

## Early Childhood Family Education (ECFE) 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

**2. 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.

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

**4. 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

**5. 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  
Other, single race      Other, two or more races

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

English      Spanish      Hmong      Somali      Vietnamese      Karen      Arabic  
Russian      Mandarin      Laotian      Oromo      Cambodian      Other: \_\_\_\_\_

**7. What was your household's total yearly income, before taxes last year, rounding to the nearest thousand? \$ \_\_\_\_\_**

**8. How many people were in your household last year? Circle one.**

2      3      4      5      6      7      8

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

**EE Student Information**

**Name** (First, Middle, Last): \_\_\_\_\_ **MARSS:** (office use only) \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **Student Race:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Pathways II Grant:** Yes or No **Ethnicity:** Hispanic Yes or No **Registration Date:** \_\_\_\_\_

**Has child attended another school/district?** \_\_\_\_\_ **Has child been to preschool screening?** \_\_\_\_\_

**Fathers Name** (First, Middle, Last): \_\_\_\_\_

**Address:** (if different than childs) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mothers Name** (First, Middle, Last): \_\_\_\_\_

**Address:** (if different than childs) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Program Name</b>	<b>Fee Status</b>	<b>Special Needs-Not Special Ed.</b>
___ 01=SR	___ 01=Full	___ 0=Concerns but did not qualify
___ 02=ECFE	___ 02=Reduced Fee	___ 1=Qualify ECSE or No Special needs
___ 99=Other	___ 03=No Fee	

<b>Funding Source</b>	<b>Registering Person Type</b>
___ 01=Parent Fee	___ 1727=Father _____
___ 02=SR	___ 1735=Mother _____
___ 03=ECFE	___ 1726=Foster Father _____
___ 04=ECSE	___ 1735=Foster Mother _____
___ 11=State/Federal source	___ 9991=Other Relative –Male _____
___ 12=Community Scholarship	___ 9992=Other Relative-Female _____

**Registering Person/Interpreter:** Yes or No

**Registering Person Volunteer Type:**

\_\_\_ 01=Not Volunteering

\_\_\_ 02=Classroom Volunteer

\_\_\_ 03=Advisory Council

\_\_\_ 99= Other