Minnesota Department of Education	EARLY CHILDHOOD FAMILY EDUCATION AND SCHOOL READINESS PARTICIPANT QUESTIONNAIRE	ED-02309-12

☐ Early Childhood Family Education ☐ School Readiness

GENERAL INFORMATION: This questionnaire should be completed only **ONE TIME** per school year **FOR EACH FAMILY ENROLLED** in the Early Childhood Family Education (ECFE) and/or the School Readiness Program. Each family is asked to voluntarily provide participant information that will be used for local and state program planning and evaluation. If you do not provide this information, it will not prevent you or your child from participating in ECFE or School Readiness. Only one family member should complete this questionnaire. **DO NOT** write your name on this form. The information that you provide will be kept confidential and **WILL NOT** be directly connected with you or your family.

SCHOOL YEAR
2011 - 2012

THANK YOU FOR YOUR HELP IN IMPROVING THESE PROGRAMS

1. Your age (mark only one box):
   - ☐ a. Under 20 years old
   - ☐ b. 20 to 29 years old
   - ☐ c. 30 to 39 years old
   - ☐ d. 40 years old or older

2. Your highest level of school completed (mark only one box):
   - ☐ a. 8th grade or less
   - ☐ b. Some high school
   - ☐ c. High school diploma/GED
   - ☐ d. Some college or trade school beyond high school
   - ☐ e. Associate Degree
   - ☐ f. Bachelor's Degree
   - ☐ g. Graduate or professional school degree

3. Your current job status (mark only one box):
   - ☐ a. Employed 25 hours or more per week
   - ☐ b. Employed less than 25 hours per week
   - ☐ c. Unemployed, seeking employment
   - ☐ d. Not employed, not seeking employment

4. Your household's total yearly income, before taxes (mark only one box):
   - ☐ a. Under $10,000
   - ☐ b. $10,000 to $19,999
   - ☐ c. $20,000 to $29,999
   - ☐ d. $30,000 to $39,999
   - ☐ e. $40,000 to $49,999
   - ☐ f. $50,000 to $74,999
   - ☐ g. $75,000 or more

5. The racial/ethnic background of your child(ren) (mark all boxes):
   - ☐ a. White
   - ☐ b. Black/African/African American
   - ☐ c. Hispanic or Latino
   - ☐ d. Asian
   - ☐ e. Native Hawaiian or Other Pacific Islander
   - ☐ f. American Indian/Alaskan Native
   - ☐ g. Other, single race
   - ☐ h. Other, two or more races

6. Primary language spoken at home:
   - a. ☐ English
   - b. ☐ Arabic
   - c. ☐ Cambodian
   - d. ☐ Hmong
   - e. ☐ Laotian
   - f. ☐ Oromo
   - g. ☐ Russian
   - h. ☐ Serbo-Croatian
   - i. ☐ Spanish
   - j. ☐ Somali
   - k. ☐ Vietnamese
   - l. ☐ Other _____

For Participants in ECFE ONLY:

ECFE is required to serve both parents and relatives of children. Please indicate your status with regard to the child(ren) you have brought to ECFE:

☐ Parent (biological and adoptive)

☐ Relative (noncustodial grandparents of young children or other persons related to a child by blood, marriage, adoption or foster placement)