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

Early Childhood Family Education (ECFE) ED-02470-04.1 and School Readiness Parent Questionnaire

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'sMother Grandfather									
	Fost	er Mother		Foster Fathe	rGuar	rdian		Other Relat	ive	
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	(Moi	nth/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 Asian Native Hawaiian or Other Pacific Islander Other, single race									
6.	What are your primary home languages? (circle all that apply)									
	English Russian	Span Mand		Hmong Laotian	Somali Oromo		amese oodian	Karen Other:	Arabic	
7.	What was		_	d's total yea	rly income, be	efore taxes	s last y	ear, roundi	ng to the	
8.	How many people were in your household last year? Circle one.									
	2 3	4	5	6 7	8					
or So	chool Use	Only – SS	SID Nui	mber						

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