**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!*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

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

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