

1998

# CLASS SIZE REDUCTION STUDY



## Parent Survey

**IMPORTANT:** This questionnaire is to be filled out by the parent or guardian of the third grade child named below:

1-4/

Student name Teacher name School name	ID #
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*Conducted by:*

*A Consortium of California Research and Policy Organizations.*

- *American Institutes for Research (AIR)*
- *RAND*
- *Policy Analysis for California Education (PACE)*
- *WestED*
- *EdSource*

FORM: 

P	1
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 7-8/

BATCH #: 

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 9-12/



SECTION A: YOUR THIRD GRADER

1. Please fill in the following information about your third grade child named on the front of this survey.

a. Is this child: ..... <sub>1</sub>  Male                      <sub>2</sub>  Female                      7/

b. How old was this child on his or her last birthday? .... # Years   8-9/

c. How many years has this child attended his or her current school? ..... # Years   10-11/

d. How many children are in this child’s classroom? ..... # Kids in this class   12-13/

e. In what Country was this child born?  
<sub>1</sub>  United States                      14/

<sub>2</sub>  Other Country

(Where) \_\_\_\_\_ 15-16/

f. Does this child participate in a Special Education program for students with disabilities? ..... YES                      NO                      DON'T KNOW  
<sub>1</sub>                       <sub>2</sub>                       <sub>3</sub>                       17/

g. Does this child participate in a Gifted and Talented program? ..... <sub>1</sub>                       <sub>2</sub>                       <sub>3</sub>                       18/

h. Does this child receive English-as-a Second Language (ESL) instruction? ..... <sub>1</sub>                       <sub>2</sub>                       <sub>3</sub>                       19/

2. Since your child entered third grade last fall, have you (or your spouse/partner) attended the following events at your child's school?

IF YES: HOW MANY  
TIMES DID YOU  
DO THIS?

	<u>NO</u>	<u>YES</u>				
a. Scheduled conference with teacher about your child .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			20-22/
b. School meeting .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			23-25/
c. Back-to-school night .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			26-28/
d. Fundraising event .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			29-31/

**SECTION B: YOUR CHILD'S THIRD GRADE TEACHER AND SCHOOL**

**Please answer the following questions about your third grade child listed on the cover of the questionnaire.**

3. Since your child entered third grade, has her /his teacher contacted you (or your spouse/partner) to discuss the following things? If you (or your spouse) discussed these things with your third grader's teacher, please indicate the number of times you spoke to them about these things.

IF YES: HOW MANY  
TIMES DID YOU  
DISCUSS THIS?

Your CHILD'S:	<u>NO</u>	<u>YES</u>			
a. Academic progress or performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">32-34/</span>		
b. Behavior at school .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">35-37/</span>		
c. Placement <u>in</u> a special school program .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">38-40/</span>		
d. Placement <u>out</u> of a special program .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">41-43/</span>		
e. Other things about your child's school performance or activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">44-46/</span>		

4. Since your child entered third grade, have you (or your spouse/partner) been contacted by the school (not counting the teacher) to discuss the following things?

IF YES: HOW MANY  
TIMES DID YOU  
DISCUSS THIS?

Your CHILD'S:	<u>NO</u>	<u>YES</u>			
a. Academic performance .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">47-49/</span>		
b. Behavior in school .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">50-52/</span>		
c. Placement <u>in</u> a special school program .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">53-55/</span>		
d. Placement <u>out</u> of a special school program .....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">56-58/</span>		
e. Other things about your child's school performance or activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <span style="float: right;">59-61/</span>		

5. Since your third grader's school opened last fall, have you (or your spouse/partner) contacted your child's third grade teacher to discuss the following things?

IF YES: HOW MANY  
TIMES DID YOU  
DISCUSS THIS?

- |  | <u>NO</u>                  | <u>YES</u>                   |   |  |  |
|--|----------------------------|------------------------------|---|--|--|
| a. Your child's performance in school .....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">7-9/</span>   |  |  |
|  |                            |                              |   |  |  |
| b. Your child's study habits .....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">10-12/</span> |  |  |
|  |                            |                              |   |  |  |
| c. A concern about your child's homework .....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">13-15/</span> |  |  |
|  |                            |                              |   |  |  |
| d. A concern about safety in the classroom ..        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">16-18/</span> |  |  |
|  |                            |                              |   |  |  |
| e. A concern about discipline in the classroom ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">19-21/</span> |  |  |
|  |                            |                              |   |  |  |
| f. Volunteering to work in the classroom ....        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">22-24/</span> |  |  |
|  |                            |                              |   |  |  |

6. Since your child entered third grade in the fall, have you received any one of the following things?

IF YES: HOW MANY  
TIMES DID YOU  
RECEIVE IT?

- |  | <u>NO</u>                  | <u>YES</u>                   |   |  |  |
|--|----------------------------|------------------------------|---|--|--|
| a. Newsletters about general activities in the school .....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">25-27/</span> |  |  |
|  |                            |                              |   |  |  |
| b. Information about the school's class size reduction program ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">28-30/</span> |  |  |
|  |                            |                              |   |  |  |
| c. Memos about specific events .....                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">31-33/</span> |  |  |
|  |                            |                              |   |  |  |
| d. Other notices addressed to parents .....                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> → | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <span style="float: right;">34-36/</span> |  |  |
|  |                            |                              |   |  |  |

7. In a typical month, how many times do you volunteer to work in your third grader's classroom?

*(Check One)*

<sub>1</sub> Never

<sub>2</sub> Once or twice

<sub>3</sub> Once a week

<sub>4</sub> Two or more times a week

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SECTION C: YOU AND YOUR THIRD GRADER AT HOME

8. In an average month, how often do you talk with your third grader about the following things:

*(Check One Box on Each Line)*

	<u>EVERY DAY</u>	<u>THREE OR FOUR TIMES A WEEK</u>	<u>ONCE OR TWICE A WEEK</u>	<u>NEVER</u>	<u>DON'T KNOW</u>
a. Your child's day in school .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> 38/
b. Whether your child has homework .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> 39/
c. What your child is studying in school.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> 40/
d. Your child's relationship with his /her teacher(s) .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> 41/
e. Your child's relationship with his / her schoolmates ....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> 42/

CARD 04



9. In an average week, how often do you do the following things with your third grade child:

(Check One Box on Each Line)

	EVERY DAY	THREE OR FOUR TIMES A WEEK	ONCE OR TWICE A WEEK	NEVER	DON'T KNOW	
a. Read to or with your child.....	<sub>0</sub> <input type="checkbox"/>	<sub>1</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>5</sub> <input type="checkbox"/>	43/
b. Help your child with homework .....	<sub>0</sub> <input type="checkbox"/>	<sub>1</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>5</sub> <input type="checkbox"/>	44/
c. Review homework after your child finished.....	<sub>0</sub> <input type="checkbox"/>	<sub>1</sub> <input type="checkbox"/>	<sub>3</sub> <input type="checkbox"/>	<sub>4</sub> <input type="checkbox"/>	<sub>5</sub> <input type="checkbox"/>	45/

10. In an average week, how often does your third grader bring homework home?

(Check One)

- <sub>1</sub>  Every day 46/
- <sub>2</sub>  Three or four times a week
- <sub>3</sub>  Once or twice a week
- <sub>4</sub>  Never
- <sub>5</sub>  Don't know

11. On average, how much time does your third grader spend on homework each day?

(Check One)

- <sub>1</sub>  0-14 minutes 47/
- <sub>2</sub>  45-60 minutes
- <sub>3</sub>  15-29 minutes
- <sub>4</sub>  More than 60 minutes
- <sub>5</sub>  30-44 minutes
- <sub>6</sub>  Don't know

12. Do you have family rules about how many hours per day your third grade child can watch television on school days?

(Check One)

No

48/

Yes

12a. If yes: how many hours per day is your third grader allowed to watch television on a school day?

(Check One)

0 - 1 hours per school day

49/

2 - 3 hours per school day

3 - 4 hours per school day

5 or more hours per school day

13. Do you have family rules that are enforced for your third grader about any of the following things?

(Check One Box on Each Line)

- |  | <u>NO</u>                | <u>YES</u>               |     |
|--|--------------------------|--------------------------|-----|
| a. Maintaining a certain grade average ..... | <input type="checkbox"/> | <input type="checkbox"/> | 50/ |
| b. Doing homework .....                      | <input type="checkbox"/> | <input type="checkbox"/> | 51/ |
| c. Doing household chores .....              | <input type="checkbox"/> | <input type="checkbox"/> | 52/ |

SECTION D: YOUR THIRD GRADER'S SCHOOL

14. Overall, how would you rate the following things at your third grader's current school?

*(Check One Box on Each Line)*

	<u>EXCELLENT</u>	<u>VERY GOOD</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>DON'T KNOW</u>	
a. His/her teacher's qualifications.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	53/
b. His/her teacher's ability to maintain discipline in the classroom .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	54/
c. Individual attention his/her teacher gives to your child .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	55/
d. Number of children in your child's classroom .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	56/
e. The physical condition of your child's class .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	57/
f. Availability of books for your child's class .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	58/
g. Your child's access to computers at school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	59/
h. Your child's access to counseling .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	60/
i. Your child's access to special school services or programs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	61/
j. Overall quality of your child's education .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	62/

## SECTION E: THE CLASS SIZE REDUCTION PROGRAM (CSR)

15. Have you ever heard of the California Class Size Reduction Program?

*(Check One)*

<sub>1</sub> No → GO TO SECTION F, Q.21, PAGE 13

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<sub>2</sub> Yes → CONTINUE WITH Q.16

16. After the CSR program was announced, were you invited to discuss plans to implement the Class Size Reduction Program (CSR) in your third grader's school?

*(Check One)*

<sub>1</sub> No → GO TO Q.19

64/

<sub>2</sub> Yes → CONTINUE WITH Q.17

<sub>3</sub> Don't Recall → CONTINUE WITH Q.17

17. Did you attend any meeting to discuss plans to implement the program in your third grader's school?

*(Check One)*

<sub>1</sub> No → GO TO Q.19

65/

<sub>2</sub> Yes → CONTINUE WITH Q.18

18. At the meeting(s) you attended, were any of the following things discussed about the Class Size Reduction Program?

(Check One Box on Each Line)

	<u>NO</u>	<u>YES</u>	<u>DON'T RECALL</u>	
a. Whether or not to implement the program at your school .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	66/
b. Adequacy of funding for all grades .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	67/
c. Grade in which the CSR Program should be first implemented .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	68/
d. Need to use space from other programs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	69/
e. Need to use funds from other programs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	70/
f. Recruitment of qualified teachers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	71/
g. Effects on older children .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	72/

19. In your opinion, did parents have an adequate say in deciding whether and/or how to implement class size reduction in your third grader's school?

(Check One)

- 1  No 73/
- 2  Yes
- 3  No opinion

20. In order to reduce the number of children per classroom from about 30 to 20 children, the State of California is spending in excess of \$1.5 billion annually. In your opinion, would some or all of this money be better spent on any of the following education initiatives?

(Check One Box on Each Line)

	STRONGLY <u>AGREE</u>	<u>AGREE</u>	<u>UNCERTAIN</u>	<u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>	
<b>Would this money be <u>better spent</u> to:</b>						
a. Reduce class size from, say 30 to 27 in all grades K through 12 ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7/
b. Upgrade the training of teachers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8/
c. Increase teachers' salary .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9/
d. Tutor individual children having difficulties .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	10/
e. Provide summer school for all children .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	11/
f. Provide enrichment after-school programs at all levels .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	12/
g. Equip all schools with computers and train teachers to use them..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	13/
h. Expand sports programs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	14/
i. Expand music and arts programs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	15/
j. Provide scholarships to all who qualify to go to college .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	16/

SECTION F: LOOKING BEYOND THIRD GRADE

21. Is your third grader in a reduced size classroom?

*(Check One)*

No → GO TO Q.26

17/

Yes → CONTINUE WITH Q.22

Don't Know → GO TO Q.26

22. Next school year, your third grader may be back in a 30-student classroom until he/she graduates from high school. In what ways do you expect this experience in the early grades will affect your child's overall education?

*(Check One Box on Each Line)*

	<u>STRONGLY</u> <u>AGREE</u>	<u>AGREE</u>	<u>UNCERTAIN</u>	<u>DISAGREE</u>	<u>STRONGLY</u> <u>DISAGREE</u>	
a. My child will be more likely to graduate from high school and go to college .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	18/
b. My child will do better in English .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	19/
c. My child will do better in math. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	20/
d. Overall, my child will be a better student .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	21/
e. My child will have difficulties readjusting to a larger class .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	22/
f. All of the gains my child made in earlier grades will be lost .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	23/
g. Although smaller classrooms are good in the early grades, in the end it will make no difference in what my child learns .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	24/

23. Do you currently have a child in 4th, 5th or 6th grades in the same school as your third grader?

(Check One)

No → GO TO Q.26

25/

Yes → CONTINUE WITH Q.24

24. For your older child in 4th, 5th or 6th grade, did any of the following occur as a result of implementing class size reduction at your child's school?

(Check One Box on Each Line)

	<u>NO</u>	<u>YES</u>	<u>DON'T KNOW</u>	
a. The number of children in my child(ren)'s class increased .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	26/
b. Some sports programs were eliminated .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	27/
c. The playground was used for temporary classrooms .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	28/
d. Good teachers went to the lower grades .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	29/
e. I had to help my older child more .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	30/



25. For your older child in 4th, 5th or 6th grade, how would you rate the following things at your child's school?

(Check One Box on Each Line)

	<u>EXCELLENT</u>	<u>VERY GOOD</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>DON'T KNOW</u>	
a. His/her teacher's qualifications .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	31/
b. His/her teacher's ability to maintain discipline in the classroom .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	32/
c. The individual attention his/her teacher gives to your child .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	33/
d. Number of children in the classroom .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	34/
e. Physical condition of class.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	35/
f. Availability of books .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	36/
g. Access to computers .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	37/
h. Access to counseling .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	38/
i. Access to special school services or programs for your child .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	39/
j. Overall quality of education .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	40/

SECTION G: YOU AND YOUR FAMILY

(Check One)

26. Are you: .....  Male  Female 41/

27. What is your relationship to the third grade child listed on the cover of this survey?  
(Check One)

- Mother 42/
- Stepmother or foster mother
- Father
- Stepfather or foster father
- Grandmother
- Grandfather
- Other (specify) \_\_\_\_\_ 43/

28. What is the highest level of education YOU have COMPLETED?  
(Check One)

- 11th grade or less 44/
- 12th grade
- Some college but no degree
- Associate degree in college
- Bachelor's degree
- Master's, doctorate, or other graduate degree

29. What is the highest level of education your spouse or partner has COMPLETED?  
(Check One)

- Not applicable • I don't have a spouse or partner 45/
- 11th grade or less
- 12th grade
- Some college but no degree
- Associate degree in college
- Bachelor's degree
- Master's, doctorate, or other graduate degree

30. In what country were you born?

- 1  United States 46/  
2  Other Country (Where?) \_\_\_\_\_ 47-48/

30a. If you were NOT born in the United States, when did you come to the United States?

(Check One)

- 1  Before 1980 49/  
2  1980 - 1984  
3  1984 - 1990  
4  1991 - 1994  
5  1995 - 1998

31. What is your race / ethnicity?

(Check One)

- 1  Black (or African-American) 50-51/  
2  Chicano, Mexican or Mexican-American  
3  Other Latin American (includes Central and South America, Cuba, Puerto Rico, and other Caribbean Islands)  
4  Chinese (or Chinese-American)  
5  Japanese (or Japanese-American)  
6  Filipino (or Filipino-American)  
7  Korean (or Korean-American)  
8  Other Asian or Pacific Islander  
9  Middle Easterner (includes Persian, Israeli, etc.)  
10  White or Caucasian (not of Hispanic origin)  
11  American Indian (or Native American)  
12  Other (please specify): \_\_\_\_\_ 52/

32. How old were YOU on your last birthday?

YEARS

53-54/

CARD 05

33. Including yourself, how many people (adults and children) currently live in your household?

NUMBER OF PEOPLE IN HOUSEHOLD:

34. Do you speak English as your main language at home?

(Check One)

No

Yes

35. What language(s) are spoken in your home? (Check All that Apply)

- English 10/       Filipino/Tagalog 15/       Farsi 22-23/
- Spanish 11/       Vietnamese 16/       Armenian 24-25/
- Chinese 12/       Thai 17/       Cambodian 26-27/
- Japanese 13/       Other Asian: \_\_\_\_\_ 18-19/       Other: What? 28-29/
- Korean 14/       Russian 20-21/      \_\_\_\_\_ 30-31/

36. Including yourself, how much money did the people in your family who live here now receive from all sources during 1997? Please include all sources of income before taxes for all members of your family who are living here now. (Just your best estimate)

(Check One)

- Less than \$7,500 32-33/
- \$7,500 - \$9,999
- \$10,000 - \$12,499
- \$12,500 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$42,499
- \$42,500 - \$57,499
- \$57,500 - \$69,999
- \$70,000 OR MORE

37. Thank you for completing this survey. A report of our findings will be available in the winter of 1999. Would you like us to send you a copy of this report?

(Check One)

No

Yes

Thank you for participating in this important study. Please place your completed survey inside the enclosed postage-paid envelope and mail it to:

RAND  
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Santa Monica CA 90407-2138