

B5d. How frequently does [he/she] use... READ ITEM (FOR EACH DEVICE RESPONDENT ANSWERED YES TO IN B5d) ... at school? Would you say always, frequently, sometimes, or never. CODE ONE ON EACH LINE.

		ALWAYS	FREQ- UENTLY	SOME- TIMES	NEVE R	DON'T KNOW	REF USED
a.	Portable Braille note taker or writer	1	2	3	4	-1	-2
b.	Optical devices	1	2	3	4	-1	-2
c.	Mobility devices	1	2	3	4	-1	-2
d.	Assistive technology	1	2	3	4	-1	-2

CHECKPOINT: IN WAVES 1, 2, AND 3, IF B1a=HEARING IMPAIRMENT (06), DEAFNESS (07), DEAFNESS/BLINDNESS (13), OR B4a=2 (HAS HEARING PROBLEM), GO TO B7a. IN WAVES 2 AND 3, IF B3d=06, 07, OR 13, OR B4a=2 (HAS HEARING PROBLEM), GO TO B7a. ELSE ASK B6a.

1 2 3

B6a. My next questions are about [CHILD's] ability to use language. Compared with other children about the same age, how clearly does [he/she] speak? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO B6d	Speaks just as clearly as other children,	1
	Has a little trouble speaking clearly,	2
GO TO B6b	Has a lot of trouble speaking clearly, or	3
	Doesn't speak at all?	4
DON'T READ; GO TO B6d	DON'T KNOW	-1
	REFUSED	-2

NEILS

1 2 3

B6b. How does [he/she] communicate with you? Does [he/she] use ... READ CATEGORIES. CODE ALL THAT APPLY.

GO TO B6e	Words?	1
	Sounds that are not words?	2
	Gestures, including pointing?	3
	Sign language?	4
GO TO B6c	A communication board or book?	5
GO TO B6e	A computer?	6
	Anything else? SPECIFY: _____	7
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B2g=4 (NEVER IN SCHOOL), GO TO B6d, ELSE ASK B4c.

NEILS

1 2 3

B6c. How frequently does [CHILD] use [his/her] communication board at school? Would you say....READ CATEGORIES. CODE ONE

GO TO B6e	Always,	1
	Frequently,	2
	Sometimes, or	3
	Never?	4
DON'T READ; GO TO B6e	DON'T KNOW	-1
	REFUSED	-2

1 2 3

B6d. Compared with other children about the same age, how well does [CHILD] carry on a conversation? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Converses just as well as other children,	1
	Has a little trouble carrying on a conversation,	2
	Has a lot of trouble carrying on a conversation, or	3
	Doesn't carry on a conversation at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

1 2 3

B6e. Compared with other children about the same age, how well does [he/she] understand what people say to [him/her] [IF A4a=1 (LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN), ADD: in [his/her] primary language]? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Understands just as well as other children,	1
	Has a little trouble understanding,	2
	Has a lot of trouble understanding, or	3
	Doesn't understand at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS

1 2 3

B7a. Next, I want to ask about [CHILD's] physical abilities. How well does [he/she] use [his/her] arms and hands for fine motor skills, like using a spoon? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM.

	Uses both arms and hands normally,	1
	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both arms or hands?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS

1 2 3

- B7b. How well does [he/she] use [his/her] arms and hands for gross motor skills, like throwing, lifting, or carrying? Would you say [he/she] ...
 READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM.

	Uses both arms and hands normally,	1
	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both of arms or hands?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS

1 2 3

- B7c. How well does [CHILD] use [his/her] legs and feet? Would you say [he/she] ...
 READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH LEG/FOOT, CODE THE LEG/FOOT THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN LEG.

GO TO B8a	Uses both legs and feet normally,	1
ASK B7d	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both legs and feet?	4
DON'T READ; ASK B7d	DON'T KNOW	-1
	REFUSED	-2

NEILS

1 2 3

- B7d. Does [he/she] use any equipment to help [him/her] get around, such as crutches, a walker, or a wheelchair? CODE ONE.

GO TO B7e	YES	1
GO TO B8a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1 2 3

B7e. What is the equipment [he/she] uses? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

CRUTCHES	1
WALKER	2
LEG BRACES	3
WHEELCHAIR	4
CANE	5
OTHER SPECIFY _____	6
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B2g=4 (NEVER IN SCHOOL), GO TO B8a, ELSE ASK B7f.

1 2 3

B7f. How frequently does [CHILD] use this equipment at school? Would you say.... READ CATEGORIES. CODE ONE.

	Always,	1
	Frequently,	2
	Sometimes, or	3
	Never?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NHIS

1 2 3

B8a. Now, I have some questions about [CHILD's] health. Compared with other children about the same age, would you say [his/her] general health is ... READ CATEGORIES. CODE ONE.

	Excellent,	1
	Very good,	2
	Good,	3
	Fair, or	4
	Poor?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B1c=2 (PARENT SAYS NO DISABILITY), GO TO B9a. ELSE ASK B8b.

NHIS

1	2	3
---	---	---

B8b. Is [he/she] now taking any prescription medicine for a condition or problem related to [his/her] disability?

GO TO CHECKPOINT BEFORE B8f	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

B8c. Is [he/she] taking Ritalin?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B2g=4 (NEVER IN SCHOOL), GO TO B8f, ELSE ASK B8d.

1	2	3
---	---	---

B8d. Does [he/she] take [his/her] medication while [he/she] is at school?

GO TO B8e	YES	1
GO TO B8f	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

B8e. Does someone at the school give [him/her] the medication?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B8a=1 OR 2 (EXCELLENT OR GOOD HEALTH), GO TO B9a. ELSE GO TO B8f.

1 | 2 | 3

B8f. Does [CHILD] use any kind of medical equipment or device, like an oxygen tank or a catheter? THIS DOES NOT INCLUDE MOBILITY DEVICES, LIKE A WHEELCHAIR, WALKER, CANE, ETC.

	YES	1
GO TO CHECKPOINT BEFORE B8i	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1 | 2 | 3

B8g. What is the equipment or device[s]? DO NOT READ CATEGORIES. CODE AND/OR WRITE ANSWER.

OXYGEN TANK	1
CATHETER	2
FEEDING TUBE	3
OTHER, SPECIFY _____	4
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B2g=4 (NEVER IN SCHOOL), GO TO CHECKPOINT BEFORE B8i. ELSE ASK B8h.

1 | 2 | 3

B8h. How frequently does [CHILD] use this equipment at school? Would you say ... READ CATEGORIES. CODE ONE.

	Always,	1
	Frequently,	2
	Sometimes, or	3
	Never?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF SAMPLE FILE DISABILITY IS MULTIPLE OR ORTHOPEDIC OR HEALTH IMPAIRMENT OR MENTAL RETARDATION OR IF PARENT IDENTIFIES THESE DISABILITIES (B1=10, OR 12 OR 03) AND B4c=2 (NO HEARING AID), AND B6b NE 05 OR 06 (NO COMMUNICATION BOARD OR COMPUTER), AND B7d=2 (NO MOBILITY DEVICE) AND B8f=2 (NO MEDICAL DEVICES), ASK B8i.
 IF B8b=1 (TAKES MEDICATION) AND B4c=2 (NO HEARING AID), AND B6b DOES NE 05 OR 06 (NO COMMUNICATION BOARD OR COMPUTER), AND B7d=2 (NO MOBILITY DEVICE) AND B8f=2 (NO MEDICAL DEVICES), ASK B8i. ELSE GO TO B9a.

1 2 3

B8i. Does [CHILD] use any equipment or devices because of [his/her] disability?

GO TO B8j	YES	1
	NO	2
GO TO B9a	DON'T KNOW	-1
	REFUSED	-2

1 2 3

B8j. What equipment or devices? DO NOT READ CATEGORIES. CODE ONE AND/OR WRITE ANSWER.

PROTECTIVE HELMET	1
COMPUTER	2
CALCULATOR	3
OTHER, SPECIFY _____	4
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B2g=4 (NEVER IN SCHOOL), GO TO B9a ELSE ASK B8k.

1 2 3

B8k. How frequently does [CHILD] use this equipment at school? Would you say....
READ CATEGORIES. CODE ONE.

	Always,	1
	Frequently,	2
	Sometimes,	3
	Never?	4
	DON'T READ	DON'T KNOW
	REFUSED	-2

CHECKPOINT: DO NOT ASK B9a-l (NURSING CARE). IF B4a=1 (HEARS NORMALLY) DO NOT ASK B9ab (AUDIOLOGY SERVICES).
IF DISABILITY FILE OR B1a DOES NOT HAVE ORTHOPEDIC IMPAIRMENT, OTHER HEALTH IMPAIRMENT, MULTIPLE IMPAIRMENTS OR BLINDNESS OR VISUAL IMPAIRMENT, AND B5b OR B5c=1 (SEES NORMALLY) AND B7a=1 AND B7b=1 (USES HANDS NORMALLY) AND B7c=1 (USES LEGS AND FEET NORMALLY), DO NOT ASK B9ag (ORIENTATION AND MOBILITY SERVICES).
IF DISABILITY ON SAMPLE FILE IS JUST LD OR SPEECH AND IF B8a=1 OR 2 OR 3 (HEALTH IS EXCELLENT, VERY GOOD, OR GOOD), DO NOT ASK B9a-o (RESPITE CARE). ELSE ASK ALL ITEMS IN B9a- a THROUGH q.

NHIS, NLTS

1	2	3
---	---	---

B9a. During past 12 months has [CHILD] received any of the following services?

READ EACH ITEM TO CODE RESPONSE IN COLUMN A, FOR EACH YES, ALSO READ B9b IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN B. IF RESPONDENT SAYS STUDENT IS NOT IN SCHOOL, OR IF B2g=4 (NEVER BEEN IN SCHOOL), CODE 999 AND DO NOT ASK B9b.

1	2	3
---	---	---

B9b. Was any of that from or through [his/her] school or district?

STUDENT IS NOT IN SCHOOL	999
--------------------------	-----

	Service	A. Received Service				B. From or through the school or district			
		Y	N	DK	R	Y	N	DK	R
a	Speech or language therapy	1	2	-1	-2	1	2	-1	-2
b	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2
c	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2
d	Physical therapy	1	2	-1	-2	1	2	-1	-2
e	Social work services	1	2	-1	-2	1	2	-1	-2
f	Occupational therapy or life skills therapy	1	2	-1	-2	1	2	-1	-2
g	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2
h	Medical services for diagnosis or evaluation	1	2	-1	-2	1	2	-1	-2
i	Personal assistant/or an in-the-home or in-the-classroom aide	1	2	-1	-2	1	2	-1	-2
j	Tutor	1	2	-1	-2	1	2	-1	-2
k	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2
l	Nursing care	1	2	-1	-2	1	2	-1	-2
m	Assistive technology services or devices, such as help selecting, getting, or using assistive technology. Assistive technology is any kind of equipment that helps people work around or compensate for their disability. This can range from low-tech items like calculators and tape recorders to high-tech items like voice-activated software and reading machines.	1	2	-1	-2	1	2	-1	-2
n	Transportation (DO NOT READ IF B1c=2 [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2
o	Respite care	1	2	-1	-2	1	2	-1	-2
p	Service coordination or case management	1	2	-1	-2	1	2	-1	-2
q	Other services (DO NOT READ IF Bic=2 [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2

C. HEALTH INSURANCE

NEILS, NSAF

1	2	3
---	---	---

C1. Is [CHILD] now covered by health insurance from an employer or union, or that your family buys directly?

GO TO CHECKPOINT BEFORE C4a	YES	1
GO TO C2	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF

1	2	3
---	---	---

C2. Is [he/she] covered by government-assisted health insurance, such as _____. (FILL IN STATE NAMES FOR MEDICAID AND OTHER LOW-INCOME INSURANCE PROGRAMS)?

GO TO CHECKPOINT BEFORE C4a	YES	1
GO TO C3	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF

1	2	3
---	---	---

C3. Is [he/she] covered by any other health insurance program?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF C1, C2, or C3=1 (YES), ASK C4a. ELSE, GO TO C5.

NEILS, NSAF

1	2	3
---	---	---

C4a. Is any of [CHILD's] coverage an HMO (Health Maintenance Organization)? IF ASKED, AT AN HMO YOU MUST GENERALLY RECEIVE CARE FROM HMO DOCTORS; OTHERWISE THE EXPENSE IS NOT COVERED UNLESS YOU WERE REFERRED BY THE HMO.

GO TO CHECKPOINT BEFORE C5	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF

1	2	3
---	---	---

C4b. Is any of [his/her] coverage managed care?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B1b= 01 (LD) OR 04 (SPEECH) AND B8a=1 OR 2 (EXCELLENT OR VERY GOOD HEALTH) GO TO C6a, OR IF B1c=2 (PARENT SAYS NO DISABILITY) GO TO CHECKPOINT BEFORE D1a. IF WAVE 2 AND RESPONSE TO C5 WAS 1 (YES) IN WAVE 1, GO TO C6a. IF WAVE 3 AND RESPONSE TO C5 WAS 1 (YES) IN WAVE 1 OR 2, GO TO C6a. OTHERWISE ASK C5.

NEILS

1	2	3
---	---	---

C5. Have you had to change insurance plans or buy extra insurance for [CHILD] because of [his/her] special needs?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NEILS

1	2	3
---	---	---

C6a. (WAVES 2 & 3: In the past 2 years have you) (WAVE 1: Have you ever) tried to get your insurance or health plan to pay for something for [CHILD] because of [his/her] disability, but they wouldn't pay? INSERT OPENING PHRASE IN SUBSEQUENT INTERVIEWS, LEAVE OUT OPENING PHRASE AND INSERT "EVER" IN YEAR 1 INTERVIEW.

	YES	1
GO TO CHECKPOINT BEFORE D1a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

C6b. What wouldn't your insurance pay for? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

	DIAGNOSTIC PROCEDURES OR TESTS OR EVALUATIONS	1
	MEDICATION	2
	MENTAL HEALTH SERVICES	3
	SPECIALISTS	4
	SPECIAL EQUIPMENT/DEVICES	5
	SURGERY	6
	EDUCATION/EDUCATIONAL THERAPY	7
	OTHER THERAPY SERVICES, E.G., OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY	8
	ALTERNATIVE THERAPIES; E.G., ACUPUNCTURE, MASSAGE THERAPY, BIOFEEDBACK	9
	OTHER, SPECIFY: _____	10
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

D. SCHOOL EXPERIENCES

CHECKPOINT: IF B9c=1 (NOT IN SCHOOL) GO TO D1b. IF B2g=4 (NEVER BEEN IN SCHOOL) GO TO D1b. ELSE GO TO D1a.

My next questions are about [CHILD'S] school experiences in this (ADD IF INTERVIEWING AFTER JUNE 1: past) school year, the 1999-2000 school year.
(FOR SUBSEQUENT WAVES, NAME APPROPRIATE YEAR – 2001-2 and 2003-4.)

1 2 3

D1a. Is [CHILD] currently enrolled in school, [ADD IF INTERVIEWING AFTER MAY 1ST OR IF THIS IS SUMMER VACATION, was [CHILD] enrolled in school this past school year?] IF RESPONDENT SAYS [CHILD] IS HOME SCHOOLED, RECEIVES HOMEBOUND INSTRUCTION, OR RECEIVES INSTRUCTION IN AN INSTITUTIONAL SETTING, E.G., HOSPITAL, THIS SHOULD BE CODED AS A YES.

GO TO CHECKPOINT 1 BEFORE D6	YES	1
GO TO D1c	NO	2
GO TO D5a	DON'T KNOW	-1
	REFUSED	-2

1 2 3

D1b. You told me earlier that [CHILD] is not currently enrolled in school; is that correct?

GO TO D1c	YES, CHILD IS NOT ENROLLED IN SCHOOL	1
GO BACK TO D1a	NO CHILD IS ENROLLED IN SCHOOL	2
GO TO D5a	DON'T KNOW	-1
	REFUSED	-2

1 2 3

D1c. [WAVE 1: Has [he/she] ever been enrolled in school?]
[WAVES 2 & 3: Has [he/she] been enrolled in school in the last 2 years?] BY SCHOOL WE MEAN ANY SETING WHERE [CHILD] RECEIVES SCHOOLING OR INSTRUCTION IN SCHOOL SUBJECTS, SINCE [CHILD] WAS KINDERGARTEN AGE (USUALLY 5).

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: WAVE 1 IF D1c=2, GO TO D5a. ELSE ASK D2a. WAVES 2 & 3 IF D2a=5 (DROPPED OUT) IN PREVIOUS INTERVIEWS AND D1c=2 (NOT ENROLLED IN SCHOOL IN PAST 2 YEARS) IN CURRENT INTERVIEW, GO TO D5a. ELSE GO TO D2a.

NHES96 (home schooled)

1	2	3
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D2a. Why is [CHILD] not enrolled in school now? DO NOT READ CATEGORIES. CODE ALL THAT APPLY. PROBE: IF SAYS HOME SCHOOLED, ASK IF INSTRUCTION IS PROVIDED BY A PROFESSIONAL.

GO TO D2c	IS BEING HOME SCHOOLED BY PARENT	1
GO TO D2b	TOO SICK TO GO TO SCHOOL.	2
	IN THE HOSPITAL/SCHOOLED IN THE HOSPITAL/IN INSTITUTION	3
GO TO D2c	IS RECEIVING HOME-BOUND INSTRUCTION/SCHOOLING FROM A PROFESSIONAL	4
GO TO D3	DROPPED OUT/QUIT/JUST STOPPED GOING	5
GO TO D4a	EXPELLED	6
GO TO D2b	INCARCERATED	7
IF OTHER RESPONSE INDICATES [CHILD] IS IN A PLACE GO TO D2b, ELSE GO TO D4a	OTHER SPECIFY: _____	8
	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

D2b. Does [he/she] get any schooling or instruction in school subjects from a professional?

GO TO D4a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

D2c. IF D2a=1: How long has [CHILD] been home schooled? IF D2a=4: How long has [CHILD] received home bound instruction? IF D2a=3 OR 7: How long has [he/she] received schooling or instruction there? ENTER NUMBER AND/OR CIRCLE CODE.

GO TO CHECKPOINT BEFORE D6.	NUMBER OF _____	DAYS	1
		MONTHS	2
		YEARS	3
		DON'T KNOW	-1
		REFUSED	-2

NLTS

1	2	3
---	---	---

D3. Why did [he/she] stop going to school? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

POOR GRADES/NOT DOING WELL	1
DIDN'T LIKE SCHOOL	2
FRIENDS WERE DROPPING OUT	3
ILLNESS/DISABILITY-RELATED REASONS	4
DIDN'T GET INTO DESIRED PROGRAM	5
DIDN'T GET ALONG WITH TEACHERS	6
DIDN'T GET ALONG WITH STUDENTS	7
SCHOOL TOO DANGEROUS	8
WANTED/NEEDED TO FIND A JOB	9
OFFERED A JOB/CHOSE TO WORK	10
MOVED	11
GOT MARRIED	12
GOT PREGNANT OR HAD A [CHILD]	13
COULDN'T GET [CHILD]CARE	14
INCARCERATED	15
TROUBLE GETTING OR USING TRANSPORTATION	16
OTHER (SPECIFY) _____	17
DON'T KNOW	-1
REFUSED	-2

1	2	3
---	---	---

D4a. Was [CHILD] enrolled in school at any time during this past school year?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

1	2	3
---	---	---

D4b. When did [he/she] last attend school? BY SCHOOL WE MEAN ANY SETTING [CHILD] RECEIVED SCHOOLING OR INSTRUCTION IN SCHOOL SUBJECTS. RESPONSE MAY BE THE MONTH AND YEAR [CHILD] LEFT SCHOOL OR HOW LONG AGO S/HE LEFT SCHOOL. NOTE: IF PARENT SAYS [CHILD] IS STILL IN SCHOOL, E.G., HOSPITAL SCHOOL, WILL NEED TO GO BACK AND CHANGE D2b RESPONSE TO YES (1).

NUMBER OF	DAYS AGO	1
	WEEKS AGO	2
	MONTHS AGO	3
	YEARS AGO	4
	NEVER IN SCHOOL	5

OR

_____ MONTH	6
AND	
_____ YEAR	

DON'T KNOW	-1
REFUSED	-2

1 2 3

D5a. Do you expect that [CHILD] will be enrolled in school in the next school year, that is, [WAVE 1: the 2000-2001] [WAVE 2: the 2002-2003] [WAVE 3: the 2004-2005] school year?

GO TO D5b	Yes	1
GO TO 1st CHECKPOINT BEFORE D6	No	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF WAVE 1 OR 2 ASK D5b. IF WAVE 3 GO TO CHECKPOINTS BEFORE D6.

1 2

D5b. What is the full name of the school you think [CHILD] will be attending next year?
PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: _____

OR [CHILD] WILL BE SCHOOLED AT HOME/HOME/BOUND INSTRUCTION 1
GO TO CHECKPOINT BEFORE D6.

1 2

D5c. Where is that located?

LOCATION: _____

— STREET ADDRESS CITY/STATE

CHECKPOINT 1: IF D1a=1 (CURRENTLY ENROLLED) GO TO CHECKPOINT 2.
IF D2A=1 OR 4 OR D8a=10 OR 11 (HOME SCHOOLED OR HOMEBOUND INSTRUCTION) GO TO CHECKPOINT 2.
IF D2b=1 (GETS SCHOOLING IN HOSPITAL OR INSTITUTION) GO TO CHECKPOINT 2.
IF D2b NE 1 (DOES NOT GET SCHOOLING IN HOSPITAL) **AND** D4a=1 (ENROLLED AT SOME TIME THIS YEAR, BUT NOT CURRENTLY) GO TO D7a.
IF D4a=1 (ENROLLED AT SOME TIME THIS YEAR, BUT NOT CURRENTLY) GO TO D7a.
IF D1a=2 OR D1b=1 (NOT ENROLLED NOW) **AND** D1c=1 (YES ENROLLED EARLIER) **AND** D4a=2 (NOT ENROLLED THIS PAST YEAR), GO TO E6a (FAMILY ATTENDED TRAININGS).
IF D1c NE 1 OR D4b=5 (NEVER ATTENDED SCHOOL) GO TO E6a (THEN SECTION G).
IF D2b NE 1 (DOES NOT GET SCHOOLING IN HOSPITAL/FACILITY) **AND** D4a NE 1 (NOT ENROLLED PAST SCHOOL YEAR) **AND** D4b NE 5 (IN SCHOOL EARLIER YEARS) GO TO E6a.
IF D2b NE 1 (DOES NOT GET SCHOOLING IN HOSPITAL) **AND** D4A NE 1 (NOT ENROLLED PAST YEAR) **AND** D4b=5 (NEVER IN SCHOOL) GO TO E6a. ELSE GO TO CHECKPOINT 2 BEFORE D6.

CHECKPOINT 2: IF INTERVIEW IS BEING CONDUCTED ON OR AFTER MAY 1ST, ASK D6, OTHERWISE ASK D7a.

1	2	3
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D6. IF D2A=1 OR 4 (HOMEBOUND) OR D2b = 1 (GETS SCHOOLING AT HOSPITAL OR INSTITUTION) ASK: Is [CHILD] currently receiving instruction or is there a break for the summer? ELSE ASK: Is [CHILD's] school closed for summer vacation or is [he/she] still going to school?

CLOSED FOR BREAK/VACATION	1
CURRENTLY IN SCHOOL/RECEIVING INSTRUCTION	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF D2a=1 (HOME SCHOOLED) GO TO D9b. ELSE ASK D7a.

1	2	3
---	---	---

D7a. IF D2b=1 (GETS SCHOOLING IN INSTITUTION) ASK: What is the full name of the place [CHILD] received schooling this [IF D6=1OR D4a=1 ADD: past] year? [IF D2a=4 (HOMEBOUND INSTRUCTION) ASK: What is the full name of the teacher and school or district providing the home bound instruction. ELSE ASK: What is the full name of the school [CHILD] has been enrolled in this year?] [IF D6=1 OR D4a=1 ASK: What is the full name of the school [CHILD] was enrolled in this past year?]
 IF [CHILD] HAS BEEN ENROLLED IN MORE THAN ONE SCHOOL THIS SCHOOL YEAR, WE WANT MOST RECENT OR CURRENT ENROLLMENT. PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: _____
 OR
 CHILD IS SCHOOLED AT HOME BY PARENT 1 (GO TO D9a)

1	2	3
---	---	---

D7b. Where is that located? (IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE; DO NOT PROBE FOR FULL STREET ADDRESS.)

LOCATION: _____

 STREET ADDRESS

 CITY/STATE

1	2	3
---	---	---

D8a. Which of the following best describes the school [CHILD] [IF D6=1 OR D4a=1 ADD: attended this past year; ELSE: attends]? READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE D8b	A regular school that serves a wide variety of students,	1
GO TO CHECKPOINT BEFORE D8b	A school that serves only students with disabilities,	2
	A school that specializes in a particular subject area or theme, sometimes called a magnet school,	3
	DO NOT READ IN WAVE 1, IN WAVES 2 & 3 ONLY READ IF CHILD IS 14 YEARS OR OLDER: A voc-tech school (vocational/technical),	4
	A charter school,	5
	An alternative school, or	6
	Another kind of school? SPECIFY: _____	7
DO NOT READ GO TO D9a	JUVENILE JUSTICE FACILITY/ CORRECTIONAL FACILITY	8
	HOSPITAL SCHOOL, MEDICAL FACILITY/CONVALESCENT HOSPITAL OR INSTITUTION FOR PERSONS WITH DISABILITIES	9
	HOME SCHOOLED BY PARENT	10
	HOMEBOUND SCHOOLING/INSTRUCTION BY PROFESSIONAL	11
	MENTAL HEALTH FACILITY	12
DO NOT READ GO TO D8b	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF [CHILD] RECEIVES HOME BOUND SCHOOLING OR HOME SCHOOLING (D2A=1 OR 4) GO TO D9a. ELSE ASK D8b.

1	2	3
---	---	---

D8b. Is that a public or private school?

PUBLIC	1
PRIVATE	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF A5c=5, 7, 8, OR 9 (RESIDENTIAL SCHOOL OR FACILITY) GO TO D9a. ELSE GO TO D8c.

SSS

1	2	3
---	---	---

D8c. Is this school located in the neighborhood where you live?

GO TO D9a	YES	1
	NO	2
GO TO D8d	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

D8d. [IF D4a=1 ASK: Did; ELSE ASK: Does] [CHILD] live at the school? IF ASKED, WE MEAN AT LEAST DURING THE WEEKDAYS.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

1	2	3
---	---	---

D9a. IF D2a=1 OR 4 OR D7a=1 OR D8a=10 OR 11 (HOME SCHOOLING) ASK: [D6=1 Was; ELSE Is] this the first year he/she has been home schooled? IF D6=1 OR D4a=1 ASK: Was this the first school year he/she attended this school? ELSE ASK: Is this the first school year [CHILD] has attended this school?

GO TO D9b	YES	1
	NO	2
GO TO D11a	DON'T KNOW	-1
	REFUSED	-2

1 2 3

D9b. IF D2A=1 OR 4 OR D7a=1 OR D8a=10 OR 11 (HOME SCHOOLING) ASK: Why did [CHILD] begin being home schooled? ELSE ASK: Why did [CHILD] go to a new school this (If D6=1 OR D4a=1 past) year? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

GO TO CHECKPOINT BEFORE D10a	CHANGING GRADE LEVELS REQUIRED THAT S/HE CHANGE SCHOOLS, E.G. FROM ELEMENTARY TO MIDDLE SCHOOL.	1
GO TO D11a	THE FAMILY MOVED	2
	CHILD CHANGED HOUSEHOLDS OR LIVING ARRANGEMENTS	3
	FAMILY CHOSE A DIFFERENT SCHOOL FOR [CHILD] THAT THEY THOUGHT WOULD BE BETTER FOR HIM/HER	4
	SCHOOL SYSTEM ASSIGNED [CHILD] TO A DIFFERENT SCHOOL BECAUSE OF BETTER PROGRAM AT THE NEW SCHOOL	5
	HOSPITALIZED	6
	INCARCERATED	7
	OTHER, SPECIFY: _____	8
	DON'T KNOW	-1
REFUSED	-2	

NOTE: TRANSITION ITEMS WILL BE ASKED ONLY IF TRANSITION WAS IN LAST YEAR - IF D9a=1 (YES) AND D9b=1. ELSE GO TO D11a.

1 2 3

D10a. Before school started, did the school do anything to help [CHILD] prepare for this move, like taking [him/her] to visit the new school? NOTE IF ASKED, THIS CAN BE ANYTHING DONE BY THE SENDING OR RECEIVING SCHOOL.

GO TO D10b	YES	1
GO TO D10c	NO	2
GO TO D10d	DON'T KNOW	-1
	REFUSED	-2

1 2 3

D10b. Do you think that what the school did to get [him/her] ready for the move was ... READ CATEGORIES. CIRCLE ONE.

GO TO D10d	More than [he/she] needed	1
	Less than [he/she] needed	2
	About right?	3
	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

D10c. Do you think the move would have been easier for [him/her] if the school had done something to help [him/her] prepare?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

1	2	3
---	---	---

D10d. Before school started, did you or another family member do anything on your own about this school change, such as going to talk with teachers, or taking [CHILD] to visit the classroom?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

1	2	3
---	---	---

D10e. How do you think the transition to this new school [D4a = 1 ASK went; ELSE has gone] for [him/her]? Overall, would you say it's been ... READ CATEGORIES. CODE ONE.

Very easy,	1
Somewhat easy,	2
Somewhat hard, or	3
Very hard?	4
DON'T KNOW	-1
REFUSED	-2

NSAF, NELS88

1	2	3
---	---	---

D11a. How many times has [CHILD] changed schools [WAVE 1: since [he/she] entered elementary school?] [WAVE 2: since the 1999-2000 school year?] [WAVE 3: since the 2001-2002 school year?] RECORD EITHER NUMBER OF CHANGES OR NUMBER OF SCHOOLS ATTENDED AND CODE, OR CODE. WE MEAN SINCE KINDERGARTEN. IF ASKED, THAT WOULD INCLUDE MOVING FROM SCHOOL TO HOME-SCHOOL/ HOMEBOUND INSTRUCTION OR MOVING FROM HOME-SCHOOL/HOMEBOUND INSTRUCTION TO SCHOOL, OR CHANGE IN INSTITUTIONAL SCHOOLING SETTING, E.G., FROM NEIGHBORHOOD SCHOOL TO HOSPITAL SCHOOL.

NUMBER OF	CHANGES	1
	SCHOOLS ATTENDED	2
	DON'T KNOW	-1
	REFUSED	-2

1	2	3
---	---	---

D11b. [IF D11a = 1 ASK: Was that a change because] [IF D11a NE 1 ASK: How many of those changes were because] of a promotion to the next grade, for example, from elementary to middle school? RECORD NUMBER AND/OR CODE.

NUMBER OF CHANGES	1
	-1
	-2

CHECKPOINT: IF B1c1=2 (PARENT SAYS NO DISABILITY EVER) GO TO D13a. IF D8a NE 2 IN ALL WAVES TO DATE (NOT A SPECIAL SCHOOL) AND D11a>0 GO TO D12a. IF D8a=2 (SPECIAL SCHOOL) GO TO D12b. ELSE ASK D13a.

1	2	3
---	---	---

D12a. [WAVE 1: Since s/he entered kindergarten] [WAVES 2 & 3: In the past 2 years], has [CHILD] ever attended a special school that serves only students with disabilities or special needs?

GO TO D12b	YES	1
	NO	2
GO TO D13a	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D8a=2 (SPECIAL SCHOOL) OR D12a=1 ASK D12b. ELSE GO TO D13a.

1 2 3

D12b. How old was [CHILD] when [he/she] first attended the special school? RECORD NUMBER FOR AGE OR CIRCLE CODE. IF PROVIDES GRADE, PROBE FOR AGE.

_____	1
Age	
DON'T KNOW	-1
REFUSED	-2

1 2 3

D12c. How many years did he/she attend a special school? RECORD NUMBER AND/OR CODE.

_____	MONTHS	1
	YEARS	2
NUMBER OF	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D4a=1 (ENROLLED PART OF YEAR) GO TO CHECKPOINT BEFORE D14a. ELSE ASK D13a.

1 2 3

D13a. Our records show that [CHILD] received special education services at the beginning of the 1999-2000 school year. [WAVE 1 or WAVES 2 & 3, IF D6=1 ASK: Did he/she receive special education services at the end of the past school year?] [IF WAVES 2 & 3 AND D6 NE 1, ASK: Is [he/she] receiving special education services now?]

GO TO D14a	YES	1
	NO	2
GO TO CHECKPOINT 1 BEFORE D13b.	Never was in Special Ed.	3
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT 1: IF B13a=3a (NEVER WAS IN SPECIAL ED) AND/OR B1c=2 (PARENT SAYS NO DISABILITY) GO TO D15, ELSE GO TO CHECKPOINT 2.

CHECKPOINT 2: IN WAVE 1, IF D13a=2 (NO) ASK D13b. ELSE GO TO D14a. IN WAVE 2, IF D13a=2 AND D13a WAS 1 (YES) IN WAVE 1, ASK D13b. ELSE GO TO D14a. IN WAVE 3, IF D13a=2 (NO) AND D13a WAS YES IN WAVE 2, ASK D13b. ELSE GO TO D14a.

1 2 3

D13b. Why is [he/she] no longer receiving special education services? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

NO LONGER NEEDS SPECIAL EDUCATION/SPECIAL SERVICES	1
MET IEP GOALS	2
CHILD WAS DECLASSIFIED, SCHOOL SAYS NO LONGER NEEDS SERVICES	3
NO LONGER ELIGIBLE, DOESN'T QUALIFY	4
SCHOOL DOESN'T HAVE THE PROGRAMS [CHILD] NEEDS	5
PARENT DOESN'T WANT [CHILD] IN SPECIAL EDUCATION	6
CHILD DID NOT WANT TO BE IN SPECIAL EDUCATION	7
CHILD CHANGED SCHOOLS, DID NOT REQUEST SPECIAL SERVICES, [CHILD] NOT IDENTIFIED AS NEEDING SPECIAL SERVICES	8
STUDENT NOW HAS A 504 PLAN	9
DOESN'T THINK STUDENT EVER WAS IN SPECIAL EDUCATION	10
CHILD HOME SCHOOLED BY PARENT	11
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF SCHOOL IS IN SESSION (D6=2) ASK D13c; IF INTERVIEWING DURING THE SUMMER (D6 NE 2) ASK D13d.

1 2 3

D13c. Did [he/she] stop receiving special education services this school year, or was it last school year? CODE ONE RESPONSE.

GO TO CHECKPOINT BEFORE D13e	THIS YEAR	1
	LAST YEAR	2
	EARLIER THAN LAST YEAR	3
	DON'T KNOW	-1
	REFUSED	-2

1 2 3

D13d. Did [he/she] stop receiving special education services this past school year, or was it the year before that?

GO TO CHECKPOINT BEFORE D13e	THIS PAST SCHOOL YEAR	1
	THE YEAR BEFORE THAT	2
	EARLIER THAN THE YEAR BEFORE THAT	3
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D13b = 8 (STUDENT HAS 504 PLAN) GO TO CHECKPOINT BEFORE D14a, OTHERWISE ASK D13e.

1 | 2 | 3

D13e. Does [CHILD] now have a 504 plan for accommodations because of [his/her] special needs?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF D2A= 1 OR 4 OR D7a=1 OR D8a=10 OR 11 (HOME SCHOOLED) GO TO D14b. IF D8a=2 (SPECIAL SCHOOL FOR STUDENTS WITH DISABILITIES) GO TO D14b. IF NONE OF EARLIER SKIPS IN THIS CHECKPOINT AND IF D13a=1 (IN SPECIAL EDUCATION NOW) ASK D14a. ELSE GO TO CHECKPOINT BEFORE D14c.

1 | 2 | 3

D14a. During this current school year is [IF D6=1 OR D4a=1 ASK: During this past school year, was] any part of [CHILD's] school day spent in general education classes mostly with children who don't have disabilities or special needs?

GO TO D14c	YES	1
	NO	2
GO TO D14b	DON'T KNOW	-1
	REFUSED	-2

1 | 2 | 3

D14b. [WAVE 1 ASK: Was there any time since [CHILD] entered school that [he/she] spent part of [his/her] school day in general education classes mostly with students who don't have disabilities?] [WAVES 2 & 3 ASK: In the past 2 years, was there any time that [CHILD] spent part of [his/her] school day in general education classes mostly with students who don't have disabilities?]

IF D2A= 1 OR 4 OR D7a=1 OR D8a=10 OR 11 (HOME SCHOOLED) GO TO CHECKPOINT BEFORE D14c. ELSE GO TO D15a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: WAVE 1: ASK D14c. WAVES 2 & 3: IF D13a=1 (IN SPECIAL EDUCATION NOW) ASK D14c. IF D13a NE 1 IN CURRENT WAVE, BUT D13a=1 IN PRIOR WAVE, ASK D14c. IF D13a NE 1 IN CURRENT AND PRIOR WAVE, GO TO D15a.

1 2 3

D14c. [WAVE 1 ASK: Was there any time since [CHILD] entered school that [he/she] spent all of [his/her] time in classes with students that have disabilities?] [WAVES 2&3 ASK: In the past 2 years was there any time that [CHILD] spent all of [his/her] time in classes with students that have disabilities?]

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

1 2 3

D15a. What grade is [CHILD] in this year? [IF D6=1 OR D4a=1 ASK: What grade was [CHILD] in this past year?] DO NOT READ CATEGORIES, CODE ONE. PROBE FOR UNGRADED, IF PARENT UNSURE.

GO TO D15b	UNGRADED CLASS	0
GO TO D16a	FIRST GRADE	1
	SECOND GRADE	2
	THIRD GRADE	3
	FOURTH GRADE	4
	FIFTH GRADE	5
	SIXTH GRADE	6
	SEVENTH GRADE	7
	EIGHTH GRADE	8
	NINTH GRADE	9
	TENTH GRADE	10
	ELEVENTH GRADE	11
	TWELFTH GRADE	12
	MULTI-GRADE, SPECIFY: _____	9
	DON'T KNOW	-1
REFUSED	-2	

1 2 3

D15b. Has [he/she] always been in an ungraded class?

GO TO D18a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NELS:88

1	2	3
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D16a. [WAVE 1: Has [he/she] ever skipped a grade in school?]
 [WAVES 2 & 3: Has [he/she] skipped a grade in the past 2 years?]

GO TO D16b	YES	1
	NO	2
GO TO D17a	DON'T KNOW	-1
	REFUSED	-2

NELS:88

1	2	3
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D16b. What grade did [he/she] skip? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

KINDERGARTEN	1
FIRST GRADE	2
SECOND GRADE	3
THIRD GRADE	4
FOURTH GRADE	5
FIFTH GRADE	6
SIXTH GRADE	7
SEVENTH GRADE	8
EIGHTH GRADE	9
NINTH GRADE	10
TENTH GRADE	11
ELEVENTH GRADE	12
TWELFTH GRADE	13
DON'T KNOW	-1
REFUSED	-2

NELS:88

1	2	3
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D17a. [WAVE 1: Since [he/she] entered kindergarten has he/she ever been held back a grade in school?]
 [WAVES 2 & 3: Has [he/she] been held back a grade in the past 2 years?]

ASK D17b	YES	1
	NO	2
GO TO D18a	DON'T KNOW	-1
	REFUSED	-2

NELS:88

1	2	3
---	---	---

D17b. What grade was [he/she] held back? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

PRE-KINDERGARTEN	1
KINDERGARTEN	2
FIRST GRADE	3
SECOND GRADE	4
THIRD GRADE	5
FOURTH GRADE	6
FIFTH GRADE	7
SIXTH GRADE	8
SEVENTH GRADE	9
EIGHTH GRADE	10
NINTH GRADE	11
TENTH GRADE	12
ELEVENTH GRADE	13
TWELFTH GRADE	14
DON'T KNOW	-1
REFUSED	-2

SSS, NHES96

1	2	3
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D18a. [WAVE 1 ASK: Has [he/she] ever been suspended or expelled from school?] [WAVES 2 & 3 ASK: Has [he/she] been suspended or expelled from school in the past 2 school years?] IF ASKED, WOULD INCLUDE IN-SCHOOL SUSPENSION.

ASK D18b	YES	1
	NO	2
GO TO D19a	DON'T KNOW	-1
	REFUSED	-2

NSAF, NHES96

1	2	3
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D18b. Was that suspended or expelled or both? DO NOT READ CATEGORIES. CODE ONE.

GO TO D18c	SUSPENDED	1
GO TO D18d	EXPELLED	2
GO TO D18c	BOTH	3
GO TO D19a	DON'T KNOW	-1
	REFUSED	-2

NSAF, NHES96

1	2	3
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D18c. Did [he/she] get suspended during this [D6=1 OR D4a=1 ADD: past] school year?

IF D18b=3 (BOTH SUSPENDED AND EXPELLED), GO TO D18d, ELSE GO TO D19a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NHES96

1	2	3
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D18d. Did [he/she] get expelled during this [D6=1 OR D4a=1 ADD: past] school year?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

1	2	3
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D19a. Now I would like to ask you about [CHILD's] grades during this [D6=1 OR D4a=1 ADD: past] school year. Does [he/she] get grades?

ASK D19b	YES	1
GO TO D19c	NO	2
	FOR SOME SUBJECTS	3
	DON'T KNOW	-1
	REFUSED	-2

NHES96 (response change)

1	2	3
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D19b. Overall, across all subjects, [D6=1 or D4A=1 did] (does) [he/she] get mostly... READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE D20	A's,	1
	A's and B's,	2
	B's,	3
	B's and C's,	4
	C's,	5
	C's and D's,	6
	D's,	7
	D's and F's,	8
	F's, or	9
GO TO D19c	[CHILD's] school does not give these grades?	10
DON'T READ, GO TO D19c	DON'T KNOW	-1
DON'T READ, GO TO D20	REFUSED	-2

NHES96

1 2 3

D19c. Overall would you describe [his/her] work at school as... READ CATEGORIES. CODE ONE.

	Excellent	1
	Above average,	2
	Average,	3
	Below average, or	4
	Failing?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D2a= 1 OR D7a=1 OR D8a=10 (HOME SCHOOLED BY PARENT) GO TO E2a. IF D2a=4 OR D8a=11 (HOMEBOUND INSTRUCTION BY PROFESSIONAL) GO TO CHECKPOINT BEFORE E1. ELSE GO TO D20.

1 2 3

D20. How well would you say [CHILD] has gotten along with other children at school [D6=2: this school year] [D6=1OR D4a=1: this past school year]? Would you say...? READ CATEGORIES. CODE ONE.

	Very well	1
	Pretty well	2
	Not very well, or	3
	Not at all well?	4
DON'T READ	MIXED, SOME WELL, SOME NOT	5
	DOES NOT INTERACT WITH OTHER CHILDREN	6
	DON'T KNOW	-1
	REFUSED	-2

1 2 3

D21. How well would you say [he/she] has gotten along with teachers [D6=2: this school year] [D6=1 OR D4a=1: this past school year]? Would you say...? READ CATEGORIES. CODE ONE.

	Very well,	1
	Pretty well,	2
	Not very well, or	3
	Not at all well?	4
DON'T READ	MIXED, SOME WELL, SOME NOT	5
	DOES NOT INTERACT WITH TEACHERS	6
	DON'T KNOW	-1
	REFUSED	-2

NHES 96, all; NELS, a and b.; SSS a-e

1 2 3

D22. Think about [CHILD'S] experiences at [his/her] school [D6=2: since the beginning of this school year] [D6=1 OR D4a=1: this past school year]. Would you say you strongly agree, agree, disagree, or strongly disagree with each of the following statements? READ STATEMENTS. CODE ONE RESPONSE FOR EACH.

		Strongly Agree	Agree	Dis-agree	Strongly Dis-agree	DK	Ref
a.	CHILD is challenged at school.	1	2	3	4	-1	-2
b.	He/she enjoys school.	1	2	3	4	-1	-2
c.	[His/her] teachers maintain good discipline in the classroom.	1	2	3	4	-1	-2
d.	In [his/her] school, most students and teachers respect each other.	1	2	3	4	-1	-2
e.	The principal and assistant principal maintain good discipline at [his/her] school.	1	2	3	4	-1	-2
f.	The school is good at meeting [his/her] individual needs.	1	2	3	4	-1	-2

SSS

1 2 3

D23. Has [CHILD] had any of the following things happen to him/her during [D6=2: this school year] [D6=1 OR D4a=1: this past school year]? READ EACH. CODE ONE RESPONSE FOR EACH ITEM.

		Yes	No	NA	DK	Ref
a.	Has [he/she] had things stolen from [his/her] locker, desk, or other places at school?	1	2	3	-1	-2
b.	Has [he/she] been bullied or picked on by other students or made to do things like give them money, either at school or on the way to or from school?	1	2	3	-1	-2
c.	Has [he/she] been physically attacked or involved in fights at school or on the way to or from school?	1	2	3	-1	-2
d.	Has [he/she]] been teased or called names at school?	1	2	3	-1	-2

SSS, a-b; NELS c-d

1	2	3
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D24. Thinking about this past school year, would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with ... READ CATEGORIES. CODE ONE RESPONSE FOR EACH ITEM.

		Very Satisfied	Satisfied	Some what Satisfied	Very Dissatisfied	DK	Ref	NA
a.	The school [CHILD] has attended	1	2	3	4	-1	-2	5
b.	The teachers [he/she] has had	1	2	3	4	-1	-2	5
c.	IF CHILD IS CURRENTLY IN SPECIAL EDUCATION (D13a=1) READ ITEM, ELSE GO TO D26. The special education services [he/she] receives	1	2	3	4	-1	-2	5
d.	The [IF ASKED D24c ADD: other] education [he/she] has received	1	2	3	4	-1	-2	5
e.	The amount and difficulty of homework [he/she] is assigned	1	2	3	4	-1	-2	5
f.	How well school keeps you informed about [CHILD's] behavior and academic performance	1	2	3	4	-1	-2	5

END OF PART A FOR PRINTER PURPOSES