

## Early Childhood Family Education and School Readiness Parent Questionnaire

Help us learn about your child and family. Neither you nor your child will be identified in any published report. If you wish not to take part in this questionnaire, it will not prevent you or your child from taking part in any program or service. All data is protected by state and federal data privacy standards.

If you choose to answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning. None of your personal information will be published.

Thank you for helping improve public services.

### 1. Relationship to child

- |   |   |
|---|---|
| <input type="checkbox"/> Mother                     | <input type="checkbox"/> Father                     |
| <input type="checkbox"/> Mother's significant other | <input type="checkbox"/> Father's significant other |
| <input type="checkbox"/> Grandmother                | <input type="checkbox"/> Grandfather                |
| <input type="checkbox"/> Court Appointed Guardian   |   |

### 2. Your highest level of school completed. Mark only one.

- |   |   |
|---|---|
| <input type="checkbox"/> No school completed        |   |
| <input type="checkbox"/> Preschool                  | <input type="checkbox"/> Career & Technical Education Certificate |
| <input type="checkbox"/> Kindergarten               | <input type="checkbox"/> Associate's Degree                       |
| <input type="checkbox"/> Grade: _____               | <input type="checkbox"/> Bachelor's Degree                        |
| <input type="checkbox"/> High School Diploma/GED    | <input type="checkbox"/> Master's degree                          |
| <input type="checkbox"/> Some college but no degree | <input type="checkbox"/> Ph. D.                                   |
| <input type="checkbox"/> Other                      |   |

### 3. Your Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

### 4. What is your household's\* total yearly income (including farm income, child support/alimony, pension/retirement, disability, and unemployment and veterans benefits) before taxes, rounding to the nearest thousand? \$\_\_\_\_\_

\*Members of your household are anyone living with you and shares income and expenses, even if not related.

### 5. How many people lived in your home last year? Choose one.

2      3      4      5      6      7      8

For school use only: \_\_\_\_\_