

Please list the children's names in the same order as on pages 5-1 and 5-2.	CHILD 1 Name	CHILD 2 Name	CHILD 3 Name
71b. Does (child's name) attend kindergarten, Head Start, or other pre-school program?	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused
c. If not attending regularly, how long has it been since (child's name) regularly attended school?	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused
d. Why doesn't (child's name) attend school or pre-school regularly? <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify _____ 10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify _____ 10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify _____ 10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused
e. Has (child's name) ever been assigned to a special education class?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
f. Has (child's name) repeated any grade?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
g. Other than school or pre-school, does (child's name) receive day care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
h. Where does (child's name) go for day care?	1 <input type="checkbox"/> At the shelter 2 <input type="checkbox"/> At a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> At the shelter 2 <input type="checkbox"/> At a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> At the shelter 2 <input type="checkbox"/> At a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused