1. How often do you do the following activities with your child?

| Never | Once a <br> month or <br> less | 2-3 times <br> a month | $1-2$ <br> times a <br> week | $3-4$ <br> times a <br> week | Daily |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Count items | 0 | 0 | 0 | 0 | 0 | 0 |
| Count out loud without objects | 0 | 0 | 0 | 0 | 0 | 0 |
| Read books that show and talk <br> about numbers | 0 | 0 | 0 | 0 | 0 | 0 |
| Watch TV shows or videos that <br> show and talk about numbers | 0 | 0 | 0 | 0 | 0 | 0 |
| Play computer games, apps or <br> visit interactive websites that <br> include number games | 0 | 0 | 0 | 0 | 0 | 0 |
| Talk about written numbers <br> (e.g., "That's a 7") | 0 | 0 | 0 | 0 | 0 | 0 |
| Add simple sums or talk about <br> number facts (e.g., 2+2=4) | 0 | 0 | 0 | 0 | 0 | 0 |
| Compare quantities (e.g., <br> when playing card games or <br> serving food for dinner or <br> sharing toys) | 0 | 0 | 0 | 0 | 0 | 0 |
| Play board games that involve <br>  | 0 | 0 | 0 | 0 | 0 |  |
| Ladders) | 0 | 0 | 0 | 0 | 0 |  |
| Play with puzzles (e.g., picture <br> puzzles, tangrams) | 0 | 0 | 0 | 0 | 0 | 0 |
| Do mazes | 0 | 0 | 0 | 0 | 0 | 0 |
| Do connect the dots activities | 0 | 0 | 0 | 0 | 0 | 0 |
| Use spatial words like: <br> between, below, behind, next <br> to, on, above, near, under, in, <br> in front | 0 | 0 | 0 | 0 | 0 | 0 |
| Build with construction toys <br> (e.g., building blocks, Legos, <br> magnet sets, Lincoln logs) | 0 | 0 | 0 | 0 | 0 | 0 |


|  | Never | Once a <br> month <br> or less | $2-3$ <br> times a <br> month | $1-2$ <br> times a <br> week | $3-4$ <br> times a <br> week | Daily |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Play computer games, apps or visit <br> interactive websites that involve <br> building things | 0 | 0 | 0 | 0 | 0 | 0 |
| Draw maps or plans | 0 | 0 | 0 | 0 | 0 | 0 |
| Make or copy patterns with objects or <br> sounds (e.g., putting blocks in a red- <br> green-red-green pattern; clap-clap- <br> snap pattern) | 0 | 0 | 0 | 0 | 0 | 0 |
| Figure out what comes next in a <br> pattern | 0 | 0 | 0 | 0 | 0 | 0 |
| Describe patterns in words | 0 | 0 | 0 | 0 | 0 | 0 |
| Read books that show or talk about <br> patterns | 0 | 0 | 0 | 0 | 0 | 0 |
| Watch TV shows or videos that show <br> and talk about patterns | 0 | 0 | 0 | 0 | 0 | 0 |
| Play computer games, apps or visit <br> interactive websites that include <br> pattern games | 0 | 0 | 0 | 0 | 0 | 0 |
| Discuss patterns in days of the week, <br> months of the year, or seasons. | 0 | 0 | 0 | 0 | 0 | 0 |
| Play hand or movement games that <br> involve patterns (e.g., Miss Mary <br> Mack, the hokey-pokey) | 0 | 0 | 0 | 0 | 0 | 0 |
| Copy a pattern by making the same <br> kind of pattern, but with different <br> materials (e.g., use circles and squares <br> to make the same kind of pattern as in <br> a red-blue pattern) | 0 | 0 | 0 | 0 | 0 | 0 |

## Please answer the following questions about yourself:

2. Please indicate how GOOD or NOT GOOD you were when you were in school in each of the areas below.

| 1 <br> Not <br> good <br> at all) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very <br> good) |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Physical and Earth <br> Sciences | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Math | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Spatial tasks (e.g., <br> building something <br> from drawings) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Writing | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Technology and <br> Engineering | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Life Sciences (e.g., <br> biology, ecology) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

3. Please indicate how GOOD or NOT GOOD you currently are in each of the areas below.

|  | 1 <br> (Not <br> good <br> at all) | 2 | 3 | 4 | 5 | 6 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Physical and Earth Sciences | O | $\bigcirc$ | O | O | $\bigcirc$ | O | O |
| Math | O | O | O | O | O | O | O |
| Spatial tasks (e.g., building something from drawings) | O | O | O | O | O | O | O |
| Writing | O | O | O | O | O | O | O |
| Technology and Engineering | O | O | O | O | O | O | O |
| Life Sciences (e.g., biology, ecology) | O | O | O | O | O | O | O |

4. How important is it to you that you are good at each of these areas listed below?

|  | 1 <br> (Not at all <br> important) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :---: |
| Physical and Earth <br> Sciences | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Math | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Spatial tasks (e.g., <br> building something <br> from drawings) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Writing | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Technology and <br> Engineering | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Life Sciences (e.g., <br> biology, ecology) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5. How much do you like each of the areas listed below?

|  |  | 2 | 3 | 4 | 5 | 6 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Physical and Earth Sciences | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O |
| Math | O | O | O | O | O | O | O |
| Spatial tasks (e.g., building something from drawings) | O | O | O | O | O | O | O |
| Writing | O | O | O | O | O | O | O |
| Technology and Engineering | O | O | O | O | O | O | O |
| Life Sciences (e.g., biology, ecology) | O | O | O | O | O | O | O |

6. How nervous or anxious do the following areas make you?

|  | 1 <br> (Not at all <br> anxious) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very <br> anxious) |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Physical and Earth <br> Sciences | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Math | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Spatial tasks (e.g., <br> building something <br> from drawings) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Writing | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Technology and <br> Engineering | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Life Sciences (e.g., <br> biology, ecology) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Please continue to the next page

## Please answer the following questions about your child:

7. How good is your child in each area listed below?

|  | 1 <br> (Not good <br> at all) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very <br> good) |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Counting, comparing <br> and naming numbers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Building with blocks <br> and doing puzzles | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Noticing and making <br> patterns | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Learning to read and <br> write | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talking with other <br> people | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

8. How much does your child like each of the following activities?

|  | 1 <br> (Not at <br> all) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very <br> much) |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Counting, comparing <br> and naming numbers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Building with blocks <br> and doing puzzles | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Noticing and making <br> patterns | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Learning to read and <br> write | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talking with other <br> people | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

9. How well do you think your child will do in each of these areas in Kindergarten?

|  | 1 <br> (Not at <br> all well) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very <br> Well) |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Counting, comparing <br> and naming numbers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Building with blocks <br> and doing puzzles | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Noticing and making <br> patterns | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Learning to read and <br> write | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talking with other <br> people | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

10. Compared to other children, how much innate ability or talent does your child have in each of these areas?

|  | 1 <br> (Much <br> less than <br> other <br> children) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Much <br> more <br> than <br> other |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| children) |  |  |  |  |  |  |  |$|$

11. How important is it to you that your child does well in each of these activities?

|  | 1 <br> (Not very <br> Important) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Counting, <br> comparing and <br> naming numbers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Building with <br> blocks and doing <br> puzzles | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Noticing and <br> making patterns | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Learning to read <br> and write | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talking with other <br> people | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

12. How useful do you think each of these kinds of activities will be to your child in the future?

|  | 1 <br> (Not at <br> all <br> useful) | 2 | 3 | 4 | 5 | 6 | 7 <br> (Very <br> useful) |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Counting, comparing <br> and naming <br> numbers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Building with blocks <br> and doing puzzles | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Noticing and making <br> patterns | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Learning to read and <br> write | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talking with other <br> people | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Please answer the following questions about your family:

13. How many TOTAL siblings (living at home) does your child have?
○ 1
○ 2
$\bigcirc 3$
○ 4
O 5+
14. How many OLDER siblings (living at home) does your child have?
○ 1
○ 2
○ 3
○ 4
○ 5+
15. Did your child attend preschool last year (the 2015-2016 school year)?
$\bigcirc$ Yes $\bigcirc$ No
16. Please indicate the highest level of education completed by the child's MOTHER:

○ Elementary school
O Bachelor's degree
O Some high school
$\bigcirc$ Some graduate work
○ High school diploma or GED

O Master's, professional or doctoral degree

O Some college or 2-
year degree
17. Please indicate the highest level of education completed by the child's FATHER:

○ Elementary school
○ Some high school
$\bigcirc$ High school diploma or GED

O Some college or 2year degree

O Bachelor's degree
○ Some graduate work
○ Master's, professional or doctoral degree
18. Please indicate your relation to the child:

| $\bigcirc$ | Mother | $\bigcirc$ | Grandparent |
| :--- | :--- | :---: | :--- |
| $\bigcirc$ | Father | $\bigcirc$ | Other__ |

19. Are you Hispanic or Latino (Circle one): YES NO
20. Indicate your race/ethnicity (Select the one that best describes you):
African-American or

Black $\quad$\begin{tabular}{l}
Asian or Pacific Islander <br>
Caucasian or White

$\quad$

Biracial/Mixed Race (please list <br>
all groups) <br>
\hline

 

American Indian or <br>
Alaska Native
\end{tabular}

