



Fall 2010

## Parent Interview

Hello [Parent's name].

I am [Interviewer's name] calling from Vanderbilt in regards to [Child's name] who is participating in the statewide evaluation of the Voluntary Pre-K Program.

Thank you so much for participating with your child in this study! The purpose of this interview is to learn more about your child's educational and care arrangements this year, your child's activities at home, and your and your child's background. All of this information will help us to better understand preschoolers and how they learn.

It should take about 20 minutes. Is this a convenient time for you?

Thank you so much for your help.

There are no right or wrong answers to these questions. No one from your child's preschool will see or hear your answers. Everything we talk about will remain confidential. Included in this form are questions about your child's social security number and contact information for you and for close friends and family. We realize this information is private, however it is needed to send you the \$20 thank you gift card at the end of the school year and to follow up on his/her progress in school. This information is necessary for your child to receive this gift.

**Confirmation of contact information and request for Social Security Number  
Parent/Respondent Contact Information  
Alternate Childcare Arrangements**

PQ Respondent Relationship to Child & other notes:

**Please verify below:**

**Request the following:**

Child Name Correct: Y N

Gender: M F

Child's DOB: Y N

**What is your child's Social Security Number?**  
We realize this information is private, however it is needed to send you the \$20 thank you gift card at the end of the school year and to follow up on his/her progress in school. This information is necessary for your child to receive this gift.

Parent Name Correct: Y N

Address: Y N

Social Security #:

Phone # Correct: Y N

**Alternate Childcare Arrangements &  
Name:  
Address:  
Phone:  
Contact Person:**

**Assessment  
Date:  
Location:  
Notes:**

Respondents Preferred Language: English Spanish Other \_\_\_\_\_

## Your Child's Educational and Care Arrangements

### 1. Which of the following best describes your child's educational care arrangements?

\*Total Days must = 5

\_\_\_ Public pre-K classroom

# of Days per week \_\_\_\_\_

Name of school: \_\_\_\_\_

What is the teacher's name: \_\_\_\_\_

\_\_\_ Head Start Center

# of Days per week \_\_\_\_\_

Name of school: \_\_\_\_\_

\_\_\_ Private Child Center

# of Days per week \_\_\_\_\_

Name of Center: \_\_\_\_\_

\_\_\_ Home-based Child Care in other than parent's/guardian's home

#Days per week \_\_\_\_\_

\_\_\_ Stay at home with someone other than the parent

#Days per week \_\_\_\_\_

\_\_\_ Stay at home with the parent

#Days per week \_\_\_\_\_

Which parent? \_\_\_\_\_

### 2. Is your child now attending a "before" or "after" school program?

Yes  No

If yes, explain type of program: (at a school or center? how often? other info?)

\_\_\_\_\_

### 3. How satisfied are you with the educational and care arrangements for your child?

a. very dissatisfied

c. somewhat satisfied

b. somewhat dissatisfied

d. very satisfied

### 4. Do you feel the activities your child engages in during the day will help prepare her/him for kindergarten next year?

a. no

b. somewhat

c. yes

### 5. Are you at all concerned about how well s/he will do in kindergarten?

a. very concerned

c. not sure

b. a little concerned

d. not very concerned

e. not at all concerned

## What Your Child Does at Home

### 6. How many hours per day does your child average watching TV or videos + games on:

a. Monday-Friday <1 <3 <5 5+

b. Saturday <1 <3 <5 5+

c. Sunday <1 <3 <5 5+

### 7. About how many children's books do you have in your home now, including library books?

Please only include books that are for children. \_\_\_\_\_

### 8. Does your family subscribe to newspapers/magazines? Yes No

If yes, a. # Newspapers 0 1-3 4+ b. # Magazines 0 1-3 4+ c. # of these are Child Magazines 0 1-3 4+

### 9. Does anyone in your home have a library card? Yes No

If Yes, how often is it used?

Almost never Once or twice a year Every few months More than once a month At least once a week

1

2

3

4

5

Does the child receive books from the Imagination Library?

Yes

No

## You and your Child

The next questions are about your child's activities with family members.

10. In a typical week, how often do you or any other family member do the following things with your child?

Use the following descriptors to rate how often.

| Almost Never | Not every week but sometimes | 1 - 3 times | 4 - 6 times | Daily |
|--------------|------------------------------|-------------|-------------|-------|
| 1            | 2                            | 3           | 4           | 5     |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| a) Sing songs   | 1 | 2 | 3 | 4 | 5 |
| b) Do chores, like setting the table or caring for pets | 1 | 2 | 3 | 4 | 5 |
| c) Play games or do puzzles                             | 1 | 2 | 3 | 4 | 5 |
| d) Play sports or exercise                              | 1 | 2 | 3 | 4 | 5 |
| e) Practice the names of letters                        | 1 | 2 | 3 | 4 | 5 |
| f) Practice reading words                               | 1 | 2 | 3 | 4 | 5 |
| g) Practice letter sounds                               | 1 | 2 | 3 | 4 | 5 |
| h) Read to your child                                   | 1 | 2 | 3 | 4 | 5 |
| i) Talk about what happened at school                   | 1 | 2 | 3 | 4 | 5 |
| j) Play board or card games                             | 1 | 2 | 3 | 4 | 5 |
| k) Play with blocks                                     | 1 | 2 | 3 | 4 | 5 |
| l) Play counting games or sing counting songs           | 1 | 2 | 3 | 4 | 5 |
| m) Count different things                               | 1 | 2 | 3 | 4 | 5 |
| n) Play with electronic toys (LeapFrog)                 | 1 | 2 | 3 | 4 | 5 |
| o) Play on computer                                     | 1 | 2 | 3 | 4 | 5 |
| p) Read to yourself (Respondent)                        | 1 | 2 | 3 | 4 | 5 |

11. Has your child ever been referred for special education services?  Yes  No

- a. If "yes," did your child qualify for services?  Yes  No

If "yes,"

b. What was your child's diagnosis? \_\_\_\_\_

c. How old was your child when s/he was diagnosed? \_\_\_\_\_

d. What services did/does your child receive? \_\_\_\_\_

## You and Your Family

12. Which of the following educational levels has **the mother or female guardian** completed?  Mom  Female guardian  
(circle the highest completed)

|                      |                                 |                       |
|----------------------|---------------------------------|-----------------------|
| a. < high school/GED | a. 8 <sup>th</sup> grade        | e. some college       |
| b. < Bachelor's      | b. some high school             | f. associate's degree |
| c. < Master's        | c. graduated high school or GED | g. bachelor's degree  |
| d. Master's +        | d. vocational/technical school  | h. master's degree    |

13. Tell us about the work of the mother or female guardian?

(Ask for enough information to code.)

Job/Position /Title \_\_\_\_\_

Employer \_\_\_\_\_

14. Which of the following educational levels has **the father or male guardian** completed?  Father  Male guardian  
(circle the highest completed)

|                      |                                 |                       |
|----------------------|---------------------------------|-----------------------|
| a. < high school/GED | a. 8 <sup>th</sup> grade        | e. some college       |
| b. < Bachelor's      | b. some high school             | f. associate's degree |
| c. < Master's degree | c. graduated high school or GED | g. bachelor's degree  |
| d. Master's + degree | d. vocational/technical school  | h. master's degree    |

15. Tell us about the work of the father or male guardian?

(Ask for enough information to code.)

Job/Position /Title \_\_\_\_\_

Employer \_\_\_\_\_

16. What is the primary language spoken in your home?

English Spanish Other \_\_\_\_\_

17. Was your child born in the United States?  Yes  No

a. If "no," In what year did your child come to the United States to stay? \_\_\_\_\_

## Contact Information and School Next Year

Just to make sure we can reach you, here are a few questions about how to find you.

**Review the contact information received earlier.  
Ask for a few more ways to contact parent.**

- Is there a second phone number, such as a work number, a friend or relative's number, or a beeper or cell phone number, where you can sometimes be reached?

(phone numbers): \_\_\_\_\_  
\_\_\_\_\_

- Is there a relative or friend who will always know how to get in touch with you?

We will only contact them if we cannot locate you.

Name and relationship: \_\_\_\_\_

(phone): \_\_\_\_\_

(mailing address): \_\_\_\_\_

(email address?): \_\_\_\_\_

- Is there another relative or friend who will always know how to get in touch with you? Who? We will only contact them if we cannot locate you.

Name and relationship: \_\_\_\_\_

(phone): \_\_\_\_\_

(mailing address): \_\_\_\_\_

(email address?): \_\_\_\_\_

- What is the name and location of the school your child will attend next year?

School: \_\_\_\_\_

Contact information: \_\_\_\_\_

\_\_\_\_\_