

Early Learning Services   
1500 Highway 36 West Roseville, MN 55113-426

# Early Childhood Family Education (ECFE)

# and School Readiness Parent Questionnaire

ED-02470-05

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# and School Readiness Parent Questionnaire

**General Information:** Please help us learn about your child and family. Neither you nor your child will be identified in any published report. If you do not wish to participate in the parent questionnaire, it will not prevent you or your child from participating in any program or service. All data provided are protected by state and federal data privacy standards.

If you choose to voluntarily answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning and evaluation in line with state and federal data privacy practices. Again, only aggregated information will be published. Thank you for your help in improving public services!

1. **Please indicate whether you are this child’s**

\_\_\_\_Mother \_\_\_\_Father \_\_\_\_Grandmother \_\_\_\_ Grandfather

\_\_\_\_Foster Mother \_\_\_\_Foster Father \_\_\_\_Guardian \_\_\_\_ Other Relative

1. **Your highest level of school completed. Mark only one.**

\_\_\_ Eighth grade \_\_\_ Associate’s Degree

\_\_\_ 12th grade \_\_\_ Bachelor’s Degree

\_\_\_ High School Diploma \_\_\_ Master’s degree

\_\_\_ Some college but no degree \_\_\_ Ph. D.

1. **Your Date of Birth (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**
2. **Your current job status, mark only one.**

\_\_\_ Employed > 25 hours per week, employed more than 25 hours per week

\_\_\_ Employed < 25 hours per week, employed less than 25 hours per week

\_\_\_ Unemployed, seeking employment

\_\_\_ Unemployed, not seeking employment

1. **What is the race/ethnicity of your child(ren) (circle all that apply)**

White Black/African/African American Hispanic or Latino

Asian Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native

1. **What are your primary home languages? (circle all that apply)**

English Spanish Hmong Somali Vietnamese Karen Arabic

Russian Mandarin Laotian Oromo Cambodian Other:\_\_\_\_\_\_\_\_\_\_\_\_

1. **What was your household’s total yearly income, before taxes last year, rounding to the nearest thousand? $\_\_\_\_\_\_\_\_\_\_\_**
2. **How many people were in your household last year? Circle one.**

2 3 4 5 6 7 8

**For School Use Only – SSID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**