

## PEELS Parent Interview

### A. Introduction

A1. Is {CHILD} male or female?

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A3. What is {CHILD}'s birth date?

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A7. Is {CHILD} of Hispanic, Latino, or other Spanish origin?

1. YES
2. NO

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A8. I'm going to read a list of categories. Please choose one or more categories that best describe {CHILD}'s race. Is {he/she}....

1. White,
2. African American or Black,
3. American Indian or Alaska Native,
4. Asian, or
5. Native Hawaiian or other Pacific Islander.

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A9. Is any language other than English regularly spoken in {CHILD}'s home?

1. YES .....(Go to A10)
2. NO .....(Go to A11)

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A10. What is the main language {CHILD} usually uses at home?

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A11. Does {CHILD} live with you now?

1. YES .....(Go to A15)
2. NO .....(Go to A12)

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A12. Where does {he/she} live now?

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Box A13
IF CHILD CURRENTLY LIVES IN A HOSPITAL OR SPECIAL SCHOOL, GO TO A13. ELSE, IF A12 = REFUSED OR DON'T KNOW, GO TO A21. ELSE, GO TO A15.

A13. Does {CHILD} live with you when {he/she} is not {in the hospital/at the special school}?

1. YES .....(Go to A15)
2. NO .....(Go to A14)

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A14. Where does {he/she} live when {he/she} is not {in the hospital/at the special school}?

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A15. Has {CHILD} always lived {there/with you}?

1. YES .....(Go to A21)
2. NO .....(Go to A16)

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A16. How long has {CHILD} lived {there/with you}?

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A17. Where {else} has {he/she} lived?

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A21. Now I'd like to ask about {CHILD}'s education. Does {CHILD} attend any type of instructional program, including preschool, or receive services such as speech, occupational, or physical therapy?

1. YES .....(Go to A22)
2. NO .....(SET A22 = NOT IN SCHOOL)

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A22. What is {CHILD}'s current grade level?

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Box A22  
SET CHILD'S CURRENT GRADE LEVEL = GRADE LEVEL GIVEN AT A22.

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Box A23  
IF A22 = NOT IN SCHOOL, PRESCHOOL, OR UNGRADED, GO TO A23.  
ELSE, GO TO SECTION B.

A23. Does {CHILD} currently...

1. Attend a preschool program in an elementary school?
2. Attend an early childhood or preschool center, or nursery school?
3. Attend a child care center?
4. Receive home-based services?
5. Attend another program?

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### B. Health/Disability

B1a. Now I'd like to ask you about {CHILD}'s health. Was {CHILD} born 3 or more weeks before {he/she} was due?

1. YES .....(Go to B1b)
2. NO .....(Go to B2)

B1b. How many weeks early was {he/she}?

B2. Exactly how much did {CHILD} weigh at birth?

B3a. As a newborn, did {CHILD} stay in the hospital after {he/she} was born because of medical problems?

1. YES .....(GO TO B3b)
2. NO .....(GO TO B4)

B3b. How many nights did {CHILD} stay in the hospital when {he/she} was born?

B3c. Was {he/she} in intensive care during that time?

1. YES
2. NO

B4. Does {CHILD} have a developmental delay or disability? For example, a delay in learning to talk or a problem understanding things.

1. YES
2. NO

B5. {What is {his/her} developmental delay or disability?/Why does {CHILD} need special education services?}

B6a. When we spoke with you last and asked about {CHILD}'s physical, sensory, learning or other disabilities or problems you told us that {he/she} had (a) (DISABILITY PREVIOUSLY IDENTIFIED). Is that still correct?}

B6b. Which previous disabilities doesn't {he/she} have now?

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B6c. Are there new or additional problems or disabilities that have been identified since the previous interview?

1. YES .....(Go to B6d)
2. NO .....(Go to B-5A)

B6d. What are the additional learning problems or disabilities?

B5A. Which of those disabilities that you told me about is {CHILD}'s main delay or disability?

B7. About how old was {CHILD} when someone first expressed concern about {his/her} health, development, or conditions you indicated?

B8a. About how old was {he/she} when {he/she} first started regularly getting special education or therapy services from a professional for a delay or disability?

B8b. Did {CHILD} have an IFSP (Individual Family Service Plan) for the services {he/she} received before the age of three?

1. YES
2. NO

B9a. Sometimes there is a gap between when services are provided to children under three years of age and when preschool special education services begin. Was there a gap in services for {CHILD} when {he/she} started preschool special education?

1. YES .....(GO TO B9b)
2. NO .....(GO TO B9c)

B9b. How long was the break in services?

B9c. I'd like you to think back to the time when {CHILD} moved from the program serving children under 3 to {his/her} preschool program. To what extent did you understand the procedures related to this transition? Would you say...

1. Not at all,
2. To a small extent,
3. To a moderate extent, or
4. To a great extent.

B9d. When {CHILD} moved into the preschool program, would you say {he/she} received more services, less services, or about the same amount of services that {he/she} received in the program for children under 3?

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B10. Now I would like to ask you about the process of getting preschool special education services for {CHILD}. Who first referred {CHILD} for preschool special education services?

B11a. Did {CHILD} receive preschool special education or related services between the ages of 3 and 4?

1. YES
2. NO

B11b. Did {CHILD} receive preschool special education or related services between the ages of 4 and 5?

1. YES
2. NO

B12. This next question asks about the effort it took to find out where to get preschool special education services started through the school system. This effort might have included asking people about what could be done for {CHILD}, asking about testing, or calling places to try to get information about services. Would you say it took...

1. A lot of effort to find out where to go,
2. Some effort,
3. Little effort, or
4. No effort at all?

B13. About how old was {CHILD} when your family first tried to get preschool special education services for {him/her}?

B14. Once you tried to get services, about how long was it before services started?

B15. After you knew where to go for services, how much effort did it take on your part to get preschool special education services through the school system started? Would you say it took...

1. A lot of effort,
2. Some effort,
3. Little effort, or
4. No effort at all?

Now I want to ask you about how well {CHILD} does some things. I'm going to start with hearing.

B16a. This question asks you to assess {CHILD}'s hearing without any hearing devices like a hearing aid. Compared with other children about the same age, would you say {CHILD}...

1. Hears normally,
2. Might have a hearing problem, or
3. Does have a hearing problem?

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B16b. Has {CHILD}'s hearing been tested by a professional?

- 1. YES .....(GO TO BOX B16c)
- 2. NO .....(GO TO B16o1)



Box B16c
IF CHILD HEARS NORMALLY, GO TO B16o1. ELSE, GO TO B16c.

B16c. Was a hearing problem diagnosed by a professional?

- 1. YES .....(GO TO B16d)
- 2. NO .....(GO TO B16o1)



B16d. How old was {CHILD} when {his/her} hearing problem was first diagnosed?



B16e. Is {CHILD}'s unaided hearing loss...

- 1. Mild,
- 2. Moderate,
- 3. Severe, or
- 4. Profound?



B16f. How old was {CHILD} when a hearing aid was first prescribed? (If never prescribed go to B16i.)



B16f1. Has {CHILD} ever used a hearing aid?

- 1. YES .....(GO TO B16g)
- 2. NO .....(GO TO B16i)



B16g. How old was {CHILD} when a hearing aid was first used?



B16h. Does {he/she} still use the hearing aid?

- 1. YES
- 2. NO



B16i. Has {CHILD} received a cochlear implant? [A cochlear implant is a surgically implanted electronic device that can restore partial hearing to people with severe to profound hearing impairments.]

- 1. YES .....(GO TO B16j)
- 2. NO .....(GO TO BOX B16l)



B16j. How old was {he/she} when the cochlear implant was first activated?



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B16k. Does {CHILD} still use the cochlear implant?

1. YES
2. NO



Box B16l

IF CHILD HAS NEVER USED A HEARING AID OR COCHLEAR IMPLANT, GO TO B16m.  
ELSE, GO TO B16l.

B16l. How well does {CHILD} seem to hear with the currently used hearing device(s)? Would you say {he/she}...

1. Hears normally,
2. Has a little trouble hearing,
3. Has a lot of trouble hearing, or
4. Doesn't hear at all?



B16m. Is {CHILD} learning to understand or use...

- a. Sign language?
- b. Lip reading?
- c. Cued speech?
- d. Oral speech?



Box B16n

IF CHILD IS LEARNING TO USE SIGN LANGUAGE, GO TO B16n.  
ELSE, GO TO B16o1.

B16n. What form of sign language is {CHILD} learning to use? Is it...

1. American Sign Language,
2. Signed English, or
91. Some other sign language system?



B16o. Do any other members of {CHILD}'s household use sign language to communicate with {him/her}?

1. YES
2. NO



B16o1. What is {CHILD}'s primary method of communication at home?

1. ORAL SPEECH
2. LIP READING
3. CUED SPEECH
4. SIGN LANGUAGE



B16p. Did {CHILD} ever have 3 or more ear infections in a 12 month time period?

1. YES .....(GO TO B16q)
2. NO .....(GO TO INTRO AFTER B17q)



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B16q. Did {CHILD} have 3 or more ear infections in the last 12 months?

1. YES
2. NO

Now I'm going to ask about {CHILD}'s vision.

B17a. How is {CHILD}'s eyesight? Would you say {he/she}...

1. Sees normally without glasses .....(GO TO B18)
2. Might have a vision problem, or .....(GO TO B17b)
3. Does have a vision problem? .....(GO TO B17b)

B17b. Has {CHILD}'s vision been tested by a professional?

1. YES .....(GO TO B17c)
2. NO .....(GO TO B18)

B17c. Was a vision problem diagnosed by a professional?

1. YES .....(GO TO B17d)
2. NO .....(GO TO B18)

B17d. How old was {CHILD} when {his/her} vision problem was first diagnosed?

B17e. Were glasses prescribed to help {CHILD} see?

1. YES .....(GO TO B17f)
2. NO .....(GO TO B18)

B17f. How well can {CHILD} see with glasses? Would you say {he/she}...

1. Sees normally,
2. Has a little trouble seeing,
3. Has a lot of trouble seeing, or
4. Does not see at all?

B17g. How well can {CHILD} see without glasses? Would you say {he/she}...

1. Sees normally,
2. Has a little trouble seeing,
3. Has a lot of trouble seeing, or
4. Does not see at all?

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B18. Now I'd like to ask some questions about {CHILD}'s communication skills. Compared with other children about the same age, how would you describe {CHILD}'s understanding of verbal or nonverbal communication (signs, gestures, symbol systems)? Would you say {he/she}...

1. Understands just as well as other children,
2. Has a little trouble understanding,
3. Has a lot of trouble understanding, or
4. Does not understand at all?

B19. Compared with other children about the same age, how well does {CHILD} make {his/her} needs known to you and others? Communication can be any form, for example crying, pointing, or talking. Would you say {he/she}...

1. Communicates just as well as other children,
2. Has a little trouble communicating,
3. Has a lot of trouble communicating, or
4. Does not communicate at all?

B20a. How does {CHILD} make {his/her} needs known to you? Does {he/she} primarily use...

1. Spoken words, or.....(GO TO B21a)
2. Some other way of communicating?.....(GO TO B20b and then B21b)

B20b. How does {CHILD} communicate? [For example, does {he/she} use sounds that are not words, or gestures, including pointing?]

B21a. Does {CHILD} primarily use...

1. Single words,
2. 2 or 3 word utterances, or
3. Complete sentences?

B21b. When {CHILD} talks to people {he/she} doesn't know well, is {he/she}...

1. Very easy to understand,
2. Fairly easy to understand,
3. Somewhat hard to understand, or
4. Very hard to understand?

B22. Next, I want to ask about {CHILD}'s physical abilities. How well does {he/she} use {his/her} hands and fingers for things like buttoning a shirt or using a spoon, pencil, or scissors? Would you say {he/she}...

1. Uses {his/her} hands and fingers normally,
2. Has a little trouble using them,
3. Has a lot of trouble using them, or
4. Has no use at all of {his/her} hands and fingers?

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B23. How well does {he/she} use {his/her} arms and hands for things like throwing, lifting, or carrying? Would you say {he/she}...

1. Uses {his/her} arms and hands normally,
2. Has a little trouble using one or both,
3. Has a lot of trouble using one or both, or
4. Has no use at all of one or both arms or hands?

B24. How well does {CHILD} use {his/her} legs and feet? Would you say {he/she}...

1. Uses both legs and feet normally, .....(GO TO B26)
2. Has a little trouble using one or both, .....(GO TO B25a)
3. Has a lot of trouble using one or both, or .....(GO TO B25a)
4. Has no use at all of one or both legs or feet? .....(GO TO B25a)

B25a. Does {he/she} use any equipment to help {him/her} get around, such as crutches, a walker, or a wheelchair?

1. YES .....(GO TO B25b)
2. NO .....(GO TO B26)

B25b. What is the equipment {he/she} uses?

B26. 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...

1. Excellent,
2. Very good,
3. Good,
4. Fair, or
5. Poor?

B27a. Are {CHILD}'s activities limited in any way because of a health problem?

1. YES .....(GO TO B27b)
2. NO .....(GO TO B28a)

B27b. What is the nature of the health problem?

B28a. Not including mobility devices, like a wheelchair, walker, or cane, does {CHILD} use any kind of medical device, like an oxygen tank, catheter, or a breathing monitor?

1. YES .....(GO TO B28b)
2. NO .....(GO TO B29)

B28b. What are the devices?

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B29. Does {CHILD} have a place to go for regular medical care where they know {him/her} and {his/her} medical history?

- 1. YES
- 2. NO

B30. Is {CHILD} now covered by health insurance from an employer or union, or that your family buys directly?

- 1. YES
- 2. NO

B31. Is {CHILD} covered by government-assisted health insurance, such as {MEDICAID} {or} {CHIP}?

- 1. YES
- 2. NO

B32. Is {CHILD} covered by any other health insurance program?

- 1. YES
- 2. NO

Box B33  
IF CHILD HAS ANY TYPE OF HEALTH INSURANCE, GO TO B33.  
ELSE, GO TO B34.

B33. Is any of {CHILD}'s coverage through an HMO?

- 1. YES
- 2. NO

B34. Since we spoke to you last, have you had to change insurance plans or buy extra insurance for {CHILD} because of {his/her} special needs?

- 1. YES
- 2. NO
- 9. DOES NOT APPLY

B35a. Since we spoke to you last, have you tried to get your insurance or health plan to pay for something for {CHILD} but they wouldn't pay?

- 1. YES .....(GO TO B35b)
- 2. NO .....(GO TO B36)

B35b. What wouldn't your insurance pay for?

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B36. How long has it been since {CHILD}'s last visit to a dentist or dental hygienist for dental care? Was it...

1. Less than 6 months ago,
2. Between 6 months and one year ago,
3. Between 1 and 2 years ago,
4. More than 2 years ago, or
5. Never?

B37a. Now I'm going to ask you some questions about any prescription drugs {CHILD} is currently taking. Please do not include over-the-counter medications or a single round of prescription medication to treat an episodic illness, such as antibiotics for a one-time illness. Is {CHILD} now regularly taking any prescription medicine for a specific condition or problem?

1. YES .....(GO TO B37b)
2. NO .....(GO TO B38)

B37b. Is {he/she} taking any prescription medicine that controls {his/her} behavior or changes {his/her} mood, such as Ritalin or an antidepressant?

1. YES .....(Go to B37c)
2. NO .....(Go to B38)

B37c. What is the name of the prescription medicine {CHILD} is taking to control {his/her} behavior or change {his/her} mood?

Box B37e

IF CHILD IS NOT CURRENTLY IN SCHOOL OR CHILD ONLY RECEIVES HOME-BASED SERVICES, GO TO B38. ELSE, GO TO B37e.

B37e. Does {he/she} take {his/her} medication while {he/she} is at school?

1. YES .....(GO TO B37f)
2. NO .....(GO TO B38)

B37f. Does someone at the school give {him/her} the medication?

1. YES
2. NO

B38. In the last year, about how many nights has {CHILD} stayed overnight in a hospital?

B39. During the past 12 months how many times has {CHILD} been to a hospital emergency room?

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### Section C – Child Behavior

- C1. For the next series of questions, I'd like you to compare {CHILD} to children about the same age {who do not have special needs}. Some children are fairly quiet and passive and it takes a lot to get them to react to things. Does this sound...
1. Very much like {CHILD},
  2. A little like {him/her}, or
  3. Not like {him/her}?
- 
- C2. Some children are jumpy and get easily startled by things like loud noises or quick movement. Does this sound...
1. Very much like {CHILD},
  2. A little like {him/her}, or
  3. Not like {him/her}?
- 
- C3. Some children are good at paying attention to things and staying focused on what they are doing. Does this sound...
1. Very much like {CHILD},
  2. A little like {him/her}, or
  3. Not like {him/her}?
- 
- C4. Some children like to do things on their own even if it's hard. Does this sound...
1. Very much like {CHILD},
  2. A little like {him/her}, or
  3. Not like {him/her}?
- 
- C5. Some children are restless, fidget a lot, and have trouble sitting still. Does this sound...
1. Very much like {CHILD},
  2. A little like {him/her}, or
  3. Not like {him/her}?
- 
- C6. Some children try to finish things, even if it takes a long time. Does this sound...
1. Very much like {CHILD},
  2. A little like {him/her}, or
  3. Not like {him/her}?
- 
- C7. Some children get easily involved in everyday things that go on at home, like playing with toys, or paying attention to conversations. Does this sound...
1. Very much like {CHILD},
  2. A little like {him/her}, or
  3. Not like {him/her}?
-

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C8. Some children get very distracted by sights and sounds, and can't screen them out very well. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?

C9. Some children have a great deal of difficulty adjusting to changes in their routines or schedules. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?

C10. Some children are frequently anxious or depressed. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?

C11. When adults are nearby, some children show interest by talking to them or approaching them. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?

C12. Would you say that {CHILD}...

1. Has no trouble playing with other children,
2. Has some trouble playing with other children, or
3. Has a lot of trouble playing with other children?

C13. Would you say that {CHILD} is...

1. Not at all physically aggressive with other children,
2. Sometimes physically aggressive with other children, or
3. Often physically aggressive with other children?

C14. During the past year, has {he/she} been invited to another child's birthday party?

1. YES
2. NO

C15. Some children have a lot of trouble making or keeping friends. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?

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C16. When some children are with other children their same age, they take turns and cooperate. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?

C17. Would you say that {CHILD} ...

1. Rarely has temper tantrums,
2. Sometimes has temper tantrums, or
3. Often has temper tantrums?

C18. Would you say that {CHILD} is

1. Easy to manage,
2. Sometimes hard to manage, or
3. Often hard to manage?

C19. Over the past few weeks, how often has {CHILD} had trouble getting to sleep or staying asleep? Would you say...

1. Rarely or never,
2. Sometimes, or
3. Often?

C20. Compared with other children about the same age, how would you describe the appropriateness of {CHILD}'s behavior? Would you say {his/her} behavior...

1. Is typical and appropriate for {his/her} age,
2. Is mildly inappropriate,
3. Is moderately inappropriate, or
4. Is severely inappropriate?

C21. Compared with other children about the same age, does {CHILD} learn, think, and solve problems...

1. Better than other children {his/her} age,
2. As well as other children,
3. Slightly less well than other children, or
4. Much less well than other children?

C22. Can {CHILD} recognize...

1. All the letters of the alphabet,
2. Most of them,
3. Some of them, or
4. None of them?

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C23. How high can {CHILD} count? Would you say...

1. Not at all,
2. Up to five,
3. Up to 10,
4. Up to 20,
5. Up to 50, or
6. Up to 100 or more?

C24. Can {CHILD} identify the colors, yellow, blue, and green by name? Would you say...

1. None of them, .....(GO TO C25a)
2. Some of them, or .....(GO TO C25a)
3. All of them? .....(GO TO C25a)
4. CHILD IS BLIND .....(GO TO BOX DINTRO)

C25a. Is {CHILD} able to read storybooks on {his/her} own now?

1. YES .....(GO TO C25b)
2. NO .....(GO TO BOX DINTRO)

C25b. Does {CHILD} actually read the words written in the book, or does {he/she} look at the book and pretend to read? Would you say {he/she}...

1. Reads the written words,
2. Pretends to read,
3. Does both, or
4. Does neither?

## PEELS Parent Interview

### D. Preschool/School

BOX DINTRO  
IF CHILD IS IN KINDERGARTEN, FIRST, SECOND, OR THIRD GRADE, GO TO BOX DKINTRO.  
ELSE, IF CHILD IS NOT IN SCHOOL, GO TO SECTION E.  
ELSE, CONTINUE BELOW.

Now I'm going to ask you some questions about the programs that you mentioned {CHILD} attends.

D1. Earlier you told me that {CHILD} goes to {list of programs selected at A23}...

D1A. How much time does {CHILD} spend in {list of programs selected at A23}?

Box D3-D18 Loop

D3 through D18 is a loop. It is asked once if one program and twice if more than one program. The program the child spends the most time in per week = PROGRAM 1. The program the child spends the second most time in = PROGRAM 2. If there are two programs, read intro below. Else, go to Box D3.

I am going to ask you a series of questions about the programs that {CHILD} currently attends. First I will ask questions about the program where {CHILD} spends the most time. Next I will ask the same series of questions about the program where {he/she} spends the second most amount of time.

Box D3

IF CHILD IS HOME-SCHOOLED, GO TO D7.  
ELSE, GO TO D3.

D3. Head Start is a federally-sponsored preschool program primarily for children from low-income families. Is {PROGRAM 1/PROGRAM 2} a Head Start program?

1. YES
2. NO

D4. Is {PROGRAM 1/PROGRAM 2} primarily for children with special needs or disabilities?

1. YES
2. NO

D5. Is {PROGRAM 1/PROGRAM 2} located in the school where {CHILD} will go to kindergarten?

1. YES
2. NO

**PEELS Parent Interview**

Box D6

IF PROGRAM IS A HEAD START PROGRAM, GO TO D7.  
ELSE, GO TO D6.

D6. Is {PROGRAM 1/PROGRAM 2} a public or private program?

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D7. How many **days** a week does {he/she} {go to/receive} {PROGRAM1/PROGRAM2}?

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D8. How many **hours** each week does {he/she} {go to/receive} {PROGRAM 1/PROGRAM 2}?

---

D9. Approximately when did {he/she} start {going to/receiving} {PROGRAM 1/PROGRAM 2}?

---

D10. Does your family pay a fee for {CHILD} to participate in {PROGRAM 1/PROGRAM 2}?

- 1. YES .....(GO TO D11)
- 2. NO .....(GO TO BOX D12)

---

D11. What is the fee?

---

Box D12

IF CHILD IS HOME-SCHOOLED, GO TO D18.  
ELSE, GO TO D12.

D12. About how far would you say it is from your home to {PROGRAM 1/PROGRAM 2} {CHILD} attends?

---

D13. How does {CHILD} get to and from {PROGRAM 1/PROGRAM 2}?

---

Box D14

IF CHILD TAKES A PUBLIC BUS OR TAXI TO PROGRAM, GO TO D14.  
ELSE, GO TO BOX D15.

D14. Is your family reimbursed for transportation expenses to or from {PROGRAM 1/PROGRAM 2}?

- 1. YES
- 2. NO

---

Box D15

IF PROGRAM PROVIDES TRANSPORTATION, GO TO D15.  
ELSE, GO TO D16.

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D15. Does your family pay to have {him/her} picked up or brought home?

1. YES
2. NO

D16. How many other children is {CHILD} usually with in {his/her} group or class when {he/she} is in {PROGRAM 1/PROGRAM 2}?

**Box D17**

IF NO OTHER CHILDREN IN PROGRAM, GO TO D18.  
ELSE, GO TO D17.

D17. How many of the children in {PROGRAM 1/PROGRAM 2} have special needs or disabilities? Is it...

1. All of them,
2. Most of them,
3. Some of them, or
4. None of them?

D18. How many adults are usually instructing or assisting in some way {in {CHILD}'s classroom or group/with {CHILD}} in {PROGRAM 1/PROGRAM 2}?

D19. The study is interested in learning how the children we are following are doing {in this program/with these services}. We would like to send {CHILD}'s service provider a questionnaire that asks about some of the things the service provider is doing {in this program/with {CHILD}}.

D20. What is the name of {CHILD}'s teacher or service provider?

D21. What is the full name of the school or program {{CHILD} attends now/where {CHILD}'s service provider is based}?

D22. Where is that located?

D23. What is the phone number of the school?

**Box D24**

IF THERE ARE OTHER CHILDREN IN EITHER PROGRAM OR EITHER D16=REFUSED OR DON'T KNOW, GO TO D24. ELSE, GO TO D25.

## PEELS Parent Interview

- D24. Thinking about the program{s} your child is in, how well would you say {CHILD} gets along with other children at {his/her} program{s}? Would you say...
1. Very well,
  2. Pretty well,
  3. Not very well, or
  4. Not at all well?

- D25. How well would you say {he/she} gets along with teachers? Would you say...
1. Very well,
  2. Pretty well,
  3. Not very well, or
  4. Not at all well?

Box D26  
IF CHILD RECEIVES HOME-BASED SERVICES ONLY, GO TO BOX D27. ELSE, GO TO D26.

- D26. Has {CHILD} had any of the following things happen to {him/her} at {his/her} program{s}?
- a. Has {he/she} been bullied or picked on by other children?
  - b. Has {he/she} been physically attacked or involved in fights?
  - c. Has {he/she} been teased or called names?

Box D27  
IF CHILD RECEIVES HOME-BASED SERVICES ONLY, SKIP D27a. ELSE, DO NOT SKIP.

- D27. Thinking about this school year {and please consider all the programs when giving your answers}, would you say you are very satisfied, satisfied, dissatisfied, or very dissatisfied with ...
- a. The program{s} {CHILD} attends?
  - b. The teachers {he/she} has?
  - c. The services {he/she} has received?
  - d. How well the {service provider/program{s}} keep{s} you informed about {CHILD}'s behavior and progress?

Box D28  
IF CHILD RECEIVES HOME-BASED SERVICES ONLY, GO TO D31.  
ELSE, IF EITHER PROGRAM HAS OTHER CHILDREN, GO TO D28.  
ELSE, GO TO D29.

- D28. How would you rate the amount of time {CHILD} spends with typically developing children in {his/her} program{s}? Does {he/she} spend...
1. Too much time with typically developing children
  2. About the right amount of time, or
  3. Not enough time?

**PEELS Parent Interview**

- D29. Since the beginning of the school year, have you or another adult in the household done the following at {CHILD}'s program{s}?
- a. Attended a general school or program meeting, for example, back to school night, or a meeting of a parent-teacher organization?
  - b. Attended a school or class event, such as a play, sports event, or science fair?
  - c. Volunteered in {CHILD}'s classroom for at least 30 minutes?
  - d. Helped with field trips or other special events?
  - e. Attended parent-teacher conferences?
  - f. Participated in Policy Council, monitoring- related activities, or other school or program planning groups?
  - g. Participated in fundraising activities?



Box D30  
IF EITHER PROGRAM HAS OTHER CHILDREN, GO TO D30.  
ELSE, GO TO D31.

D30. About how many parents of children in {CHILD}'s program{s} do you talk with regularly, either in person or on the phone?



D31. We're also interested in the times your child's {program has/programs have} contacted you without your having contacted them first. In the past three months, have any of {CHILD}'s {service providers/teachers} {or someone else from {his/her} program{s}}...

- a. Sent your family personal notes?
- b. Provided newsletters, memos, or notices addressed to all parents?
- c. Called you on the phone?

{How many times did that happen? Would you say 1-2 times, or 3 or more times?}



D32a. Do you think {CHILD} will be attending school next year?

- 1. YES .....(GO TO D32b)
- 2. NO .....(GO TO BOX DKINTRO)
- 3. HOME-SCHOOLED.....(GO TO BOX DKINTRO)



D32b. What is the full name of the school or program you think {CHILD} will be attending next year?



D33. Where is that located?



Box DKINTRO  
IF CHILD IS IN KINDERGARTEN, FIRST, SECOND, OR THIRD GRADE, CONTINUE BELOW.  
ELSE, GO TO SECTION E.

Now I am going to ask you some questions about {CHILD}'s school.



## PEELS Parent Interview

DK1. Does {CHILD} attend a public or private school?

1. PUBLIC.....(GO TO BOX DK3)
2. PRIVATE .....(GO TO DK2)
3. HOME-SCHOOLED.....(GO TO DK22)

DK2. Is {CHILD}'s school related to a church or other religious organization?

1. YES
2. NO

Box DK3

IF CHILD IS IN KINDERGARTEN, GO TO DK3.  
ELSE, GO TO DK7.

DK3. Does {CHILD} go to a full-day or part-day kindergarten?

1. FULL DAY .....(GO TO DK7)
2. PART DAY.....(GO TO DK4)

DK4. Not counting kindergarten, does {he/she} also routinely attend an enrichment program or similar type of instructional program that provides deeper coverage of school subjects, often for gifted students?

1. YES .....(GO TO DK5)
2. NO .....(GO TO DK7)

DK5. How many different enrichment or instructional programs does {CHILD} go to?

DK6. How many days each week does {he/she} go to {this program/these programs}?

DK7. Which of the following best describes the school {CHILD} attends? Is it a...

1. A regular school that serves a wide variety of students,
2. A school that serves only students with disabilities,
3. A school that specializes in a particular subject area or theme, sometimes called a magnet school,
4. A charter school,
5. An alternative school, or
91. Another kind of school?

DK8. Does {CHILD} attend the neighborhood school, that is, the same school as the other children in the neighborhood?

1. YES
2. NO

**PEELS Parent Interview**

DK9. Is this the first year {CHILD} has attended this school?

- 1. YES
- 2. NO

DK10. Have you met {CHILD}'s teacher yet?

- 1. YES
- 2. NO

Box DK11

IF CHILD IS IN KINDERGARTEN, GO TO DK11.  
ELSE, GO TO DK16.

DK11. Before school started, did the school do anything to help {CHILD} enter kindergarten, like having visits to the classroom?

- 1. YES .....(GO TO DK12)
- 2. NO .....(GO TO DK13)

DK12. Do you think that what the school did to get {him/her} ready for the move to kindergarten was...

- 1. More than {he/she} needed,.....(Go to DK14)
- 2. Less than {he/she} needed, or .....(Go to DK14)
- 3. About right? .....(Go to DK14)

DK13. Do you think the move to kindergarten would have been easier for {him/her} if the school had done something to help {him/her} prepare?

- 1. YES
- 2. NO

DK14. Before school started, did you or another family member do anything on your own about the move into kindergarten, such as going to talk with teachers, or taking {CHILD} to visit the classroom?

- 1. YES
- 2. NO

DK15. How do you think the transition to kindergarten has gone for {him/her}? Overall, would you say it's been...

- 1. Very easy,
- 2. Somewhat easy,
- 3. Somewhat hard, or
- 4. Very hard?

## PEELS Parent Interview

DK16. How well would you say {CHILD} gets along with other children at school? Would you say...

1. Very well,
2. Pretty well,
3. Not very well, or
4. Not at all well?

DK17. How well would you say {he/she} gets along with teachers? Would you say...

1. Very well,
2. Pretty well,
3. Not very well, or
4. Not at all well?

### Box DK18

IF CHILD DOES NOT HAVE A DISABILITY OR DELAY, GO TO DK19.  
ELSE, GO TO DK18.

DK18. How would you rate the amount of time {CHILD} spends with typically developing children at {his/her} school? Does {he/she} spend...

1. Too much time with typically developing children,
2. About the right amount of time, or
3. Not enough time?

DK19. Think about {CHILD}'s experience at {his/her} school since the beginning of this school year. Would you say you strongly agree, agree, disagree, or strongly disagree with each of the following statements?

- a. {CHILD} is challenged at school.
- b. {He/She} enjoys school.
- c. {His/Her} teachers maintain good discipline in the classroom.
- d. In {his/her} school, most students and teachers respect each other.
- e. The principal and assistant principal maintain good discipline at {CHILD}'s school.
- f. The school is good at meeting {his/her} individual needs.

DK20. Has {CHILD} had any of the following things happen to {him/her} during this school year?

- a. Has {he/she} had things stolen from {his/her} desk, or other places at school?
- 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?
- c. Has {he/she} been physically attacked or involved in fights at school or on the way to or from school?
- d. Has {he/she} been teased or called names at school?

DK21. Thinking about this school year so far, would you say you are very satisfied, satisfied, dissatisfied, or very dissatisfied with ...

- a. The school {CHILD} attends?
- b. The teachers {he/she} has?
- c. The education {he/she} has received?
- d. How well the school keeps you informed about {CHILD}'s behavior and academic performance?

## PEELS Parent Interview

DK22. How far in school do you expect {CHILD} to go? Would you say you expect {him/her} to...

1. Not graduate from high school,
2. Graduate from high school,
3. Attend some college or take post secondary vocational courses,
4. Receive a 2- or 3-year college degree or vocational school diploma,
5. Earn a 4-year college degree, or
6. Earn a graduate degree?

Box DK23

IF CHILD IS HOME-SCHOOLED, GO TO SECTION E.  
ELSE, GO TO DK23.

DK23. Since the beginning of the school year, have you or another adult in the household done any of the following at {CHILD}'s school?

- a. Attended a general school meeting, for example, back to school night, or a meeting of a parent-teacher organization?
- b. Attended a school or class event, such as a play, sports event, or science fair?
- c. Volunteered in {CHILD}'s classroom for at least 30 minutes?
- d. Helped with field trips or other special events?
- e. Attended parent-teacher conferences?
- f. Participated in Policy Council, monitoring-related activities, or other school planning groups?
- g. Participated in fundraising activities?

DK24. About how many parents of children in {CHILD}'s class do you talk with regularly, either in person or on the phone?

DK25. We're also interested in the times your child's school has contacted you without your having contacted them first. In the past three months, have any of {CHILD}'s teachers or someone else from {his/her} school...

- a. Sent your family personal notes?
- b. Provided newsletters, memos, or notices addressed to all parents?
- c. Called you on the phone?

{How many times did that happen? Would you say 1-2 times, or 3 or more times?}

DK26. The study is interested in learning how the children we are following are doing in school. We would like to send {CHILD}'s teacher a questionnaire that asks about some of the things {he/she} is doing in school.

DK27. What is the name of {CHILD}'s teacher?

DK28. What is the full name of the school {CHILD} attends now?

DK29. Where is that located?

DK30. What is the phone number of the school?

## PEELS Parent Interview

### Section E – Special Education Services

E1. Now I'd like to ask you about special services your child may be receiving. Within the past two months, did {CHILD} have an IEP or did {he/she} receive special education or other services for a special need or disability, such as speech therapy, physical therapy, or some other help?

1. YES ..... (GO TO BOX E-3)
2. NO ..... (GO TO E2)

E2. Does {CHILD} now have a 504 plan for classroom accommodations because of {his/her} special needs? [By a 504 plan, we mean a documented program of instructional and/or assessment provisions to assist students with special needs who are in a regular education setting, as required by Section 504 of the Vocational Rehabilitation Act.]

1. YES
2. NO

#### BOX E-3

IF CHILD IS NOT IN PRESCHOOL AND NOT HOME-SCHOOLED, GO TO E3.  
ELSE, GO TO BOX E-4.

E3. Which of the following best describes where {CHILD} spends {his/her} time at school? Does {he/she}...

1. Spend the entire time in the general education class working only with the general education teaching staff,
2. Spend the entire time in the general education class and specialists come in and work with {him/her} there,
3. Spend most of the time in the general education class but is taken out of the classroom to receive some special services,
4. Spend some time in the general education class and some time in a special education class for children with special needs, or
5. Spend the entire day in a special class for children with special needs?
91. OTHER

#### Box E-4

IF CHILD IS NOT IN SCHOOL, GO TO BOX E-6.  
ELSE, IF CHILD IS IN PRESCHOOL AND HAS AN IEP OR 504 PLAN, GO TO E4.  
ELSE, GO TO BOX E-6.

E4. Earlier you told me that {CHILD} attends {from programs noted at A23}.

Does {he/she} receive special education or special services in that program?

1. YES ..... (GO TO E5)
2. NO ..... (GO TO INTRO BEFORE E7)

## PEELS Parent Interview

- E5. I am going to ask you some questions about how {CHILD} receives special education and other special services.
- Does a specialist meet with {CHILD}'s teacher or child care provider to show the teacher how to work with {him/her}?
  - Does a specialist come to the program and provide services to {CHILD} in the classroom?
  - Does a specialist come to the program and take {CHILD} out of class to provide special services?
  - Does your family take {CHILD} to a school or a clinic for special services?
  - Does a specialist come to {CHILD}'s home to work with {him/her} or a family member?
  - Does a specialist go to {CHILD}'s babysitter's home to work with {him/her} or the babysitter?
  - Is there any other way that {CHILD} receives services?

Box E-6

IF THE CHILD IS IN PRESCHOOL AND DOES NOT HAVE AN IEP OR 504 PLAN, OR THE CHILD IS HOME-SCHOOLED AND ALL OF E5 IS SKIPPED, GO TO E6. ELSE, GO TO INTRO BEFORE E7.

- E6. I am going to ask you some questions about how {CHILD} receives special education and other special services.
- Does your family take {CHILD} to a school or a clinic for special services?
  - Does a specialist come to {CHILD}'s home to work with {him/her} or a family member?
  - Does a specialist go to {CHILD}'s babysitter's home to work with {him/her} or the babysitter?
  - Is there any other way that {CHILD} receives services?

- E6a4. Last summer, did {CHILD} receive any special education services either through a public agency or that your family arranged privately?
- YES
  - NO

My next set of questions refer only to the services {CHILD} is receiving through the public schools.

- E7. Does {CHILD} get any of {his/her} special education or therapy services through the public schools? ["Through the public schools" includes services in the public schools as well as services arranged or paid for by the public school system.]
- YES .....(GO TO E8)
  - NO .....(GO TO E18a)

- E8. I'm going to read a list of services. For each service, please tell me if {CHILD} has received this service provided through the public schools within the last two months.
- Speech or language therapy?
  - Occupational therapy?
  - Physical therapy?
  - Special education or instruction in school [extra help, an aide, special program]?
  - Tutoring or help for learning problems?

## PEELS Parent Interview

E9a. Is {CHILD} receiving any other services provided through the public schools?

1. YES .....(GO TO E9b)
2. NO .....(GO TO E17a)

E9b. What other services is {CHILD} receiving?

E17a. Are there any special education services or therapies that {CHILD} is now getting through the school system that you think {he/she} needs more of?

1. YES .....(GO TO E17b)
2. NO .....(GO TO E18a)

E17b. What therapy or services do you think {he/she} needs more of?

E18a. Are there any special education services or therapies that you think {CHILD} should be getting through the school system, but isn't?

1. YES .....(GO TO E18b)
2. NO .....(GO TO BOX E-12)

### BOX E-12

IF CHILD DOES NOT NEED ANY ADDITIONAL SERVICES AND CHILD IS NOT RECEIVING SERVICES THROUGH THE PUBLIC SCHOOLS, GO TO E19a.  
ELSE, GO TO BOX E-12a.

E18b. What therapy or services do you think {he/she} needs, but isn't getting?

### BOX E-12A

IF CHILD IS NOT RECEIVING SERVICES THROUGH THE PUBLIC SCHOOLS, GO TO E19a.  
ELSE, GO TO E15.

E15. How would you rate the **amount** of special education and therapy services {CHILD} is getting through the school system? Would you say it is...

1. More than needed,
2. About the right amount, or
3. Less than needed?

E16. How would you rate the general quality of the special education and therapy services {CHILD} is getting through the school system? Would you say it is...

1. Excellent,
2. Good,
3. Fair, or
4. Poor?

## PEELS Parent Interview

E19a. Overall, how satisfied are you with the special education services available through the public school or agency in your area? Would you say you are...

1. Very satisfied,
2. Satisfied,
3. Dissatisfied, or
4. Very dissatisfied?



BOX E-10A  
IF CHILD IS NOT RECEIVING SERVICES THROUGH THE PUBLIC SCHOOLS, GO TO E20a.  
ELSE, GO TO E10.

E10. During the last year, did you or another adult in {CHILD}'s household go to a meeting about an Individualized Education Plan, or IEP, about {CHILD}'s special education program or services? [An individualized education program is a written plan that establishes goals for {CHILD} and identifies special education services to help {CHILD} meet those goals.]

1. YES .....(GO TO E11)
2. NO .....(GO TO E14)



E11. Who came up with the goals on {his/her} IEP? Was it...

1. Mostly your family
2. Mostly teachers and other school staff, or
3. You and the school staff together?



E12. How do you feel about your family's involvement in the decisions about {CHILD}'s IEP? Do you feel you...

1. Wanted to be involved more,
2. Were involved about the right amount, or
3. Wanted to be involved less?



BOX E-13  
IF PARENT DOESN'T KNOW ABOUT CHILD'S IEP GOALS, GO TO E14.  
ELSE, GO TO E13.

E13. To what extent do you agree or disagree with this statement: {CHILD}'s IEP goals are challenging and appropriate. Would you say you...

1. Strongly agree,
2. Agree,
3. Disagree, or
4. Strongly disagree?



E14. Do you feel that the education and services that {CHILD} receives are...

1. Highly individualized to {his/her} needs,
2. Somewhat individualized, or
3. Not individualized at all?



## PEELS Parent Interview

E19b. During the past three months, approximately how often have you heard from {CHILD}'s special education teachers or service providers by phone, in person, or in writing? Please do not include discussions at IEP or IFSP meetings.

1. At least several times a week,
2. Several times a month,
3. About once a month, or
4. Less than once a month?

E20a. Now I'd like to ask you about any services {CHILD} may be receiving that are not paid for by the public schools. Is {CHILD} receiving any special education or therapy services that are paid for by any other source such as your family, your insurance, or another public program?

1. YES .....(GO TO E20b)
2. NO .....(GO TO E21)

E20b. What services is {he/she} receiving that the school system does not pay for?

E21. I am going to read you some statements about the special education teachers, therapists, and other professionals who work with children with special needs. For each statement I read, please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

- a. I have good feelings about the professionals who work with children with special needs and their families.
- b. Professionals who work with children with special needs respect the values and cultural background of my family.
- c. Professionals who work with children with special needs ignore my opinions.
- d. Professionals who work with children with special needs make me feel optimistic and hopeful about {CHILD}'s future.

### BOX E-14

IF CHILD IS NOT RECEIVING SERVICES THROUGH THE PUBLIC SCHOOLS AND CHILD IS NOT RECEIVING SERVICES OUTSIDE OF THE PUBLIC SCHOOLS, GO TO SECTION F.  
ELSE, GO TO E22.

E22. Now I'm going to read the same statements, but this time, please think about the special education teachers, therapists, and other professionals who work with {CHILD} this year. For each statement I read, please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

- a. I have good feelings about the professionals who work with {CHILD} this year.
- b. Professionals who work with {CHILD} respect the values and cultural background of my family.
- c. Professionals who work with {CHILD} ignore my opinions.
- d. Professionals who work with {CHILD} make me feel optimistic and hopeful about {his/her} future.

E23. To what extent do you feel that the professionals providing special education services to {CHILD} try to communicate with you and involve you in {CHILD}'s activities, progress, and related issues?

1. Not at all,
2. Somewhat, or
3. Extensively?

# PEELS Parent Interview

## Section F – Child Care

Next, I'd like to talk with you about the childcare arrangements you have for {CHILD}, both this year and last year.



BOX F1

IF CHILD IS IN PRESCHOOL, GO TO F2.  
ELSE, GO TO F1.

- F1. Is {CHILD} now being regularly cared for by someone other than a parent or guardian? By "regularly," we mean for more than 10 hours a week most weeks. This includes childcare while a parent or guardian works or goes to school. [Exclude care by a foster parent, a one-on-one aide or nursing care while at school, care when a parent is present, or care in a hospital.]
1. YES
  2. NO



BOX F2

IF CHILD IS NOT CURRENTLY IN SCHOOL, GO TO BOX F15.  
ELSE, IF CHILD IS BEING CARED FOR REGULARLY BY SOMEONE ELSE, GO TO F3.  
ELSE, GO TO BOX F15.

- F2. Earlier you mentioned that {CHILD} receives services from {programs noted at A23}.
- Is {he/she} in any other arrangement where {he/she} is regularly cared for 10 hours or more a week by someone other than a parent or guardian?
1. YES .....(GO TO F3)
  2. NO .....(GO TO BOX F15)



- F3. How many different childcare arrangements is {he/she} in now?



Box F4-F11 Loop

F4 through F11 is a loop. It is asked once if one childcare arrangement and twice if more than one childcare arrangement. The first iteration of the loop asks about the arrangement the child spends the most time in per week and the second iteration asks about the arrangement the child spends the second most time in.

- F4. {I want to ask you about the two arrangements {CHILD} spends the most time in separately. Let's begin with the arrangement in which {he/she} spends the most time./Is this care in...} {For the arrangement {he/she} spends the second most time, is this care in.../Is this care in...}
1. {CHILD}'s home,
  2. Someone else's home,
  3. A child care center, or
  91. Somewhere else?



## PEELS Parent Interview

F5. Is this care provided by a relative of {CHILD}'s?

1. YES
2. NO

BOX F6  
IF THE CHILDCARE ARRANGEMENT IS IN THE HOME, GO TO F7.  
ELSE, GO TO F6.

F6. Is this care provided at {CHILD}'s school?

1. YES
2. NO

F7. How many days a week does {he/she} {go to this arrangement/have this service provided}?

F8. How many hours a week is {CHILD} in this arrangement?

F9. How many other children is {CHILD} usually with in {his/her} group when {he/she} is in this arrangement?

BOX F10  
IF THERE ARE NO OTHER CHILDREN IN THE ARRANGEMENT, GO TO F11.  
ELSE, GO TO F10.

F10. How many of these children have special needs or disabilities? Is it...

1. All of them,
2. Most of them,
3. Some of them, or
4. None of them?

F11. How many adults are usually present when {CHILD} is in this arrangement?

F13. Overall, how satisfied are you with the ability of {CHILD}'s childcare {arrangement/arrangements} to meet {his/her} needs? Would you say you are generally ...

1. Very satisfied,
2. Satisfied,
3. Dissatisfied, or
4. Very dissatisfied?

F14. If all childcare cost the same as you pay now, would you use the same {arrangement/arrangements} you have now?

1. YES
2. NO

**PEELS Parent Interview**

BOX F15  
IF CHILD DOES NOT HAVE A DISABILITY OR DELAY, GO TO F16.  
ELSE, GO TO F15.

- F15. If {CHILD} did not have a disability or developmental delay, what type of childcare arrangement would {he/she} be in?
1. {CHILD}'s home,
  2. Someone else's home,
  3. A child care center, or
  91. Somewhere else?

- F16. Let's talk about the preschool or childcare arrangement that {CHILD} was in a year ago. A year ago, was {CHILD} being regularly cared for by someone other than a parent or guardian? By "regularly," we mean for more than 10 hours a week most weeks.
1. YES .....(GO TO BOX F17)
  2. NO .....(GO TO SECTION G)

BOX F17  
IF THE CHILD IS NOT IN CHILDCARE NOW AND THE CHILD WAS IN CHILDCARE A YEAR AGO, GO TO F18.  
ELSE, GO TO F17.

- F17. Do you have the same childcare (or preschool) for {CHILD} now as you did a year ago?
1. YES..... (GO TO SECTION G)
  2. NO .....(GO TO F18)

F18. How many different childcare arrangements {or preschool programs} was {he/she} in a year ago?

F19. What was the total number of days per week that {CHILD} was in childcare or preschool a year ago?

F20. What was the total number of hours per week that {CHILD} was in childcare or preschool a year ago?

- F21. Did any of the other children in childcare or preschool with {CHILD} a year ago have special needs or disabilities? Was it...
1. All of them,
  2. Most of them,
  3. Some of them, or
  4. None of them?

## PEELS Parent Interview

### Section G – Activities

Now I am going to ask you about some things your child might do {when {he/she} is not in preschool or school}.

G1. {Outside of school hours,} has {CHILD} ever participated in dance lessons?

1. YES
2. NO

G2. {Outside of school hours,} has {he/she} ever participated in organized athletic activities, like gymnastics, soccer, baseball, or basketball?

1. YES
2. NO

G3. {Outside of school hours,} has {CHILD} ever participated in organized clubs or recreational programs, like scouts?

1. YES
2. NO

G4. {Outside of school hours,} has {he/she} ever participated in music lessons, such as piano, instrumental music, or singing lessons?

1. YES
2. NO

G5. {Outside of school hours,} has {CHILD} ever participated in drama classes?

1. YES
2. NO

G6. {Outside of school hours,} has {he/she} ever participated in art or crafts classes or lessons, such as painting, drawing, or sculpturing?

1. YES
2. NO

G7. {Outside of school hours,} has {CHILD} ever participated in organized performing arts programs, such as children's choirs, dance programs, or theater performances?

1. YES
2. NO

## PEELS Parent Interview

G9. Are there any children's group activities, such as story hours, play groups, lessons, Sunday schools, gym programs, or other programs that {CHILD} goes to at least once a month?

1. YES .....(GO TO G10)
2. NO .....(GO TO G12)

G10. What group activities does {he/she} go to at least monthly?

G11. In {these activities/this activity}, how many of the other children have special needs or disabilities? Is it...

1. All of them,
2. Most of them,
3. Some of them, or
4. None of them?

G12. Compared with other children {his/her} age, how easy is it to take {CHILD} with you when you do things like going to the store or keeping an appointment? Would you say {he/she} is...

1. Easier to take places than other children,
2. Just as easy to take places,
3. A little harder to take places, or
4. Much harder to take places?

G13. Compared to other families with children {CHILD}'s age, would you say that your family has difficulty doing the following activities because of {CHILD}'s behavior, disabilities, or special needs? Would you say your family has difficulty...

- a. Going to a grocery store?
- b. Going to a shopping mall, department store, or discount store?
- c. Going to a restaurant or fast food place?
- d. Going to a public park or playground?
- e. Going to a church, synagogue, or place of worship?
- f. Going to the library?
- g. Going to a movie?
- h. Going on vacations?

G14. In the past month, has anyone in your family done the following things with {CHILD}?

- a. Going to a grocery store?
- b. Going to a shopping mall, department store, or discount store?
- c. Going to a restaurant or fast food place?
- d. Going to a public park or playground?
- e. Going to a church, synagogue, or place of worship?
- f. Going to the library?
- g. Going to a movie?
- h. Going on vacations?

**PEELS Parent Interview**

G15. How easy is it for you to get a babysitter to take care of {CHILD}? Would you say it is...

- 1. Very easy, .....(GO TO G17)
- 2. Fairly easy, .....(GO TO G17)
- 3. Somewhat hard, or .....(GO TO G16)
- 4. Very hard? .....(GO TO G16)

G16. Why is that?

G17. How many days out of a typical week does your family eat the evening meal together?

G18. In the past week, how often did {CHILD} look at picture books or other books {outside of school}? Would you say...

- 1. Never,
- 2. Once or twice,
- 3. 3 to 6 times, or
- 4. Every day?

BOX G19
IF CHILD IS IN PRESCHOOL, GO TO G20. ELSE, GO TO G19.

G19. In the past week, how often did {CHILD} read to {himself/herself} or to others {outside of school}? Would you say...

- 1. Never,
- 2. Once or twice,
- 3. 3 to 6 times, or
- 4. Every day?

G20. How many times have you or someone in your family read to {CHILD} in the past week? Would you say...

- 1. Never,
- 2. Once or twice,
- 3. 3 to 6 times, or
- 4. Every day?

G21. Do you have a home computer that {CHILD} uses?

- 1. YES .....(GO TO G22)
- 2. NO .....(GO TO G23)

G22. In a typical week, how often does {CHILD} use the computer? Would you say...

- 1. Never,
- 2. Once or twice a week,
- 3. 3 to 6 times a week, or
- 4. Every day?

## PEELS Parent Interview

G23. Thinking about a typical day, about how many hours a day does {CHILD} spend...

- a. Watching TV alone?
  - b. Playing with brothers, sisters, or other children in the household?
  - c. Playing with other children from outside the household?
  - d. Playing or being alone with no one else in the room or yard?
  - e. Doing other things with a household member?
- 

G24. How safe is it for children to play outside during the day in your neighborhood? Would you say it's...

1. Not at all safe,
  2. Somewhat safe, or
  3. Very safe?
-

PEELS Parent Interview

Section H – Family Demographics

My next questions are about {CHILD}'s household. {These questions refer to the home where {CHILD} would be living if {he/she} {wasn't in the hospital./ wasn't in a special school or home for children with special needs.}} I'd like to learn a little about the people who live with {CHILD}.

H1b. Please tell me the first names and ages of all the people who normally live in the household with {CHILD}. Please do not include anyone staying there temporarily who usually lives somewhere else.

Now I'd like to ask how all the people in {CHILD}'s household are related to {him/her}.

H1c. How is {first name of each family member listed in H1b} related to {CHILD}?

- 1. MOTHER .....(GO TO H1d)
2. FATHER .....(GO TO H1d)
3. BROTHER .....(GO TO BOX H3a)
4. SISTER.....(GO TO BOX H3a)
5. GRANDMOTHER .....(GO TO BOX H3a)
6. GRANDFATHER .....(GO TO BOX H3a)
7. AUNT.....(GO TO BOX H3a)
8. UNCLE .....(GO TO BOX H3a)
9. COUSIN.....(GO TO BOX H3a)
10. PARTNER OF CHILD'S PARENT .....(GO TO BOX H3a)
91. OTHER RELATIVE.....(GO TO BOX H3a)
92. NON-RELATIVE .....(GO TO BOX H3a)

H1d. Is {he/she} {CHILD}'s biological, adoptive, step, or foster parent?

BOX H3a
IF CHILD LIVES WITH RESPONDENT, GO TO H3a.
ELSE, GO TO H4a.

H3a. Do you have a spouse or partner who lives in this household?

- 1. YES .....(GO TO H3b)
2. NO .....(GO TO H4a)

H3b. Who in the household is your spouse or partner?

H3c. Are you legally married to that person?

- 1. YES
2. NO

**PEELS Parent Interview**

H4a. Not including {CHILD}, does anyone {else} in the household have a special need, delay, or disability?

- 1. YES .....(GO TO H4c)
- 2. NO .....(GO TO H5a)

H4c. Who in the household has special needs?

H5a. Now I'd like to ask some questions about you. Do you have a paid job now?

- 1. YES .....(GO TO H5b)
- 2. NO .....(GO TO H6a)

H5b. In an average week, about how many hours do you work for pay?

H6a. Are you now taking any courses from a school, college, or university?

- 1. YES .....(GO TO H6b)
- 2. NO .....(GO TO H7a)

H6b. Are you a full-time or part-time student?

H7a. Are you now in any kind of job training program? {We mean separate from your current job.}

- 1. YES .....(GO TO H7b)
- 2. NO .....(GO TO BOX H8)

H7b. Are you involved in this program full-time or part-time?

**BOX H8**  
IF RESPONDENT DOESN'T HAVE A JOB AND IS NOT IN A JOB TRAINING PROGRAM OR SCHOOL, GO TO H8.  
ELSE, GO TO H9.

H8. Would you work, be in job training, or go to school if you had someone to care for {CHILD}?

- 1. YES
- 2. NO

H9. What is the highest year or grade you finished in school?

**PEELS Parent Interview**

H10. What is your legal marital status?

- 1. NEVER MARRIED
- 2. MARRIED
- 3. SEPARATED
- 4. DIVORCED
- 5. WIDOWED



BOX INTROH-2  
IF CHILD DOES NOT LIVE WITH RESPONDENT, GO TO BOX after H15.  
ELSE, IF RESPONDENT'S SPOUSE/PARTNER LIVES IN THE HOUSEHOLD, CONTINUE BELOW.  
ELSE, GO TO BOX after H15.

The next set of questions is about your {spouse/partner}.



H11a. Does your {spouse/ partner} have a paid job now?

- 1. YES .....(Go to H11b)
- 2. NO .....(Go to H12a)



H11b. In an average week, about how many hours does your {spouse/ partner} work for pay?



H12a. Is your {spouse/partner} now taking any courses from a school, college, or university?

- 1. YES .....(GO TO H12b)
- 2. NO .....(GO TO H13a)



H12b. Is your {spouse/partner} a full-time or part-time student?



H13a. Is your {spouse/partner} now in any kind of job training program? {We mean separate from his or her current job.}

- 1. YES .....(GO TO H13b)
- 2. NO .....(GO TO BOX H14)



H13b. Is your {spouse/partner} in this program full-time or part-time?



BOX H14  
IF PARTNER DOESN'T HAVE A JOB AND IS NOT IN JOB TRAINING OR SCHOOL, GO TO H14.  
ELSE, GO TO H15.

H14. Would your {spouse/partner} work, be in job training, or go to school if he or she had someone to care for {CHILD}?

- 1. YES
- 2. NO



**PEELS Parent Interview**

H15. What is the highest year or grade that your {spouse/partner} finished in school?

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BOX HBIOMOM  
IF RESPONDENT IS THE BIOLOGICAL MOTHER, GO TO BOX AFTER H19.  
ELSE, IF RESPONDENT IS PARTNERED WITH OR MARRIED TO BIOLOGICAL MOTHER, GO TO BOX AFTER H19.  
ELSE, IF BIOLOGICAL MOTHER IS LISTED AS LIVING IN CHILD'S HOUSEHOLD, GO TO H19.  
ELSE, CONTINUE BELOW.

My next questions are about {CHILD}'s biological mother.

---

H16. How much contact does {CHILD} have with {his/her} biological mother? Is it...

1. No contact, .....(GO TO H18)
2. Occasional contact, or .....(GO TO H17)
3. Frequent contact?.....(GO TO H17)
4. DECEASED .....(GO TO H19)
5. DON'T KNOW WHO BIOLOGICAL MOTHER IS .....(GO TO BOX AFTER H19)

---

H17. About how many days has {CHILD} spent time with {his/her} biological mother in the last month?

---

H18. How old is {CHILD}'s biological mother?

---

H19. What is the highest year or grade {CHILD}'s biological mother finished in school?

---

BOX HBIOFATH  
IF RESPONDENT IS BIOLOGICAL FATHER, GO TO H24a.  
ELSE, IF RESPONDENT IS PARTNERED WITH OR MARRIED TO BIOLOGICAL FATHER, GO TO H24a.  
ELSE, IF BIOLOGICAL FATHER IS LISTED AS LIVING IN CHILD'S HOUSEHOLD, GO TO H23.  
ELSE, CONTINUE BELOW.

My next questions are about {CHILD}'s biological father.

---

H20. How much contact does {CHILD} have with {his/her} biological father? Is it...

1. No contact, .....(GO TO H22)
2. Occasional contact, or .....(GO TO H21)
3. Frequent contact?.....(GO TO H21)
4. DECEASED .....(GO TO H23)
5. DON'T KNOW WHO BIOLOGICAL FATHER IS.....(GO TO H24a)

---

H21. About how many days has {CHILD} spent time with {his/her} biological father in the last month?

---

H22. How old is {CHILD}'s biological father?

---

**PEELS Parent Interview**

H23. What is the highest year or grade {CHILD}'s biological father finished in school?

---

H24a. My next questions are about government benefits you or others in your household may receive. Do you or anyone in the household now receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program?

- 1. YES .....(Go to H24c)
  - 2. NO .....(Go to H24b)
- 

H24b. Did you or anyone in the household get any of these welfare benefits anytime in the last year?

- 1. YES .....(Go to H24c)
  - 2. NO .....(Go to H25)
- 

H24c. Who {gets these/got those} welfare benefits? {Is/Was} it...

- 1. You, .....(Go to Box H24d)
  - 2. Someone else in the household, or .....(Go to H25)
  - 3. Both you and someone else in the household? .....(Go to H25)
- 

BOX H24d IF BENEFITS ARE CURRENTLY BEING RECEIVED, GO TO H25. ELSE, GO TO H24d.
---

H24d. Did you stop getting these welfare benefits because you...

- 1. Started working.....(GO TO H24e)
  - 2. Got married, or.....(GO TO H25)
  - 91. Some other reason? .....(GO TO H24dOV and then H25)
- 

H24dOV. Why did you stop getting these welfare benefits?

---

H24e. Did you start working because your welfare benefits ended?

- 1. YES
  - 2. NO
- 

H25. Do you, or anyone in the household, receive food stamps now?

- 1. YES
  - 2. NO
- 

H26. Do you now get food or food vouchers from WIC (or the Women, Infants, and Children's program)?

- 1. YES
  - 2. NO
-

## PEELS Parent Interview

H27a. Do you now receive money for {CHILD} from the Supplemental Security Income or SSI program?

1. YES .....(Go to H28)
2. NO .....(Go to H27b)

H27b. Did you ever get money for {CHILD} from the Supplemental Security Income or SSI program?

1. YES .....(GO TO H27c)
2. NO .....(GO TO H28)

H27c. Did you stop getting money from SSI for {CHILD} because...

1. Your household income was too high, or
2. {CHILD} no long qualified?

H28. Is your housing...

1. Owned by someone in the household,
2. Rented by the household, or
3. Public housing – either subsidized or Section 8?
4. FAMILY IS HOMELESS, LIVES IN SHELTER
5. LIVING WITH OTHERS (FAMILY/FRIENDS)
6. MILITARY HOUSING
7. HOUSING OWNED BY FAMILY OR FRIEND NOT IN THE HOUSEHOLD
91. OTHER

H29. How well does your current housing meet your family's needs? Would you say the way it meets your needs is...

1. Excellent,
2. Good,
3. Fair, or
4. Poor?

Box H30

IF FAMILY IS CURRENTLY HOMELESS, GO TO H31.  
ELSE, GO TO H30.

H30. Since {CHILD} was born, has your family ever been homeless or not had a regular place to live?

1. YES
2. NO

## PEELS Parent Interview

H31. How well does your current transportation meet your family's needs? Would you say the way it meets your needs is...

1. Excellent,
2. Good,
3. Fair, or
4. Poor?

H32a. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household over the past year, including salaries or other earnings, money from public assistance, child support, retirement, and so on, for all household members. Was your household income in the past year...

1. \$25,000 or less, or.....(Go to H32b)
2. More than \$25,000?.....(Go to H32c)

H32b. Was it...

1. \$5,000 or less, or.....(GO TO END)
2. \$5,001 to \$10,000,.....(GO TO END)
3. \$10,001 to \$15,000,.....(GO TO END)
4. \$15,001 to \$20,000, or.....(GO TO END)
5. \$20,001 to \$25,000?.....(GO TO END)

H32c. Was it...

1. \$25,001 to \$30,000,
2. \$30,001 to \$35,000,
3. \$35,001 to \$40,000,
4. \$40,001 to \$45,000,
5. \$45,001 to \$50,000,
6. \$50,001 to \$75,000, or
7. More than \$75,000?

Thank you very much for taking time to answer these questions and help us with this important study.