**P-3 Initiative: Kindergarten Parent/Caregiver Survey**

***Instructions:*** *Questions on this survey have to do with* ***your child who will start kindergarten this year****. Please think about* ***this child*** *when you are answering the questions. Thank you for helping us learn about children’s experiences in kindergarten!*

**REQUIRED QUESTIONS:**

**1. In the past year, before this child started kindergarten, were you and/or this child involved in any programs?**

|  |  |  |  |
| --- | --- | --- | --- |
| ***In the past year:***  | **No** | **Yes** | **Don’t Know** |
| 1. A home visitor or nurse came to my home to talk to me about parenting and do activities with me and my child.
 | 0 | 1 | 77 |
| 1. I attended “mommy and me” or other parent-child play groups.
 | 0 | 1 | 77 |
| 1. I attended a parenting class or parent support group.
 | 0 | 1 | 77 |
| 1. My child received special education services before entering kindergarten (had an IEP/IFSP).
 | 0 | 1 | 77 |
| 1. Other (please describe):
 | 0 | 1 | 77 |

**2. In the past year, before this child started kindergarten, was your child cared for in any of the following ways on a regular basis?** By regular, we mean more than 5 hours per week on a consistent basis (not just one-time or occasional babysitting). ***Please check all settings where your child spent more than 5 hours per week:***

|  |  |
| --- | --- |
| * A babysitter or nanny in my/the child’s home
 | * Head Start
 |
| * A relative in their home (grandma, aunt, etc.)
 | * A day care center or preschool that was **NOT Head Start**
 |
| * A friend or neighbor in their home
 | * Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * A “family” day care (usually a small, family-based setting with other children)
 | * None of the above, my child usually stays with me/a parent or guardian
 |

**3. About how many children’s books do you own?**

 \_\_\_ 1-10 \_\_\_11-25 \_\_\_26-50 \_\_\_More than 50

**4.** **In the past week**, **how many times have you or someone in your family read to your child?**

 \_\_\_Not at all \_\_\_ Once or twice a week \_\_\_3 or more times a week \_\_\_ Every day

**5. How far do you think your child will go in school? Please check one:**

|  |  |
| --- | --- |
| * Finish high school or get a GED
 | * Finish 4-year college & get a Bachelor’s (BA, BS) degree
 |
| * Attend technical school after high school, or take some college courses
 | * Attend graduate or professional (law, medical, etc.) school after college
 |
| * Finish 2-year college & get an Associate’s (AA) degree
 |  |

| ***6. How much do you agree or disagree with the following statements?*** | **Definitely Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Definitely Agree** |
| --- | --- | --- | --- | --- | --- |
| 1. I feel welcome at the school.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I have the skills to be a good parent leader.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I would like to have a leadership role in school activities.
 | 0 | 1 | 2 | 3 | 4 |

***Please turn over ---------------------------->>>>>>>>>>>>***

| ***6. How much do you agree or disagree with the following statements?*** | **Definitely Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Definitely Agree** |
| --- | --- | --- | --- | --- | --- |
| 1. I feel confident in knowing how to best support my child’s reading at home.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I feel confident in knowing how to best support my child’s writing at home.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I feel confident in knowing how to best support my child’s math skills at home.
 | 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| ***7. In the past week, have you or someone in your family:***  | **No** | **Yes,** **1-2 times** | **Yes,** **3+ times** |
| 1. Told your child a story?
 | 0 | 1 | 2 |
| 1. Taught him/her letters, words, or numbers?
 | 0 | 1 | 2 |
| 1. Taught him/her songs or music?
 | 0 | 1 | 2 |
| 1. Worked on art projects or crafts with him/her?
 | 0 | 1 | 2 |
| 1. Played with toys or games indoors?
 | 0 | 1 | 2 |
| 1. Played a game or sport, or exercised together?
 | 0 | 1 | 2 |
| 1. Took him/her along when doing errands like going to the grocery store, bank, shopping?
 | 0 | 1 | 2 |
| 1. Involved him/her in household chores like cooking, cleaning, setting the table, or caring for pets?
 | 0 | 1 | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| ***8. In the upcoming year, how often do you hope to do the following:*** | **None** | **Some** | **All** |
| 1. Attend parent-teacher conferences
 | 0 | 1 | 2 |
| 1. Attend special events at the school (Open House, music night, etc.)
 | 0 | 1 | 2 |
| 1. Participate in school field trips
 | 0 | 1 | 2 |
| ***In the upcoming year, how often do you hope to do the following:*** | **Never** | **1-2 times** | **Almost every month** | **Almost every week** | **More than once a week** |
| 1. Talk, write, email, or text with your child’s teacher
 | 0 | 1 | 2 | 3 | 4 |
| 1. Volunteer at your child’s school
 | 0 | 1 | 2 | 3 | 4 |
| 1. Attend parent group, PTA, or Site Council meetings
 | 0 | 1 | 2 | 3 | 4 |

**9. What is your marital status? Please check one:**

 \_\_\_\_ Single \_\_\_\_\_\_Married \_\_\_\_\_\_ Divorced/Separated/Widowed \_\_\_\_\_\_Living with Partner

**10. Which of the following best describes your race/ethnicity? Check all that apply.**

|  |  |
| --- | --- |
| * White/Caucasian
 | * Hispanic/Latino(a)
 |
| * African American
 | * American Indian/Alaska Native
 |
| * Asian/Pacific Islander
 | * Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**11. What language(s) do you most often speak at home? Check all that apply.**

|  |  |  |
| --- | --- | --- |
| * English
 | * Spanish
 | * Russian
 |
| * Ukrainian
 | * Vietnamese
 | * Cantonese
 |
| * Other, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

**OPTIONAL QUESTIONS:**

**12.** **In a typical day,** **about how many hours does your child watch TV, videos, or play video or computer games including on a phone or tablet?**  About \_\_\_\_\_\_\_ hours per day

| ***13. How much do you agree or disagree with the following statements?*** | **Definitely Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Definitely Agree** |
| --- | --- | --- | --- | --- | --- |
| 1. I know that school attendance is important to my child’s academic success.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I understand the teacher’s expectations for my child’s behavior in class.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I feel confident in knowing how to become a volunteer at the school.
 | 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***14. How would you rate your neighborhood?*** | **Definitely Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Definitely Agree** |
| 1. My child is safe in my neighborhood.
 | 0 | 1 | 2 | 3 | 4 |
| 1. People in this neighborhood watch out for each others’ children.
 | 0 | 1 | 2 | 3 | 4 |
| 1. People in this neighborhood help each other out.
 | 0 | 1 | 2 | 3 | 4 |
| 1. There are adults nearby who you trust to help your child if she/he got hurt playing outside.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I have people who will listen when I need to talk about my problems.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I would have no idea where to turn if my family needed food or housing.
 | 0 | 1 | 2 | 3 | 4 |
| 1. I wouldn’t know where to go for help if I had trouble making ends meet (e.g., paying bills).
 | 0 | 1 | 2 | 3 | 4 |
| 1. If there is a crisis I have others I can talk to.
 | 0 | 1 | 2 | 3 | 4 |
| 1. If I needed help finding a job, I wouldn’t know where to go for help.
 | 0 | 1 | 2 | 3 | 4 |

| ***15. How ready do you think your child is to start kindergarten, in terms of being able to:*** | **Not Really** | **Somewhat** | **Very Well** |
| --- | --- | --- | --- |
| 1. Share and play well with other children
 | 0 | 1 | 2 |
| 1. Sit still and be quiet while being read a story
 | 0 | 1 | 2 |
| 1. Listen to the teacher (follow instructions)
 | 0 | 1 | 2 |
| 1. Knowing his/her “ABC’s”
 | 0 | 1 | 2 |
| 1. Count to 10
 | 0 | 1 | 2 |
| 1. Take care of his/her basic needs (put on coat, tie shoes, etc.)
 | 0 | 1 | 2 |
| 1. Be away from you/parents for the day
 | 0 | 1 | 2 |

| ***16. Please answer the questions below by checking “yes” or “no”:*** | **Yes** | **No** |
| --- | --- | --- |
| 1. Does your child have a regular doctor (or clinic) that she/he goes to?
 | 1 | 0 |
| 1. In the past year, has your child been to a dentist?
 | 1 | 0 |
| 1. Has your child ever had any teeth filled or pulled because of cavities or decay?
 | 1 | 0 |
| 1. Does your child have any health concerns that require ongoing medical attention (asthma, diabetes, seizures, physical disability, etc.)?
 | 1 | 0 |
| 1. Does your child have any kind of health insurance, for example, Oregon Health Plan (OHP), insurance through parent’s work, military insurance, etc?
 | 1 | 0 |
| 1. In the past year, have there been any times your family has not had stable housing (for example, lived in a shelter, had to stay with family or friends, or lived somewhere that did not feel permanent)?
 | 1 | 0 |
| 1. Has a doctor, nurse, teacher or home visitor ever had you fill out a questionnaire asking about your concerns and observations about your child’s development?
 | 1 | 0 |

**17. In the past year, how many times have you:**

a. Visited the Emergency Room or Urgent Care to get medical care for this child? \_\_\_\_\_ times

b. Visited the Emergency Room or Urgent Care to get medical care for anyone else in your family? \_\_\_\_\_ times

c. Moved? \_\_\_\_\_ times

**18. Which of these statements best describes the food eaten in your household during the past year?**

**Please check only one response.**

* We always have enough to eat and the kinds of food we want
* We have enough to eat but not always the kinds of foods we want
* Sometimes we don't have enough to eat
* Often we don't have enough to eat

|  |  |  |
| --- | --- | --- |
| ***19. In the past year, have you used or visited any of the following?*** | **No** | **Yes** |
| 1. Public library
 | 0 | 1 |
| 1. Public park
 | 0 | 1 |
| 1. School playground
 | 0 | 1 |
| 1. Supplemental Nutrition Assistance Program (SNAP)
 | 0 | 1 |
| 1. Temporary Assistance for Needy Families (TANF)
 | 0 | 1 |
| 1. Oregon Health Plan (OHP)
 | 0 | 1 |
| 1. Oregon Women, Infants & Children (WIC)
 | 0 | 1 |
| 1. Housing assistance
 | 0 | 1 |
| 1. Job search or employment assistance
 | 0 | 1 |
| 1. Other (please describe):
 | 0 | 1 |

| ***20. In the upcoming year, what might make it more difficult for you to be involved in the activities described above?*** | **Definitely a barrier** | **A small barrier** | **Not a barrier** |
| --- | --- | --- | --- |
| 1. Your daytime work or school schedule
 | 2 | 1 | 0 |
| 1. Your evening work or school schedule
 | 2 | 1 | 0 |
| 1. Lack of transportation to the school
 | 2 | 1 | 0 |
| 1. Presence of younger children in the home
 | 2 | 1 | 0 |
| 1. Culture or language differences between your home and the school
 | 2 | 1 | 0 |
| 1. Other, please describe:
 | 2 | 1 | 0 |

**21. Do you have any younger children in your household who have not yet started school?** \_\_\_\_ Yes \_\_\_\_ No

**22. How many total children under 18 years old are in your household? \_\_\_\_**

***That is all the questions we have for you today!***

***Thank you so much for taking the time to complete this survey.***