

A Survey About Homeschooling in America

Part of the 2016 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Administered by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



NHES-PFIHS
Informational Copy



Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below is currently homeschooled for at least some classes. If this child attends public or private school instead of homeschooling, or is not homeschooled for kindergarten through 12th grade or equivalent, please call us toll-free at 1-888-840-8353 to let us know.
- ◆ These questions should be filled in by a parent or guardian who knows about:

Please answer all the survey questions thinking about this child or youth.

- ◆ To answer a question, simply mark ☒ the box that best represents your answer.
- ◆ Please use a black or blue pen, if available, to complete this survey.
- ◆ Please return the completed survey using the postage-paid envelope provided.

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC §9543). The U.S. Census Bureau is administering this survey on behalf of NCES. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C., §9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0768. The time required to complete this survey is estimated to average 20 minutes per response, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Sarah Grady, National Household Education Survey, National Center for Education Statistics, 1990 K Street, NW, Room 9016, Washington, DC 20006-5650. Do not return the completed form to this address. You may send email to NHES@census.gov. If you have any questions about the study, contact the Census Bureau toll-free at 1-888-840-8353.



Child's Homeschooling

► Thank you for your help with the previous survey your household completed.

► Answer all the survey questions thinking about the child listed below:

1. Who is the person that mainly provides this child's home instruction?

☐ Mother

HSWHOX

☐ Father

☐ Grandparent

☐ Brother/sister

☐ Another person

↳ Who is that?

HSWHOOSX

2. Is any of this child's home instruction provided by a private tutor or teacher?

☐ No

HSTUTOR

☐ Yes

3. Is any of this child's instruction provided by a local homeschooling group or co-op?

☐ No

HSCOOP

☐ Yes

4. Does this child attend a public or private school or a college or university for instruction?

☐ No



GO TO question 7

☐ Yes

HSCOLL

5. What type of school(s) does this child attend?

Mark ☒ all that apply.

☐

Public school (K - 12)

HSPUBLIC

☐

Private school (K - 12)

HSPRIVATE

☐

College, community college, or university

HSCOLLEGE

6. How many hours each week does this child usually go to a school for instruction? Do not include time spent in extracurricular activities.

hours

HSSCHR



7. What grade or year would this child be in if he/she was attending school?

Mark ☒ ONE only.

☐ Kindergarten GRADEEQA

☐ Grade (1 through 12) GRADEEQB

8. These next questions ask you to estimate the amount of time you homeschool this child.

- a. How many days each week is this child homeschooled?

☐ days each week HSDAYS

- b. About how many total hours each week is he/she homeschooled?

☐ hours per week HSHOURS

9. Since September, has this child participated in activities with other children who are homeschooled?

☐ No

☐ Yes HSKACTIV

10. Which of the following statements best describes the teaching style used to homeschool this child?

Mark ☒ ONE only.

HSSTYL

☐ We strictly follow a formal curriculum.

☐ We mostly follow a formal curriculum, but also use informal learning (i.e. child-led learning, "teaching moments").

☐ We mostly use informal learning, but sometimes use a formal curriculum.

☐ We always use informal learning, and never follow a formal curriculum.

11. Thinking about sources of curriculum or books you use to homeschool this child, please tell us about all the sources that apply to you.

Since September, have you used materials from...

Mark ☒ ONE box for each item below.

No Yes
▼ ▼

- a. A public library?

☐ ☐

HSCLIBRX

- b. A homeschooling catalog, publisher, or individual who specializes in homeschooling materials?

☐ ☐

HSCCHSPUBX

- c. Another educational publisher?

☐ ☐

HSCEDPUBX

- d. A homeschooling organization?

☐ ☐

HSCORGX

- e. A church, synagogue, or other religious organization?

☐ ☐

HSCCHRX

- f. Your local public school or school district?

☐ ☐

HSCPUBLX

- g. A private school?

☐ ☐

HSCPRIVX

- h. A bookstore or other store (including online)?


☐ ☐

HSCRELX

- i. Websites, excluding retailers?

☐ ☐

HSCNETX

- j. Other source — Specify: 

☐ ☐

HSCOTH

HSCOTHOS

12. In the past year, have you or another family member taken any courses, either online or in-person, to help you prepare your child's home instruction?

☐ No

HSCOURS

☐ Yes, both online and in-person

☐ Yes, online only

☐ Yes, in-person only

13. Some homeschooled children take courses over the Internet taught by people outside the household. Is this child receiving any instruction this way?

☐ No → **GO TO question 16**

☐ Yes **HSINTNET**

14. Is that instruction provided by any of the following places?

Mark ☒ all that apply.

- ☐ Your local public school **HSINTPUB**
- ☐ Your state **HSINTST**
- ☐ A charter school **HSINTCH**
- ☐ Another public school **HSINTAPB**
- ☐ A private school **HSINTPRI**
- ☐ A college, community college, or university **HSINTCOL**
- ☐ Someplace else — Specify: **HSINTOH**

15. Is there a charge or fee for that instruction?

☐ No **HSFEE**

☐ Yes

16. Thinking about typical grade levels, for which grades was this child schooled at home for at least some classes or subjects?

Mark ☒ all that apply.

Include the current year.

Elementary through Middle School

- ☐ Kindergarten (Including transitional K and Pre-first grade) **HOMEKX**
- ☐ First grade **HOME1**
- ☐ Second grade **HOME2**
- ☐ Third grade **HOME3**
- ☐ Fourth grade **HOME4**
- ☐ Fifth grade **HOME5**
- ☐ Sixth grade **HOME6**
- ☐ Seventh grade **HOME7**
- ☐ Eighth grade **HOME8**

High School

- ☐ Ninth grade - freshman **HOME9**
- ☐ Tenth grade - sophomore **HOME10**
- ☐ Eleventh grade - junior **HOME11**
- ☐ Twelfth grade - senior **HOME12**



17. There are many different reasons that parents choose to homeschool their children. Did your family choose to homeschool this child because:

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. You are concerned about the school environment, such as safety, drugs, or negative peer pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSSAFETYX | |
| b. You are dissatisfied with the academic instruction at other schools? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSDISSATX | |
| c. You prefer to teach this child at home so that you can provide religious instruction? . . | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSRELGN | |
| d. You prefer to teach this child at home so that you can provide moral instruction? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSMORAL | |
| e. This child has a physical or mental health problem that has lasted six months or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSDISABLX | |
| f. This child has a temporary illness that prevents him/her from going to school? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSILLX | |
| g. This child has other special needs that you feel the school can't or won't meet? . . | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSSPCLNDX | |
| h. You are interested in a nontraditional approach to children's education? | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSALTX | |
| i. You have another reason for homeschooling your child? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify: ↴ | HSOTHERX | |

HSOTHERXOS

18. Of the reasons your family chose to homeschool this child, which one would you say is the most important to you?

Write the letter from question 17 for the most important reason you chose to homeschool your child.

HSMOSTX
letter from question 17

19. How far do you expect this child to go in his/her education?

Mark ☒ ONE only. **HSFUTUREX**

- ☐ Complete less than a high school diploma
- ☐ Graduate from high school
- ☐ Attend a vocational or technical school after high school
- ☐ Attend two or more years of college
- ☐ Earn a bachelor's degree
- ☐ Earn a graduate degree or professional degree beyond a bachelor's



20. Thinking about all years this child has been homeschooled, which of the following subject areas has this child been taught during his or her home instruction?

Mark ☒ all that apply.

- | | |
|--|-----------------|
| <input type="checkbox"/> Art | HSART |
| <input type="checkbox"/> Music | HSMUSIC |
| <input type="checkbox"/> Arithmetic | HSARITH |
| <input type="checkbox"/> Basic algebra (Algebra I) | HSALG1 |
| <input type="checkbox"/> Advanced algebra (Algebra II) | HSALG2 |
| <input type="checkbox"/> Geometry | HSGEOM |
| <input type="checkbox"/> Calculus | HSCALC |
| <input type="checkbox"/> Probability | HSPROB |
| <input type="checkbox"/> Scientific inquiry or experiments | HSSCIEN |
| <input type="checkbox"/> Earth sciences or geology | HSGEOL |
| <input type="checkbox"/> Biology | HSBIOL |
| <input type="checkbox"/> Chemistry or physics | HSCHEM |
| <input type="checkbox"/> Geography | HSGEOG |
| <input type="checkbox"/> Basic reading/ reading skills | HSREAD |
| <input type="checkbox"/> Spelling | HSSPELL |
| <input type="checkbox"/> English or literature | HSENGL |
| <input type="checkbox"/> Computer science (e.g., computer programming) | HSCOMSCI |
| <input type="checkbox"/> Social science, history, social studies | HS HIST |
| <input type="checkbox"/> Foreign language | HSFOLANG |
| <input type="checkbox"/> Physical education or gym | HSPHYED |
| <input type="checkbox"/> Health | HSHEALTH |

21. Which of the following subject areas are being taught to this child now?

Mark ☒ all that apply.

- | | |
|--|------------------|
| <input type="checkbox"/> Art | HSNART |
| <input type="checkbox"/> Music | HSNMUSIC |
| <input type="checkbox"/> Arithmetic | HSNARITH |
| <input type="checkbox"/> Basic algebra (Algebra I) | HSNALG1 |
| <input type="checkbox"/> Advanced algebra (Algebra II) | HSNALG2 |
| <input type="checkbox"/> Geometry | HSNGEOM |
| <input type="checkbox"/> Calculus | HSNCALC |
| <input type="checkbox"/> Probability | HSNPROB |
| <input type="checkbox"/> Scientific inquiry or experiments | HSNSCIEN |
| <input type="checkbox"/> Earth sciences or geology | HSNGEOL |
| <input type="checkbox"/> Biology | HSNBIOL |
| <input type="checkbox"/> Chemistry or physics | HSNCHEM |
| <input type="checkbox"/> Geography | HSNGEOG |
| <input type="checkbox"/> Basic reading/ reading skills | HSNREAD |
| <input type="checkbox"/> Spelling | HSNSPELL |
| <input type="checkbox"/> English or literature | HSNENGL |
| <input type="checkbox"/> Computer science (e.g., computer programming) | HSNCOMSCI |
| <input type="checkbox"/> Social science, history, social studies | HSNHIST |
| <input type="checkbox"/> Foreign language | HSNFOLANG |
| <input type="checkbox"/> Physical education or gym | HSNPHYED |
| <input type="checkbox"/> Health | HSNHEALTH |



Family Activities

22. In the past week, has anyone in your family done the following things with this child?

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
▼ | |
|--|--------------------------|--------------------------|-----------|
| a. Told him/her a story (Do not include reading to this child.) | <input type="checkbox"/> | <input type="checkbox"/> | FOSTORY2X |
| b. Done activities like arts and crafts, coloring, painting, pasting, or using clay. | <input type="checkbox"/> | <input type="checkbox"/> | FOCRAFTS |
| c. Played board games or did puzzles with him/her | <input type="checkbox"/> | <input type="checkbox"/> | FOGAMES |
| d. Worked on a project like building, making, or fixing something. | <input type="checkbox"/> | <input type="checkbox"/> | FOBUILDX |
| e. Played sports, active games, or exercised together. | <input type="checkbox"/> | <input type="checkbox"/> | FOSPORT |
| f. Discussed with him/her how to manage time. | <input type="checkbox"/> | <input type="checkbox"/> | FORESPON |
| g. Talked with him/her about the family's history or ethnic heritage. | <input type="checkbox"/> | <input type="checkbox"/> | FOHISTX |

23. In the past week, how many days has your family eaten the evening meal together?

Write '0' if none.

days FODINNERX

24. In the past month, has anyone in your family done the following things with this child?

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
▼ | |
|--|--------------------------|--------------------------|-----------|
| a. Visited a library | <input type="checkbox"/> | <input type="checkbox"/> | FOLIBRAYX |
| b. Visited a bookstore | <input type="checkbox"/> | <input type="checkbox"/> | FOBOOKSTX |
| c. Gone to a play, concert, or other live show | <input type="checkbox"/> | <input type="checkbox"/> | FOCONCRTX |
| d. Visited an art gallery, museum, or historical site | <input type="checkbox"/> | <input type="checkbox"/> | FOMUSEUMX |
| e. Visited a zoo or aquarium | <input type="checkbox"/> | <input type="checkbox"/> | FOZOOX |
| f. Attended an event sponsored by a community, religious, or ethnic group | <input type="checkbox"/> | <input type="checkbox"/> | FOGROUPX |
| g. Attended an athletic or sporting event outside of school in which this child was not a player | <input type="checkbox"/> | <input type="checkbox"/> | FOSPRTEVX |

25. Does your family participate in the activities or meetings of a local homeschooling association, co-op, or other local homeschool group?

☐ No → GO TO question 27

☐ Yes HSASSNX

26. Since September, how many times has your family gone to meetings or participated in the activities of a local homeschooling association, co-op, or other local homeschool group?

number of times HSFREQX

27. Is your family or someone in your household a member of a national homeschooling organization?

☐ No HSNATL

☐ Yes



Child's Health

28. In general, how would you describe this child's health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

HDHEALTH

29. Has a health or education professional told you that this child has any of the following conditions?

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. An intellectual disability (mental retardation) | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDINTDIS | |
| b. A speech or language impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDSPEECHX | |
| c. A serious emotional disturbance | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDISTRBX | |
| d. Deafness or another hearing impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDEAFIMX | |
| e. Blindness or another visual impairment not corrected with glasses. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDBLINDX | |
| f. An orthopedic impairment. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDORTHOX | |
| g. Autism. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDAUTISMX | |
| h. Pervasive Developmental Disorder (PDD). | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPDDX | |
| i. Attention Deficit Disorder, ADD or ADHD | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDADDX | |
| j. A specific learning disability. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDLEARNX | |
| k. A developmental delay. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDDELAYX | |
| l. Traumatic brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDTRBRAIN | |
| m. Another health impairment lasting 6 months or more. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDOTHERX | |

30. Did you mark yes to any condition in question 29?

☐ No → GO TO question 38

☐ Yes HDMRKYES

31. Is this child receiving services for his/her condition?

☐ No → GO TO question 36

☐ Yes HDRECSER

32. Are these services provided by any of the following sources?

Mark ☒ ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Your local school district | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDSCHLX | |
| b. A state or local health or social service agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDGOVTX | |
| c. A doctor, clinic, or other health care provider. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDOCTORX | |
| d. This child's <u>private</u> school | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPRISCH | |

33. Are any of these services provided through an Individualized Education Program (IEP) or services plan?

☐ No → GO TO question 36

☐ Yes HDIEPX

34. Did any adult in your household work with the service provider or school to develop or change this child's IEP or services plan?

☐ No HDDEVIEPX

☐ Yes



35. Since September, how satisfied or dissatisfied have you been with the following aspects of this child's IEP or services plan?

a. The service provider's or school's communication with your family?

- ☐ Very satisfied **HDCOMMUX**
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

b. The child's special needs teacher or therapist?

- ☐ Very satisfied **HDTCHR**
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

c. The service provider's or school's ability to accommodate this child's special needs?

- ☐ Very satisfied **HDACCOMX**
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

d. The service provider's or school's commitment to help this child learn?

- ☐ Very satisfied **HDCOMMITX**
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply

36. Is this child currently enrolled in any special education classes or services?

- ☐ No **HDSPCLED**
- ☐ Yes

37. Does this child's condition interfere with his/her ability to do any of the following things?

Mark ☒ **X** ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Learn | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDLEARN | |
| b. Participate in sports, clubs,
or other organized activities. . . | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPLAY | |
| c. Attend school on a regular
basis | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDOUT | |
| d. Make friends | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDFRND | |

24236101



Child's Background

38. In what month and year was this child born?

		/				
--	--	---	--	--	--	--

month

year

CDOBMM CDOBYYY

39. Where was this child born?

- ☐ One of the 50 United States or the District of Columbia

GO TO question 41 CPLCBRTH

- ☐ One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

- ☐ Another country

40. How old was this child when he/she first moved to the 50 United States or the District of Columbia?

--	--

age

COMVEAGE

41. Is this child of Hispanic, Latino, or Spanish origin?

- ☐ No

CHISPAN

- ☐ Yes

42. What is this child's race? You may mark one or more races.

- ☐ American Indian or Alaska Native CAMIND

- ☐ Asian CASIAN

- ☐ Black or African American CBLACK

- ☐ Native Hawaiian or other Pacific Islander CPACI

- ☐ White CWHITE

43. What is this child's sex?

- ☐ Male CSEX

- ☐ Female

44. Does this child live at this address and another address (for example, because of a joint custody arrangement)?

Do not include vacation properties.

- ☐ No → GO TO question 46

- ☐ Yes CLIVYN

45. If yes, does this child... CLIVELSWX

- ☐ spend most time at this address?

- ☐ spend most time at another address?

- ☐ spend equal time at both addresses?

46. What language does this child speak most at home?

Mark ☒ ONE only.

CSPEAKX

- ☐ Child is not able to speak

- ☐ English

- ☐ Spanish

- ☐ A language other than English or Spanish

- ☐ English and Spanish equally

- ☐ English and another language equally

47. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?

- ☐ No CENGLPRG

- ☐ Yes



Household Members

48. How many people live in this household?

Include adults and children who are temporarily away from home (for example, living in college housing) if they have no other permanent home.

people

HHTOTALXX

49. How many of the following people live in this household with this child?

Do not include this child in your answer.

Example: Brother(s)

2

Write '0' if none.

This child's...

Number

a. Brother(s)

HHBROSX

b. Sister(s)

HHSISSX

c. Mother (birth, adoptive, step, or foster)

HHMOM

d. Father (birth, adoptive, step, or foster)

HHDAD

e. Aunt(s)

HHAUNTSX

f. Uncle(s)

HHUNCLSX

g. Grandmother(s)

HHGMASX

h. Grandfather(s)

HHGPASX

i. Cousin(s)

HHCSNSX

j. Parent's girlfriend/boyfriend/partner

HHPRTNRSX

k. Other relative(s)

HHORELSX

l. Other non-relative(s)

HHONRELSX

50. How are you related to this child?

Mark ☒ ONE only.

RELATION

☐

Mother (birth, adoptive, step, or foster)

☐

Father (birth, adoptive, step, or foster)

☐

Aunt

☐

Uncle

☐

Grandmother

☐

Grandfather

☐

Parent's girlfriend/boyfriend/partner

☐

Other relationship – Specify: ↴

RELATIONOS

51. Which language(s) are spoken at home by the adults in this household?

Mark ☒ all that apply.

☐

English HHENGLISH

☐

Spanish or Spanish Creole HHSPANISH

☐

French (including Patois, Creole, Cajun) HHFRENCH

☐

Chinese HHCHINESE

☐

Other languages – Specify: ↴ HHOTHLANG

HHOTHLANGOS



Child's Family

PARENT 1 LIVING IN HOUSEHOLD

Answer questions 52 to 69 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 52 to 69 about one of this child's parents or guardians living in the household.

52. Is this parent or guardian the child's...

- ☐ Biological parent **P1REL**
- ☐ Adoptive parent
- ☐ Stepparent
- ☐ Foster parent
- ☐ Grandparent
- ☐ Other guardian

53. Is this person male or female?

- ☐ Male **P1SEX**
- ☐ Female

54. What is this person's current marital status?

Mark ☒ ONE only.

- ☐ Now married → **GO TO question 56**
- ☐ Widowed **P1MRSTA**
- ☐ Divorced
- ☐ Separated
- ☐ Never married

55. Is this person currently living with a boyfriend/girlfriend or partner in this household?

- ☐ No **P1BFGF**
- ☐ Yes

56. What was the first language this parent or guardian learned to speak?

Mark ☒ ONE only. **P1FRLNG**

- ☐ English → **GO TO question 58**
- ☐ Spanish
- ☐ A language other than English or Spanish
- ☐ English and Spanish equally
- ☐ English and another language equally

57. What language does this person speak most at home now?

Mark ☒ ONE only.

- ☐ English **P1SPEAK**
- ☐ Spanish
- ☐ A language other than English or Spanish
- ☐ English and Spanish equally
- ☐ English and another language equally

58. Where was this parent or guardian born?

- ☐ One of the 50 United States or the District of Columbia
- **GO TO question 60** **P1PLCBRTH**
- ☐ One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- ☐ Another country

59. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

- P1AGEMV**
- age

60. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No **P1HISPAN**
- ☐ Yes



61. What is this person's race? You may mark one or more races.

- ☐ American Indian or Alaska Native P1AMIND
- ☐ Asian P1ASIAN
- ☐ Black or African American P1BLACK
- ☐ Native Hawaiian or other Pacific Islander P1PACI
- ☐ White P1WHITE

62. What is the highest grade or level of school that this parent or guardian completed?

Mark ☒ ONE only. P1EDUC

- ☐ 8th grade or less
- ☐ High school, but no diploma
- ☐ High school diploma or equivalent (GED)
- ☐ Vocational diploma after high school
- ☐ Some college, but no degree
- ☐ Associate's degree (AA, AS)
- ☐ Bachelor's degree (BA, BS)
- ☐ Some graduate or professional education, but no degree
- ☐ Master's degree (MA, MS)
- ☐ Doctorate degree (PhD, EdD)
- ☐ Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

63. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- ☐ No P1ENRL
- ☐ Yes

64. Which of the following best describes this person's employment status?

Mark ☒ ONE only. P1EMPL

- ☐ Employed for pay or income
- ☐ Self-employed
- ☐ Unemployed or out of work → GO TO question 66
- ☐ Full-time student
- ☐ Stay at home parent
- ☐ Retired
- ☐ Disabled or unable to work → GO TO question 67

65. (If employed or self-employed) About how many hours per week does he or she usually work for pay or income, counting all jobs?

→ GO TO question 67
hours P1HRSWK

66. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- ☐ No P1LKWRK
- ☐ Yes

67. In the past 12 months, how many months (if any) has this person worked for pay or income?

P1MTHSWRK
months



68. How old is this person?

P1AGE

age

69. How old was this person when he or she first became a parent to any child?

P1AGEPAR

age

☐

Don't know

P1AGEPARDK

PARENT 2 LIVING IN HOUSEHOLD

Answer questions 70 to 88 about a second parent or guardian living in the household.

70. Is there a second parent or guardian living in this household?

☐

No



GO TO question 89

☐

Yes

P2GUARD

71. Is this person the child's...

☐

Biological parent

P2REL

☐

Adoptive parent

☐

Stepparent

☐

Foster parent

☐

Grandparent

☐

Other guardian

72. Is this person male or female?

☐

Male

P2SEX

☐

Female

73. What is this person's current marital status?

Mark ☒ ONE only.

P2MRSTA

☐

Now married



GO TO question 75

☐

Widowed

☐

Divorced

☐

Separated

☐

Never married

74. Is this person currently living with a boyfriend/girlfriend or partner in this household?

☐

No

P2BFGF

☐

Yes



75. What was the first language this parent or guardian learned to speak?

Mark ☒ ONE only.

P2FRLNG

- ☐ English → **GO TO question 77**
- ☐ Spanish
- ☐ A language other than English or Spanish
- ☐ English and Spanish equally
- ☐ English and another language equally

76. What language does this person speak most at home now?

Mark ☒ ONE only.

P2SPEAK

- ☐ English
- ☐ Spanish
- ☐ A language other than English or Spanish
- ☐ English and Spanish equally
- ☐ English and another language equally

77. Where was this parent or guardian born?

- ☐ One of the 50 United States or the District of Columbia

→ **GO TO question 79**

- ☐ One of the U.S. territories (*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)

- ☐ Another country **P2PLCBRTH**

78. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

P2AGEMV

age

79. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No **P2HISPAN**
- ☐ Yes

80. What is this person's race? You may mark one or more races.

- ☐ American Indian or Alaska Native **P2AMIND**
- ☐ Asian **P2ASIAN**
- ☐ Black or African American **P2BLACK**
- ☐ Native Hawaiian or other Pacific Islander **P2PACI**
- ☐ White **P2WHITE**

81. What is the highest grade or level of school that this parent or guardian completed?

Mark ☒ ONE only.

P2EDUC

- ☐ 8th grade or less
- ☐ High school, but no diploma
- ☐ High school diploma or equivalent (GED)
- ☐ Vocational diploma after high school
- ☐ Some college, but no degree
- ☐ Associate's degree (AA, AS)
- ☐ Bachelor's degree (BA, BS)
- ☐ Some graduate or professional education, but no degree
- ☐ Master's degree (MA, MS)
- ☐ Doctorate degree (PhD, EdD)
- ☐ Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)



82. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

☐ No P2ENRL

☐ Yes

83. Which of the following best describes this person's employment status?

Mark ☒ ONE only.

P2EMPL

☐ Employed for pay or income

☐ Self-employed

☐ Unemployed or out of work → GO TO question 85

☐ Full-time student

☐ Stay at home parent

☐ Retired

☐ Disabled or unable to work

GO TO question 86

84. (If employed or self-employed) About how many hours per week does he or she usually work for pay or income, counting all jobs?

→ GO TO question 86

hours

P2HRSWK

85. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

☐ No P2LKWRK

☐ Yes

86. In the past 12 months, how many months (if any) has this person worked for pay or income?

P2MTHSWRK

months

87. How old is this person?

P2AGE

age

88. How old was this person when he or she first became a parent to any child?

P2AGEPAR

age

☐ Don't know P2AGEPARDK



Your Household

- 89. In the past 12 months, did your family ever receive benefits from any of the following programs?**

Mark ☒ ONE box for each item below.

	No ▼	Yes ▼	
a. Temporary Assistance for Needy Families, or TANF.....	<input type="checkbox"/>	<input type="checkbox"/>	HWELFTAN
b. Your state welfare or family assistance program.....	<input type="checkbox"/>	<input type="checkbox"/>	HWELFST
c. Women, Infants, and Children, or WIC.....	<input type="checkbox"/>	<input type="checkbox"/>	HWIC
d. Food Stamps.....	<input type="checkbox"/>	<input type="checkbox"/>	HFOODST
e. Medicaid.....	<input type="checkbox"/>	<input type="checkbox"/>	HMEDICAID
f. Child Health Insurance Program (CHIP).....	<input type="checkbox"/>	<input type="checkbox"/>	HCHIP
g. Section 8 housing assistance..	<input type="checkbox"/>	<input type="checkbox"/>	HSECN8

- 90. Which category best fits the total income of all persons in your household over the past 12 months?**

Include your own income.

Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.

<input type="checkbox"/> \$0 to \$10,000	TTLHHINC
<input type="checkbox"/> \$10,001 to \$20,000	
<input type="checkbox"/> \$20,001 to \$30,000	
<input type="checkbox"/> \$30,001 to \$40,000	
<input type="checkbox"/> \$40,001 to \$50,000	
<input type="checkbox"/> \$50,001 to \$60,000	
<input type="checkbox"/> \$60,001 to \$75,000	
<input type="checkbox"/> \$75,001 to \$100,000	
<input type="checkbox"/> \$100,001 to \$150,000	
<input type="checkbox"/> \$150,001 or more	

- 91. How many years have you lived at this address?**

Write '0' if less than 1 year. YRSADDR

<input type="text"/>	years at this address
----------------------	-----------------------

- 92. Is this house...**

Mark ☒ ONE only. OWNRNTHB

<input type="checkbox"/>	Owned or being bought by someone in this household,
<input type="checkbox"/>	Rented by someone in this household, or
<input type="checkbox"/>	Occupied by some other arrangement?

- 93. Do you have Internet access on a cell phone?**

<input type="checkbox"/>	No	HVINTPHO
<input type="checkbox"/>	Yes	

- 94. Do you have Internet access at home on a computer or tablet?**

<input type="checkbox"/>	No	HVINTCOM
<input type="checkbox"/>	Yes	

- 95. How often do you use the Internet?**

<input type="checkbox"/>	Everyday	USEINTRNT
<input type="checkbox"/>	A few times a week	
<input type="checkbox"/>	A few times a month	
<input type="checkbox"/>	A few times a year	
<input type="checkbox"/>	Never	



Thank you.

*Please return this questionnaire in the postage-paid envelope provided.
If you have lost the envelope, mail the completed questionnaire to:*

**U.S. Census Bureau
ATTN: DCB 60-A (7198)
1201 E. 10th Street
Jeffersonville, IN 47132-0001**

Informational Copy

24236192



Commonly Asked Questions

Q: How did you get my address?

- A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other households in the United States.

Q: How did you get my child's name and age?

- A: When you returned the initial National Household Education Survey to us, we randomly chose one child to ask additional questions about. We are interested in understanding your child's experiences with homeschooling.

Q: Why should I take part in this study? Do I have to do this?

- A: You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative, it is important that you complete and return this questionnaire. Those who do not return the survey will not be represented in key statistics used by policymakers and researchers.

Q: How will the information I provide be used? Will my privacy be protected?

- A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?

- A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?

- A: The Department of Education wants to understand the condition of education in the United States. This survey is the only way that the Department of Education can learn about homeschooling from your perspective. It is the Department of Education's primary source of information on homeschooling in America. Your responses will be combined with those from other households to inform educators, policymakers, schools, and universities about changes in the condition of education in the United States. Reports from past surveys can be found at www.nces.ed.gov/nhes.

Q: Who is sponsoring the study?

- A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys.

