



**COMMUNITY REPORT ON CHILDREN  
ENTERING SCHOOL IN 2006-2007**

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OCTOBER 2007

children's  
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STRENGTHENING SOCIAL AND  
EMOTIONAL HEALTH

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## INTRODUCTION

The Rochester City School District uses several screening and diagnostic assessments with its incoming kindergarten students. Included among these is the Parent Appraisal of Children's Experiences. The PACE is a parent-completed measure that assesses a child's functioning within multiple domains.

The PACE administration and collection process occurs at the RCSD registration centers, which are open to facilitate enrollment in the school district. The forms are forwarded to Children's Institute for processing, tabulation, data analysis and this **Community Report**. In this seventh **Community Report**, results from the PACE data are presented for children who entered kindergarten in the 2006-07 school year.

During the enrollment process, parents are asked for written permission to allow use of their PACE information for aggregate, statistical analyses. While there were 2,406 kindergarten students enrolled in the RCSD in the 2006-2007 school year (as of the end of the school year), there were 1,696 available PACEs on students in several grade levels. (They were completed from March 1, 2006 to February 28, 2007.) In this **Community Report 2006-2007**, the findings are presented on the 1,566 students who were identified by the RCSD as placed in kindergarten, or identified by the parent as being in kindergarten.

In order to address the issue of the representativeness of the data, we conducted comparison analyses to determine if there were discernable differences between the subset of children for whom PACEs were available, compared to the subset of kindergarten children for whom the PACE had *not* been received. By conducting chi-square analyses on three publicly-available variables – sex, ZIP Code, and school placement – we concluded that there were no statistically significant differences between the two groups with regard to either child's sex or ZIP Code. There were some statistically significant differences with regard to school placement, however. For the illustrative and descriptive purpose of the statistics used in this report, though, we concluded that the data are generally representative of the population of incoming kindergarten students.

Version 2.0 of the PACE was administered in 2006-07. It contains sections capturing a child's functioning in eight domains: family demographic information, childcare history, general health information, motor and sensory functioning, speech and language development, school skills, social and emotional functioning, and life experiences. The findings are presented in detail within each domain. A copy of the PACE 2.0 may be found in Appendix A of this report. See Appendix B for detailed frequency distributions of the PACE items.

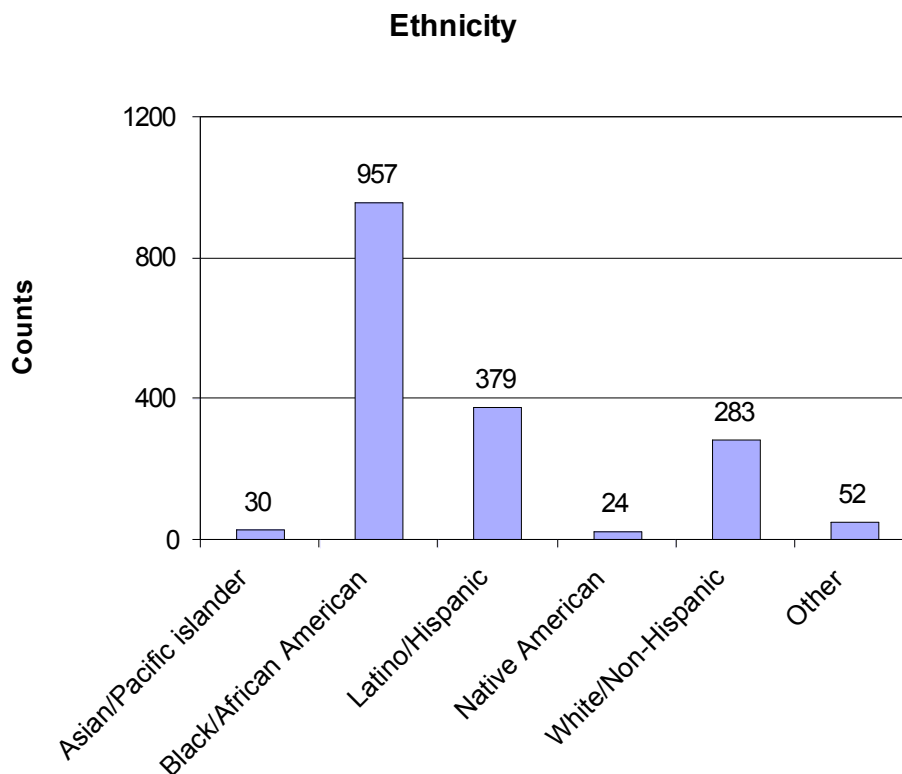
Throughout the text of this report, percentages have been rounded to the nearest integer (e.g., 19.7% and 20.2% would both be reported as 20%).

## FAMILY DEMOGRAPHIC FINDINGS

To document the demographic characteristics of the sample of children for whom the PACE was completed, we calculated frequency distributions for the following: child's race/ethnicity, child's current health insurance, parents' education, whether the parents themselves received special education services, and ages of the parents.

For the 2006-2007 school year, the PACE was typically completed by the child's mother (88%), followed by the child's father (9%), and the child's grandmother (2%). (For the sake of simplicity, PACE respondents are referred to as "parents" throughout this report.)

Similar to past years' rates, the child ethnicity percentages remain constant and were as follows: 56% were Black/African-American, 22% were reported as Latino/Hispanic, and 16% as White/non-Hispanic. More than one selection could be made by parents.



In the last **Community Report 2003-2004**, we noted that changes in the distribution of types of health-care insurance were occurring. Specifically, the rate of private insurance carriers had markedly dropped from 42% in 2000-2001 to 27% in 2003-2004, a statistically significant difference. The grouped Medicaid rate (Medicaid Blue Choice, Medicaid Preferred Care, and Straight Medicaid) was 57% in 2003-2004. This higher Medicaid rate appears to be stable at 58% for the 2006-2007 school year, with private

insurance carriers currently providing 36% of health insurance (this rate includes Child Health Plus, at just under 11%). Five percent of the PACE respondents indicated having no health insurance, and 12% reported not having full insurance coverage (all 12 months), for their child during the past year.

Ninety-eight percent of the respondents reported that their child had a doctor; this is a statistically significantly higher rate than in 2003-2004, when the rate was 95%. Another positive finding is that the rate of *not* having a dentist has declined to 19%, with 81% reporting their child had a dentist. Previous years' reports stated the rate of *not* having a dentist was as high as 36% in 1999-2000 and was 29% in the 2003-2004 year.

The PACE questionnaire asks parents about their level of education. In the **Community Report 2003-2004**, 76% of mothers and 75% of fathers had at least a high school education or had obtained a GED. The 2006-2007 data show a similar rate, with 75% of mothers and 74% of fathers reporting at least a high school education or GED. Alternatively stated, 26% of the mothers reported a level of educational attainment of "some high school." The Annie E. Casey Foundation, with its KidsCount.org data publications, reports the rate at 16% for New York State (2004), and 20% for the United States overall (2004).<sup>1</sup>

The distribution of the educational levels attained by the parents from the 2006-2007 cohort appears below:

**Mother's Education**

	Frequency	Percent	Valid Percent	Cumulative Percent
Some high school	328	20.9	25.5	25.5
GED	182	11.6	14.1	39.6
High school graduate	217	13.9	16.9	56.5
Technical or trade school	38	2.4	3.0	59.4
Some college	239	15.3	18.6	78.0
Two-year degree	162	10.3	12.6	90.6
Four-year degree	78	5.0	6.1	96.7
Graduate degree	43	2.7	3.3	100.0
Total	1287	82.2	100.0	
Not reported	279	17.8		
Total	1566	100.0		

<sup>1</sup> [www.kidscount.org](http://www.kidscount.org) Right Start Birth Outcomes, New York State Profile.

**Father's Education**

	Frequency	Percent	Valid Percent	Cumulative Percent
Some high school	299	19.1	26.0	26.0
GED	217	13.9	18.9	44.8
High school graduate	277	17.7	24.1	68.9
Technical or trade school	39	2.5	3.4	72.3
Some college	163	10.4	14.2	86.4
Two-year degree	56	3.6	4.9	91.3
Four-year degree	48	3.1	4.2	95.5
Graduate degree	52	3.3	4.5	100.0
Total	1151	73.5	100.0	
Not reported	415	26.5		
Total	1566	100.0		

Parents also reported whether they had received special education services. These rates are also stable compared to prior years, with 9% of mothers and 9% of fathers indicating that they had received special education services.

The PACE asks about mother's and father's age at the time of their child's kindergarten registration. Based on responses to these questions, we note that 20% of mothers and 11% of fathers were teenagers at the time their child was born.

**Mother's Current Age, categories**

	Frequency	Percent	Valid Percent	Cumulative Percent
17-20	23	1.5	1.7	1.7
21-24	254	16.2	18.6	20.3
25-29	465	29.7	34.1	54.4
30-34	284	18.1	20.8	75.3
35-39	209	13.3	15.3	90.6
over 39	128	8.2	9.4	100.0
Total	1363	87.0	100.0	
Not reported	203	13.0		
Total	1566	100.0		

**Father's Current Age, categories**

	Frequency	Percent	Valid Percent	Cumulative Percent
17-20	4	.3	.3	.3
21-24	123	7.9	10.3	10.6
25-29	348	22.2	29.1	39.7
30-34	279	17.8	23.3	63.0
35-39	198	12.6	16.6	79.6
over 39	244	15.6	20.4	100.0
Total	1196	76.4	100.0	
Not reported	370	23.6		
Total	1566	100.0		



## GENERAL HEALTH INFORMATION FINDINGS

In the General Health section of PACE, a comprehensive series of questions collects information on birth history, health events, allergies, and the frequency of medical visits. Also, a set of asthma questions assesses the frequency and severity of the condition, and if the child uses prescription medication. The findings are presented below in these subsections: prenatal and neonatal outcomes, medical care and events, asthma, and children's illnesses, allergies, and overall health.

### Prenatal and neonatal outcomes

In the General Health section of the PACE, two questions are asked about the mother's health habits during her pregnancy, one on smoking and one on drinking alcohol. With the 2003-2004 cohort, the majority of mothers (96%) reported never drinking alcohol during pregnancy; the recent subset provided a similar rate of 97%. The present cohort had a rate of 18% who said they had smoked; this is comparable to past trends where 81% of mothers reported having *never* smoked during pregnancy (**Community Report 2003-2004**). Another source, the Right Start Birth Outcomes,<sup>2</sup> reports a rate of 8% of mothers who smoked during pregnancy in New York State in 2003, and a United States average of 10%. Previous **Community Reports** have offered a word of caution on these self-reported data, however, as other community data in Rochester have shown higher rates.

With the 2006-2007 cohort, 90% of the children were reported as having been full term deliveries, with 81% weighing in the normal range between 5 lbs. 8 oz. and 9 lbs. Pre-term babies comprised 10% of the sample, and parents/guardians indicated that 11% of the children were underweight (less than 5 lbs. 8 oz.) as newborns, with 3% being severely underweight (less than 3 lbs. 5 oz.). Seventeen percent of the sample had been in intensive care or special-care nursery, with one quarter of those in intensive care more than 10 days.

The reported rate of breastfeeding has increased, as 57% of the parents/guardians indicated that their incoming kindergartener, for at least some period (a range of less than one month to more than six months), had been breastfed. This is a statistically significant increase of 5% compared to the 2003-2004 group where parents/guardians reported that 52% of the children had been breastfed. Furthermore, almost one fifth (19%) of the children in the 2006-2007 cohort had been breastfed more than 6 months.

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<sup>2</sup> [www.kidscount.org](http://www.kidscount.org) Right Start Birth Outcomes, New York State Profile.

## Medical care and events

The PACE collects information on the frequency of well-child doctor visits, dental visits, and emergency-care visits. Almost all of the children (95%) had been to a well-child visit within the past year, and 84% had been to the dentist within the last two years.

Emergency medical attention had been required by 25% of the children. The most frequently listed reason was for asthma (10%), followed by the category “other injury” at 7%, and 3% for a broken bone. The other injuries of burns, head injury, and seizures each had rates respectively of less than 2%.

## Asthma

The PACE questionnaire collects a series of asthma-specific questions that probe the severity, the diagnostic status, and the medical treatments relating to asthma in the child’s life. To the question, “Has a doctor ever said that your child has asthma?” nearly one fifth (20%) responded “yes,” a slight increase (though not statistically significant at the 99 percent confidence level) compared to 17% in the **Community Report 2003-2004**. Frequencies from the last released report and also from this year’s subset appear below. Statistically significant (at  $p \leq .01$ ) differences are shown in boldfaced type.

<b>Asthma or Breathing Problems</b>	<b>2003-2004 (n=1934)</b>	<b>2006-2007 (n=1566)</b>
Child needs to stop playing because of breathing problems.	8 %	9.7%
At least one day a week, child usually has wheezing, coughing, or shortness of breath.	10%	<b>13.4%</b>
At least one day a week, child usually wakes up from sleep because of wheezing, coughing, or shortness of breath.	7%	8.5%
Doctor has said that the child has asthma.	17%	19.8%
Child takes medication every day to prevent asthma symptoms.	6%	<b>9.1%</b>
Over the past 12 months, at least one time child needed emergency medical visit for asthma.	11%	12.4 %

There are two areas within this series of asthma questions where the increases that are witnessed are occurring at a statistically significant level. Parents relating that their child is taking medication every day to prevent asthma symptoms increased from 6% in the **Community Report 2003-2004** to 9% in the 2006-2007 group. Parents are also reporting, with increased frequency, that at least one day a week, their child has wheezing, coughing, or is short of breath.

We estimated severity levels for those children whose doctors have diagnosed them as having asthma. As in prior reports, a child is classified as having a “significant” level of asthma by wheezing, coughing, or having shortness of breath at least 3 times a week, or by waking up with these symptoms at least once a week. To be classified at the “Mild or Past” level, the child wheezes, coughs, or is short of breath fewer than 3 times a week and does not wake up with these symptoms. Below is a table showing respiratory symptoms rates for the two asthma-level groups:

<b>Asthma or Breathing Problems</b>	<b>Significant asthma (n=102)</b>	<b>Mild or past asthma (n=184)</b>
Child needs to stop playing because of breathing problems.	75.0%	26.9%
At least one day a week, child usually has wheezing, coughing, or shortness of breath.	96.9%	33.7%
At least one day a week, child usually wakes up from sleep because of wheezing, coughing, or shortness of breath.	92.0%	0 %
Child takes medication every day to prevent asthma symptoms.	64.9%	27.1%
Over the past 12 months, at least one time child needed emergency medical visit for asthma.	61.4%	29.1%

### Children’s illnesses, allergies, and overall health

The PACE also asks parents about their child’s other illnesses, allergies, and diseases, such as ear infections, heart conditions, hyperactivity, and lead levels. Almost 10% of the PACE parents reported that their child had six or more repeated ear infections, with 3% of the children receiving ear tubes. Nearly 7% had received Early Intervention Services.

	Count	Percent
Emergency medical attention required for asthma	156	10.0
Ear infections (6 or more)	148	9.5
Behavior problems	138	8.8
Emergency medical attention required for other injury	115	7.3
Early Intervention Services	106	6.8
High lead levels	85	5.4
Trouble sleeping - nightmares	64	4.1
Iron deficiency	61	3.9
Hyperactivity (ADD/ADHD)	49	3.1
PE or ear tubes	45	2.9
Emergency medical attention required for broken bone	43	2.7
Weight problems: Overweight	39	2.5
Wears glasses	38	2.4
Stomach aches (weekly or daily)	36	2.3
Hearing problems	35	2.2
Weight problems: Underweight	32	2.0
Emergency medical attention required for head injury	30	1.9
Emergency medical attention required for seizures	24	1.5
Seizures or epilepsy	20	1.3
Emergency medical attention required for burn	19	1.2
Bone or joint problems	17	1.1
Trouble seeing	18	1.1
Heart trouble	15	1.0
Headaches (weekly or daily)	14	0.9
Sickle cell disease	10	0.6
Poisoning	5	0.3

Parents reported that slightly more than 5% of the children had high lead levels. High lead levels are cited as causing neurological developmental difficulties, and occur at a high rate in Rochester. In **Community Report 2003-2004**, the overall incidence rate was also reported as 5%. When examined as a function of ZIP Code, we find the greatest incidence levels, proportionally, in 14615 at 12% and in 14611 at 9%. The summary table below shows the high lead level counts by ZIP Code.

High Lead Level responses within ZIP Codes n=1468			
Zip Code	Count	High Lead Count	Percent
14605	109	6	5.2
14606	87	7	7.4
14608	97	8	7.6
14609	215	12	5.3
14611	137	14	9.3
14613	139	5	3.5
14615	59	8	11.9
14619	88	5	5.4
14620	70	1	1.4
14621	286	15	5.0
TOTAL	1468	81	5.5

Another source on lead levels for Monroe County comes from the New York State Department of Health. It shared its results from a lead screening program on childhood blood levels, where children under six years of age were tested in 2002 and 2003. Its findings, released in [A Report of Lead Exposure among New York Children](#), detail the number of children screened, at which age, and at which levels of lead exposure. An elevated blood lead level is defined as a concentration of 10 micrograms per deciliter or greater ( $\geq 10 \mu\text{g/dL}$ ). The overall incidence in 2003 for Monroe County was 5.7%.<sup>3</sup>

Approximately one fifth of the parents stated that their child had allergies, with seasonal allergies the most frequently listed at 12%, and medication allergies listed at 7%.

The PACE also asks about the child’s overall health. This year’s subset finds that parents reported that 96 percent children are believed to be in “good” or “excellent” health. We also asked, “Would you like to talk with the school nurse about your child’s health?” Fourteen percent of the parents indicated they would like to talk with the school nurse.

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<sup>3</sup> New York State Department of Health.

# CHILDREN'S DEVELOPMENT AND SOCIAL-EMOTIONAL FINDINGS

This section reports the developmental scale averages from two RCSD cohorts, with this year's group being compared with one from 2003-2004. The scale averages are shown for these skill areas: fine motor, gross motor, expressive language, speech, learning, pre-literacy, positive peer social, task oriented, shy/anxious, and negative peer social. For each area, an arithmetic mean (average) was computed of the items that pertain to the respective scale; for example, the fine motor subscale consists of the mean of the scores of these four items: hold pencil for writing, draw or copy shapes like squares, zip coat by self, and cut out simple shapes with scissors.

In the column charts below are the grouped averages for each scale for the 2003-2004 and the 2006-2007 PACE samples. The reliability statistics for all of these scales are provided in Appendix C.

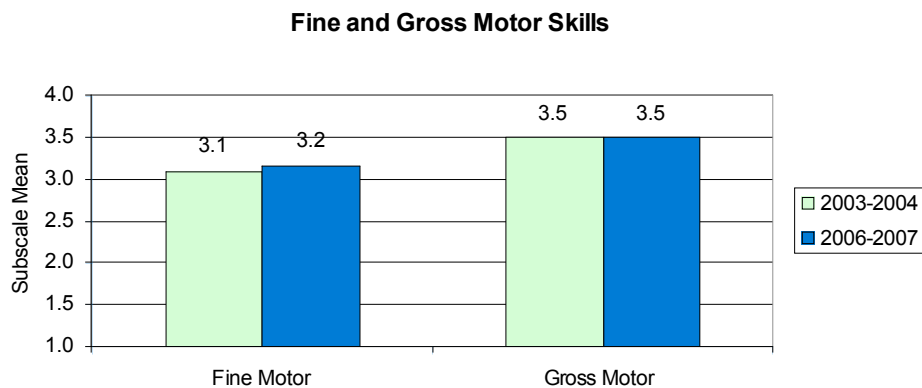
## Fine and gross motor skills

These items make up the fine motor skill subscale:

- Hold a pencil with his/her fingers for writing
- Draw or copy shapes like squares
- Zip his or her coat by self
- Cut out simple shapes, like a house, with scissors

These items make up the gross motor skill subscale:

- Run
- Balance on one foot without support
- Go down steps one foot after the other
- Catch a small ball, like a tennis ball



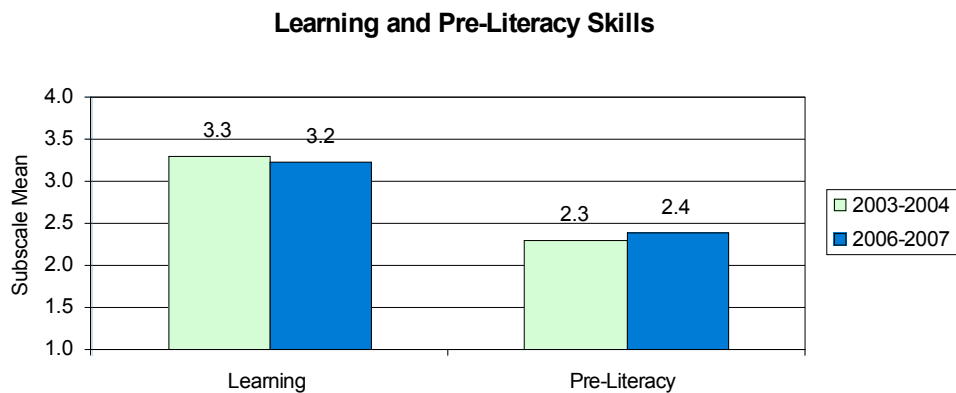
## Learning and pre-literacy skills

The learning skills subscale consists of these items:

- Listen to books being read
- Listen to and follow directions
- Repeat sentences when asked to
- Retell a story that was just read aloud
- Know the words to at least one song or rhyme by heart
- Remember things
- Learn new things

The pre-literacy skills subscale is derived from these items:

- Read his/her own written name
- Read numbers up to 12
- Identify written alphabet letters by self
- Read simple written words
- Count 20 things
- Write the numbers from 1 to 12
- Write his or her first and last name by self



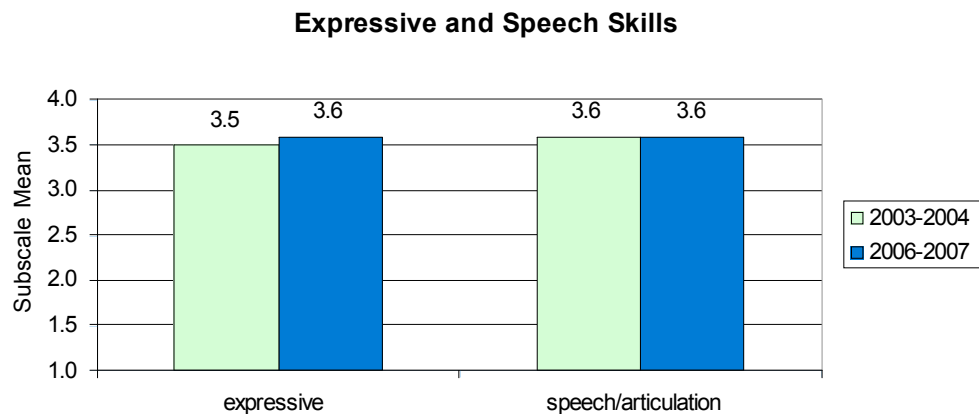
## Expressive and speech skills

The expressive language subscale comprises six items:

- Understand English
- Talk with other children
- Talk with adults
- Use words to describe things
- Tell a complete story with a beginning, middle and end
- Tell you how he/she feels when asked

The speech skills subscale consists of these items:

- Do you have difficulty understanding your child?
- Do others have difficulty understanding your child?



## Social, emotional and behavioral functioning

There are four subscales in the social, emotional and behavioral functioning area. Each of the four comprises three items.

Negative peer social:

- Fights with other children
- Hurts others
- Bothers other children

Task oriented:

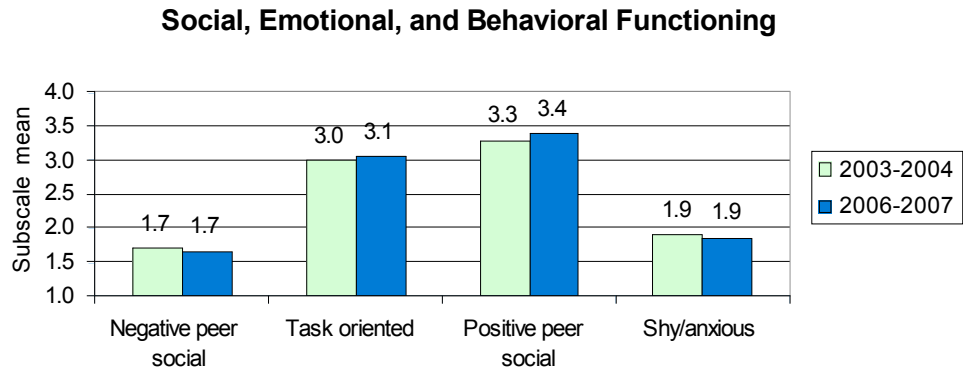
- Completes things he/she starts
- Has a short attention span
- Concentrates well

Positive peer social:

- Makes friends easily
- Has many friends
- Talks easily with other children

Shy/Anxious:

- Gets nervous easily
- Is withdrawn
- Worries a lot





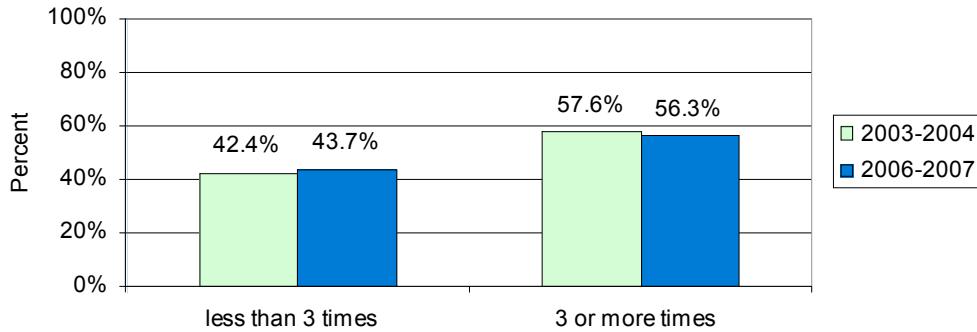
# CHILDREN'S LIFE EXPERIENCES FINDINGS

The PACE's life experience items ask for information in a number of important areas, such as:

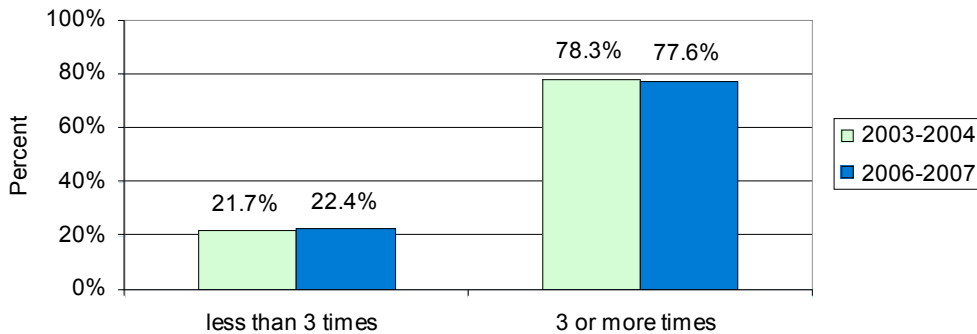
- Cultural and environmental enrichment activities (e.g., going to a library)
- Family's mobility (e.g., moving to another home)
- Family member's serious illness or death
- Parents' separation or divorce
- Home and neighborhood violence exposure
- Emotional support from adults
- Amount of television viewed by the child

Results from the 2006-2007 PACE data collection are compared with information from 2003-2004 in the charts below.

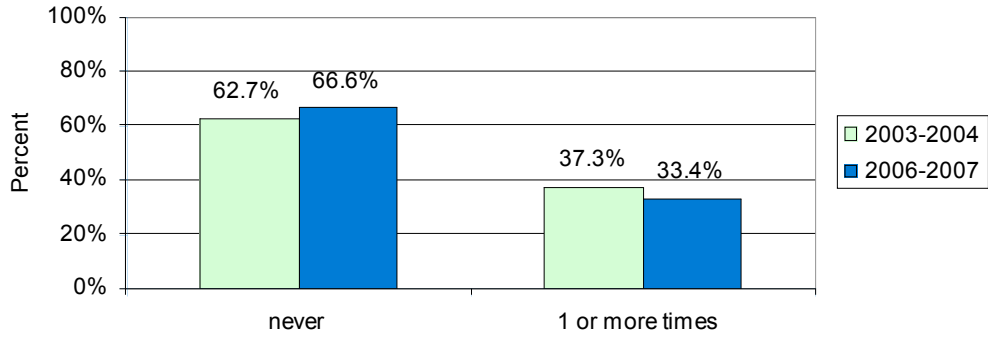
**Gone to a library**



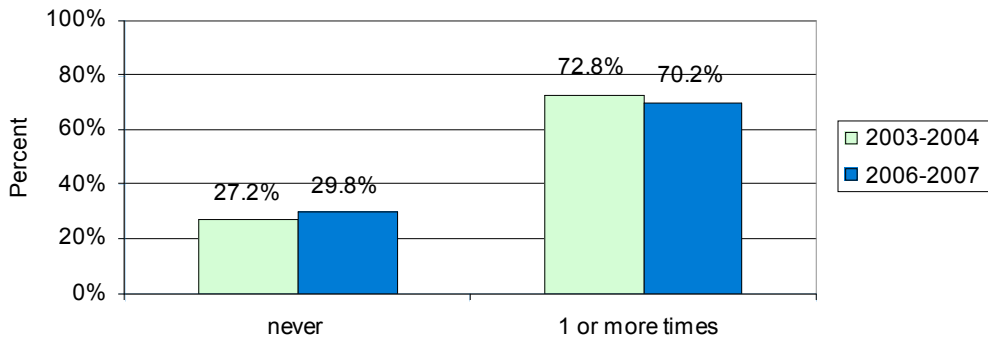
**Gone on an outing**



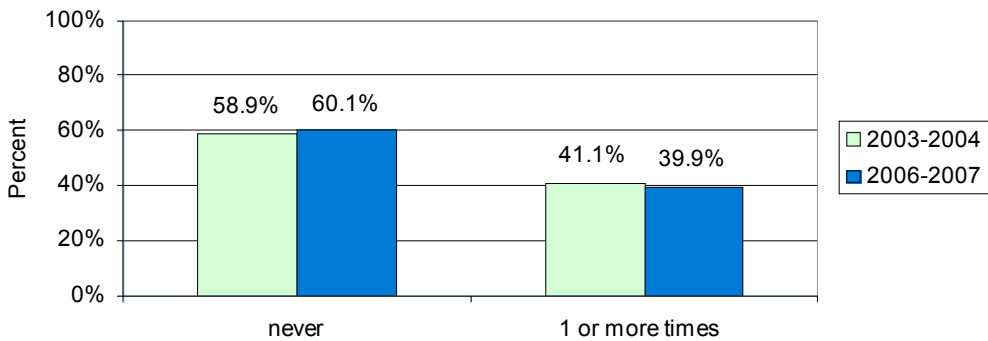
### Moved from one home to another in last 6 months



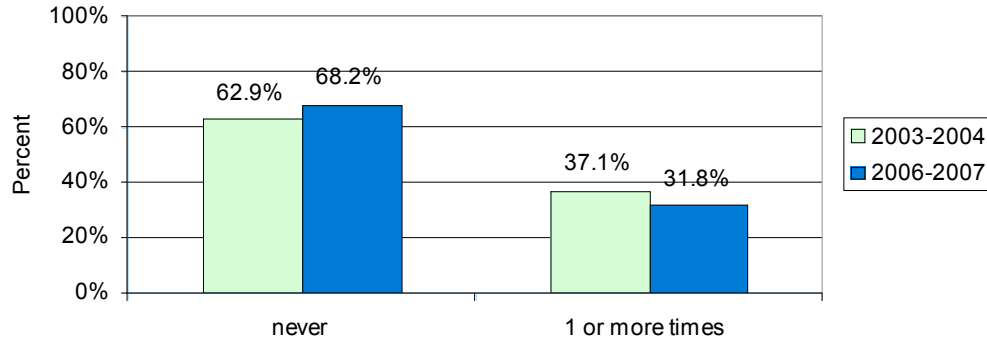
### Ever moved from one home to another



### Seen a close family member or friend very sick

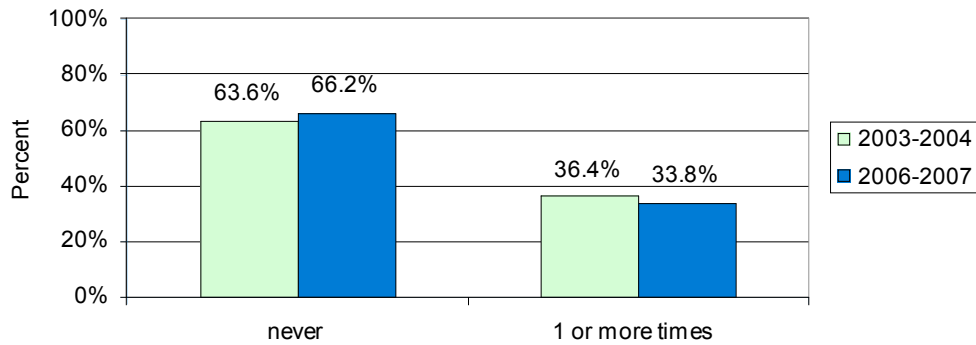


### Experienced death of a close family member or friend

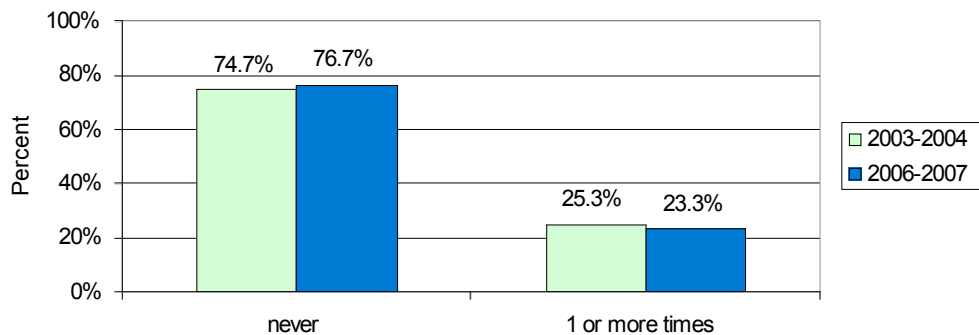


Children in the 2006-07 sample are less likely to have experienced the death of a close family member or close friend. The difference is statistically significant at  $p \leq .001$ .

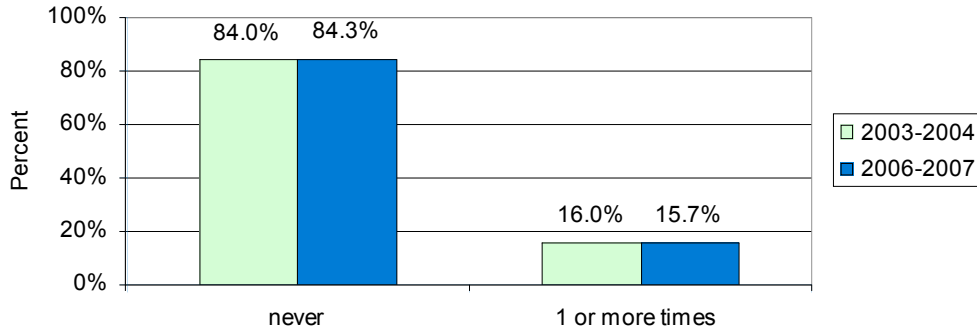
### Experienced parents' separation or divorce



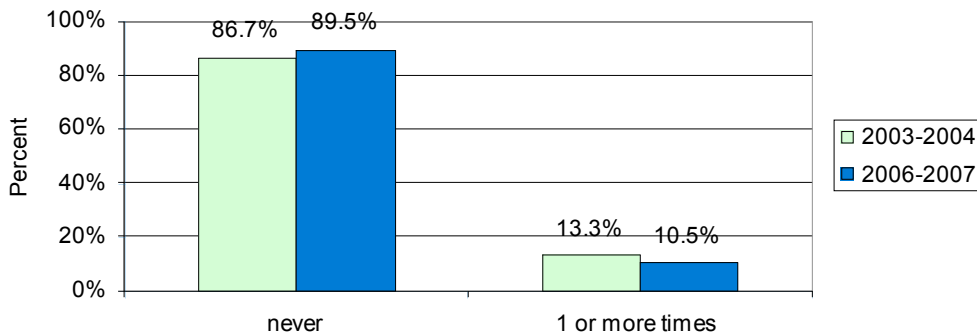
### Experienced a depressed parent



### Witnessed violence in the neighborhood

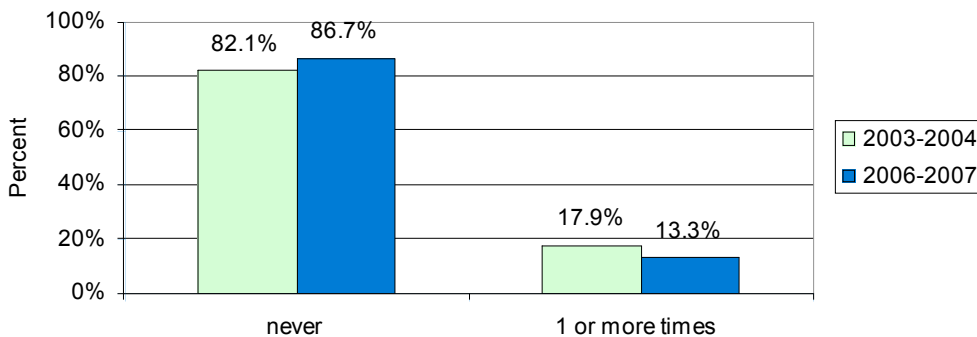


### Witnessed violence at home



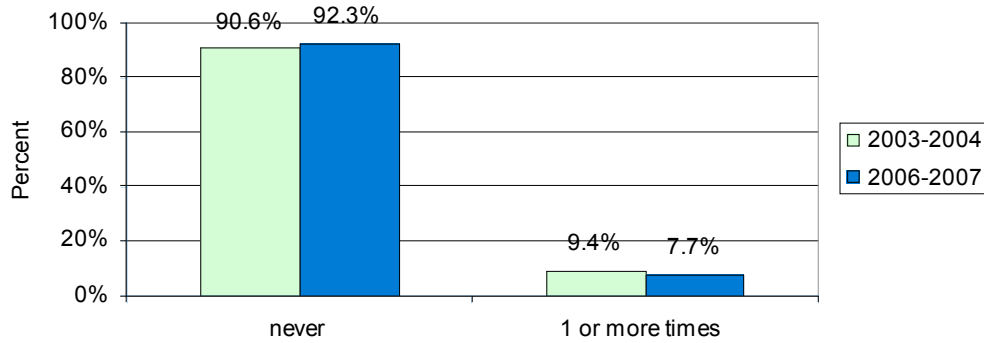
Children in the 2006-07 cohort are less likely to have witnessed violence in their homes than children in 2003-04 ( $p \leq .01$ ).

### Away from parent for over a month

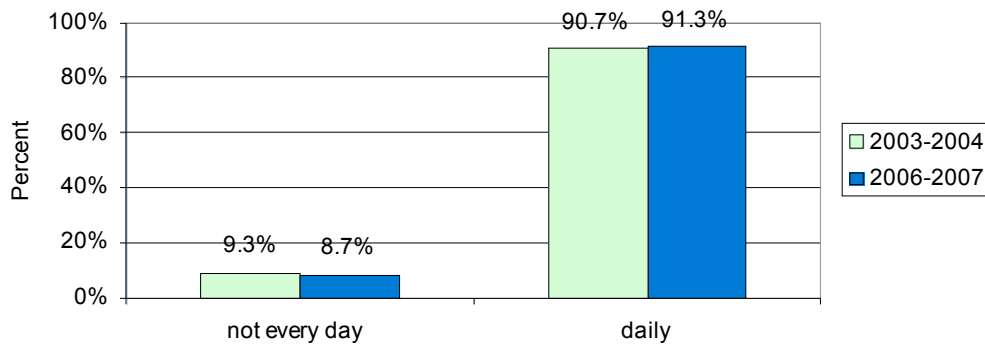


The 2006-07 sample's children are less likely to have been away from home for over a month than children in the 2003-04 sample. This result is statistically significant at  $p \leq .001$ . This item is sometimes used as an indicator of potential Social Services involvement with the family, resulting in the child being temporarily placed in foster care.

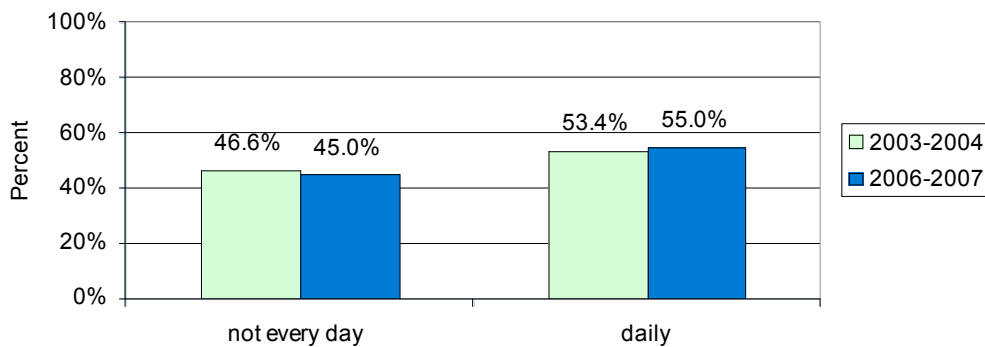
### Seen a family member with a drug or alcohol problem



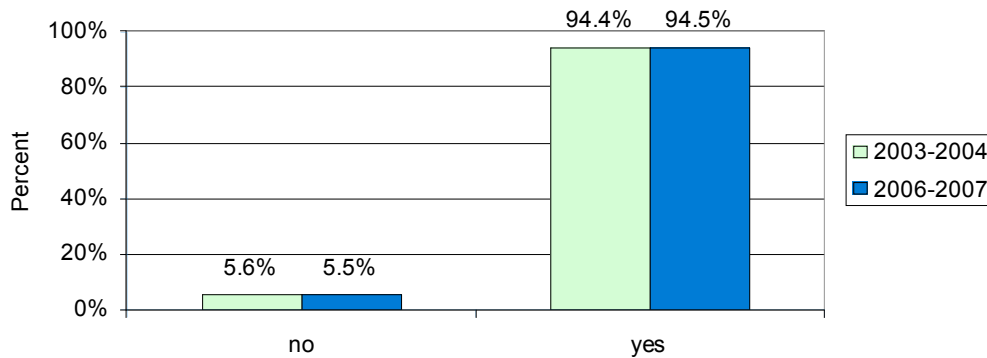
### Regularly spends time with mother



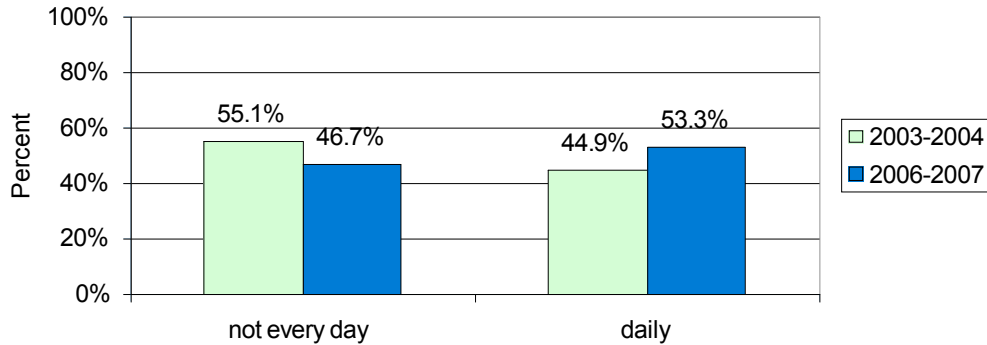
### Regularly spends time with father



### Warm, close relationship with any adult

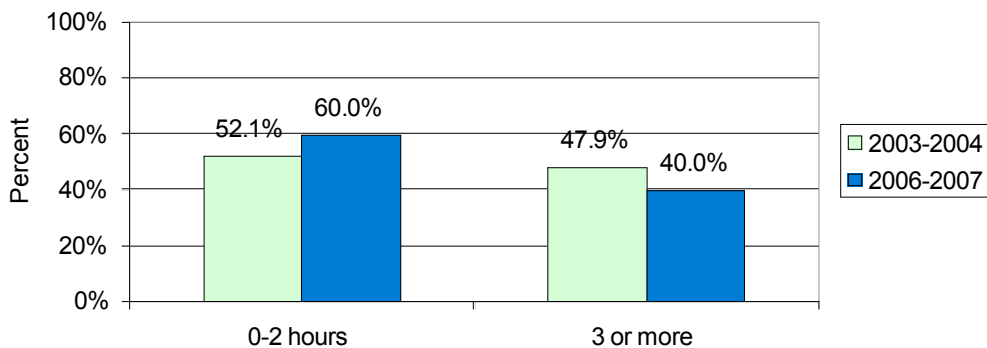


### Adult reads to child



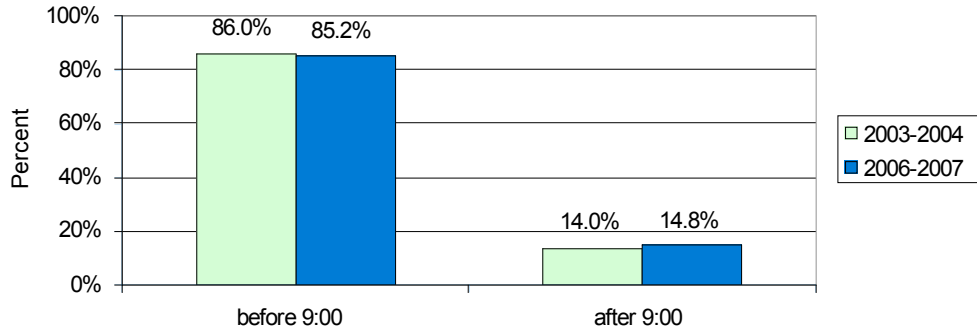
The increase in the rate of daily reading with a child, from 45% to 53%, is statistically significant at  $p \leq .001$ .

### Amount of television child watches daily

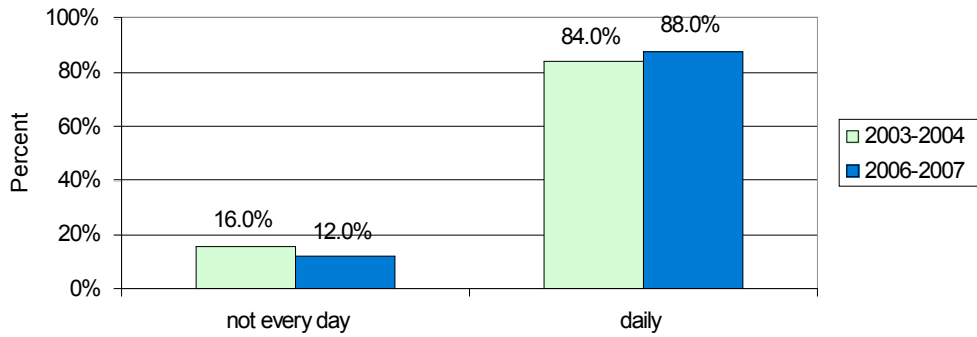


Similarly, the rate of children's television viewing for three or more hours daily has statistically significantly declined ( $p \leq .001$ ).

### Bedtime on school nights

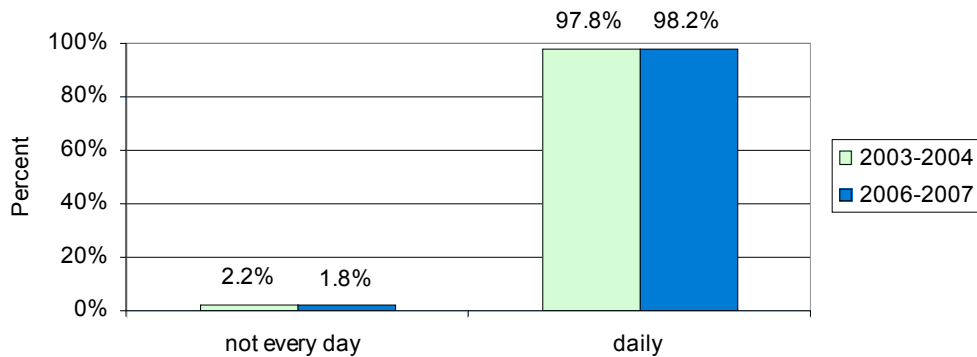


### Child eats breakfast



A greater proportion of children eat a daily breakfast in the 2006-2007 sample than in the 2003-2004 sample, according to their parents ( $p \leq .001$ ).

### Child has enough food to eat



## CLOSING THOUGHTS

A community-wide survey such as that presented in this report has many potential benefits. It serves as a “snapshot” of the recent history and current functioning of a large, generally representative group of children as they enter the public school system. It enables tracking important indicators in the areas of health, readiness to learn, and social-emotional functioning over time, allowing the detection and examination of trends within these domains. It may lead to further investigation, shedding additional light on the factors that influence children’s success in school and beyond. It may suggest changes in public policy or programs, and provides preliminary data for school administrators, helping them to more fully understand their students.

There are a number of encouraging trends identified within this report. In the area of health, more children are reported as having doctors, and more were breastfed as infants. Parent information campaigns regarding the necessity of treating children’s asthma appear to be effective, as the medication rate for this disease has increased. However, an increase in overall symptoms of breathing problems in children was also noted.

The number of adverse life events to which children are exposed appears to be decreasing in some areas. Notably, the rate of reported exposure to violence at home has dropped. Children are more likely to have someone read to them daily, and are more likely to eat breakfast every day. The amount of television viewing has declined.

This report also documents some sobering statistics which have not changed. Approximately one quarter of parents in our community did not graduate from high school. One fifth of the children entering kindergarten were born to teenage mothers. One third of the children’s families changed residence within the half-year prior to kindergarten registration. One third of the reporting parents are separated or divorced. Sixteen percent of the children have witnessed violence in their neighborhoods. Whereas 91% of children regularly spend time with their mothers (or mother-figures), only 55% regularly spend time with their fathers.



A revised version of the PACE will be used for the 2007-08 school year, to better allow us to capture information describing incoming kindergarteners. A web-based version is also being developed, which will better allow relevant, timely information to be shared with parents, providers, and policy makers.

We thank the Rochester City School District for its assistance, at many levels, without which this project could never have begun.



# APPENDIX A

## Parent Appraisal of Children's Experiences 2.0 (PACE)

 Use a No. 2 pencil only. Fill in ovals completely. Correct Mark 

**Child's Name:** \_\_\_\_\_  
Last, First

**Grade:**  Prekindergarten  Kindergarten  First  Other \_\_\_\_\_

**Sex:**  Male  Female

**Child's Race/Ethnicity (Fill in all that apply):**  Asian/Pacific Islander  
 Black/African-American  Latino/Hispanic  Native American  
 White/Non-Hispanic  Other \_\_\_\_\_

**School:** \_\_\_\_\_

**Your Relationship to this Child (Fill in one oval):**  Mother  Father  
 Grandmother  Grandfather  Aunt  Other \_\_\_\_\_

**Child's Birth Date**

Month	Day	Year
<input type="radio"/> Jan	<input type="radio"/> 0	<input type="radio"/> 1994
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 1995
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 1996
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 1997
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 1998
<input type="radio"/> June	<input type="radio"/> 5	<input type="radio"/> 1999
<input type="radio"/> July	<input type="radio"/> 6	<input type="radio"/> 2000
<input type="radio"/> Aug	<input type="radio"/> 7	
<input type="radio"/> Sept	<input type="radio"/> 8	
<input type="radio"/> Oct	<input type="radio"/> 9	
<input type="radio"/> Nov		
<input type="radio"/> Dec		

**Today's Date**

Month	Year
<input type="radio"/> Jan	<input type="radio"/> 2002
<input type="radio"/> Feb	<input type="radio"/> 2003
<input type="radio"/> Mar	<input type="radio"/> 2004
<input type="radio"/> Apr	<input type="radio"/> 2005
<input type="radio"/> May	<input type="radio"/> 2006
<input type="radio"/> June	<input type="radio"/> 2007
<input type="radio"/> July	<input type="radio"/> 2008
<input type="radio"/> Aug	
<input type="radio"/> Sept	
<input type="radio"/> Oct	
<input type="radio"/> Nov	
<input type="radio"/> Dec	

**Home Zip Code**

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

**Child's Address:** \_\_\_\_\_  
Street

**Home Phone:** \_\_\_\_\_

**Father's/Guardian's Name:** \_\_\_\_\_ **Father's Age:**  17-20  21-24  25-29  30-34  35-39  Over 39 **Father's Daytime Phone:** \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_ **Mother's Age:**  17-20  21-24  25-29  30-34  35-39  Over 39 **Mother's Daytime Phone:** \_\_\_\_\_

Does the child have a doctor?  No  Yes **Does the child have a dentist?**  No  Yes

**Name of Child's Doctor/Clinic:** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_ **Name of Child's Dentist:** \_\_\_\_\_

**Child's Current Health Insurance:**  None  Medicaid-Blue Choice option or Monroe Plan  Medicaid-Preferred Care option  Straight Medicaid  Child Health Plus  Blue Choice  Preferred Care  Other \_\_\_\_\_

During the past 12 months, how many months has this child had health insurance (Fill in one oval):  
 None  1  2  3  4  5  6  7  8  9  10  11  12 months

**Parents' Education (Fill in the oval of the highest education for each):**

Child's Mother (or female caregiver)	Child's Father (or male caregiver)
<input type="radio"/> Some high school	<input type="radio"/> Some high school
<input type="radio"/> GED	<input type="radio"/> Some college
<input type="radio"/> High school graduate	<input type="radio"/> Two year degree
<input type="radio"/> Technical or trade school	<input type="radio"/> High school graduate
<input type="radio"/> Graduate degree	<input type="radio"/> Four year degree
	<input type="radio"/> Technical or trade school
	<input type="radio"/> Graduate degree

Did the mother ever receive special education services?  No  Yes **Did the father ever receive special education services?**  No  Yes

Which adults (18 years or older) live in this child's home? (Fill in all that apply, including yourself):  
 Child's mother  Child's stepmother  Child's adult sister  Grandmother  Aunt  Other female  
 Child's father  Child's stepfather  Child's adult brother  Grandfather  Uncle  Other male

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Children (under 18 years old) in the home (Please complete for each child. Do NOT include this child):

Name	Sex	Age in years	Childcare/School Name
Child 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 3	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 4	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 5	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	

Childcare Experiences (For the child being enrolled, please fill in the information for each year of your child's life):

Child's Age	At Home Full-time	Went to A Center			Went to Caregiver's Home		
		Days Per Week	Days	Time	Days Per Week	Days	Time
0-12 Months	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
13-24 Months	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
2 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
3 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
4 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
5 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only

Name of Most Recent Center: \_\_\_\_\_

Phone #: \_\_\_\_\_

### General Health Information

1. At birth, how much did this child weigh?

- Less than 3 lbs 5 oz  
 Less than 3 lbs 8 oz  
 Between 3 lbs 8 oz and 9 lbs  
 More than 9 lbs  
 Child's weight at birth: \_\_\_\_\_

2. Based on your "due date" was this child -

- Premature (born 6 weeks early or earlier)  
 Full term

3. How long was he/she breast fed?

- Never  
 Less than one month  
 One to 2 months  
 Two to 6 months  
 More than 6 months

4. As a newborn, was your child ever in the intensive care or special care nursery?

- No  Yes

If yes, how many days?

- 1-2 days  3-4 days  
 5-6 days  7-8 days  9-10 days  10+ days

5. Has your child ever stayed in the hospital overnight?

- No  Yes

for 3 days or more?  No  Yes

If yes, please explain: \_\_\_\_\_

6. Which allergies does your child have? (Please specify which Foods, Medications, or Other, if any.)

- None  
 Bee sting  
 Seasonal (such as hayfever, pollens, etc.)  
 Food \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

7. Does your child take any prescription medications now?

- No  
 Yes

If yes, please list all:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

8. When did your child last see a doctor for a routine physical?

- Never  More than a year ago  
 Within past 6 months  More than two years ago  
 Within past year  Do not remember

9. When did your child last see a dentist for a check-up or dental work?

- Never  More than a year ago  
 Within past 6 months  More than two years ago  
 Within past year  Do not remember

10. Does your child ever need to stop playing because of breathing problems?  
 No  Yes
11. How many days a week does your child usually have wheezing, coughing, or shortness of breath?  
 None  One  Two  Three  4 or more days
12. How many days a week does your child usually wake up from sleep because of wheezing, coughing, or shortness of breath?  
 None  One  Two  Three  4 or more days
13. Has a doctor ever said that your child has asthma?  
 No  Yes  
 If Yes:
- 13a. Does your child take medicine every day to prevent asthma symptoms?  
 No  Yes, List \_\_\_\_\_
- 13b. Over the past 12 months, how many times has your child needed emergency medical visits for asthma?  
 None  One  Two  
 Three  Four  5 or more times
14. Has your child ever had any health conditions that required emergency medical attention?  
 None  Asthma  Broken bones  
 Burns  Head injury  Seizures  
 Other \_\_\_\_\_

15. Please fill in the oval if your child has ever had any of the following:
- |  |  |
|--|--|
| <input type="checkbox"/> Behavior problems             | <input type="checkbox"/> Poisoning                       |
| <input type="checkbox"/> Bone or joint problems        | <input type="checkbox"/> Seizures or epilepsy            |
| <input type="checkbox"/> Ear infections (6 or more)    | <input type="checkbox"/> Sickle cell disease             |
| <input type="checkbox"/> Early Intervention Services   | <input type="checkbox"/> Stomach aches (weekly or daily) |
| <input type="checkbox"/> Hearing problems              | <input type="checkbox"/> Trouble seeing things           |
| <input type="checkbox"/> Headaches (weekly or daily)   | <input type="checkbox"/> Trouble sleeping - nightmares   |
| <input type="checkbox"/> Heart trouble                 | <input type="checkbox"/> Wears glasses                   |
| <input type="checkbox"/> High Lead levels              | <input type="checkbox"/> Weight problems-overweight      |
| <input type="checkbox"/> Hyperactivity (ADD/ADHD)      | <input type="checkbox"/> Weight problems-underweight     |
| <input type="checkbox"/> "Low iron" or iron deficiency | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> PE or ear tubes               |  |
16. During pregnancy with this child, how much did the mother:  
**Smoke:**  Never  Less than a pack a day  More than a pack a day  
**Drink alcohol:**  Never  Less than one drink a day  More than one drink a day
17. Currently, how many people in this child's home smoke?  
 None  One  Two  Three  4 or more
18. Overall, how would you describe your child's health?  
 Poor  Fair  Good  Excellent
19. Would you like to talk with the school nurse about your child's health?  
 No  Yes

NOTE: It is NOT expected that children will have mastered all the skills listed below.

### Fine Motor, Gross Motor and Sensory Functioning

How well does your child...

	Not Well	Fairly Well	Well	Very Well
1. ...hold a pencil with his/her fingers for writing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...draw or copy shapes like squares?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...zip his or her coat by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...cut out simple shapes, like a house, with scissors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...run?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...balance on one foot without support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...go <u>down</u> steps one foot after the other without holding a railing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...catch a small ball, like a tennis ball?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often does your child...

	Almost Never	Sometimes	Often	Almost Always
9. ...trip and fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...avoid touching slimy or gooey things like play-dough, mud, or glue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How often is your child super aware of different sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often is your child a picky eater?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Would you like to talk with someone about your child's coordination?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

### Speech and Language Development

How well does your child...

	Not Well	Fairly Well	Well	Very Well
1. ...understand English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...talk with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...talk with adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...use words to describe things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...tell a complete story with a beginning, middle and end?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...tell you how he/she feels when asked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often...

	Almost Never	Sometimes	Often	Almost Always
7. ...do you have difficulty understanding your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...do others have difficulty understanding your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...does your child understand what others say?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...does your child speak clearly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has your child received special help for speech or language?	<input type="radio"/> No	<input type="radio"/> Yes		
12. Does your child need extra help with speech or language?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

Page  
3 of 4

## School Skills

*How well does this child...*

	Not Well	Fairly Well	Well	Very Well
1. ...listen to books being read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...listen to and follow directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...read his/her own <i>written</i> name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...read numbers up to 12?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...identify written alphabet letters by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...read simple written words?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...count 20 things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...write the numbers from 1 to 12?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...write his or her first and last name by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...repeat sentences when asked to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...retell a story that was just read aloud?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...know the words to at least one song or rhyme by heart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...remember things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ...learn new things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Does your child need extra help to learn new things?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

## Social, Emotional, and Behavioral Functioning

*How much do you agree each item describes this child...*

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. ...makes friends easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...gets nervous easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...fights with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...completes things he/she starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...has many friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...is withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...hurts others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...has a short attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...talks easily with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...bothers other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...concentrates well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...is irritable, touchy or prickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ...is an "easy child"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. ...has a very high activity level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Does your child need extra help with his/her behavior?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

## Life Experiences

*Has your child...*

	Never	1 Time	2 Times	3 or More Times
1. ...gone to a library?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...gone on an outing (e.g., zoo, museum, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...moved from one home to another in the last 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...moved from one home to another during his/her life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...seen a close family member or friend very sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...experienced the death of a close family member or friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...experienced parents' separation or divorce?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...experienced a parent who is depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...witnessed violence in the neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...witnessed violence at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...been away from parent(s) for more than a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...seen a family member with a drug or alcohol problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...a "mother" who regularly spends time with him/her?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
14. ...a "father" who regularly spends time with him/her?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
15. ...a warm close relationship with any adult(s)?	<input type="radio"/> No	<input type="radio"/> 1 adult	<input type="radio"/> 2 adults	<input type="radio"/> 3 or more
16. How often does an adult read to this child?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
17. How much TV does your child watch each day?	<input type="radio"/> 1 hr or less	<input type="radio"/> 1-2 hours	<input type="radio"/> 3-4 hours	<input type="radio"/> 5 hrs+
18. What time does (will) your child go to bed on school nights?	<input type="radio"/> Before 8:00	<input type="radio"/> Between 8-9	<input type="radio"/> Between 9-10	<input type="radio"/> After 10
19. How often does your child eat breakfast?	<input type="radio"/> Almost never	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily
20. Does your child have enough food to eat?	<input type="radio"/> Almost never	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily

Are other agencies or professionals involved with your child?  No  Yes

please list:

\_\_\_\_\_

Comments, or anything else about your child or family you wish to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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PLEASE DO NOT WRITE IN THIS AREA



0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

64493

# APPENDIX B

## Item Frequency Distributions

### Sex

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	771	49.2	50.3	50.3
Female	763	48.7	49.7	100.0
Total	1534	98.0	100.0	
Missing	32	2.0		
Total	1566	100.0		

### Asian/Pacific Islander

	Frequency	Percent	Valid Percent	Cumulative Percent
Asian/Pacific Islander	30	1.9	100.0	100.0
Missing	1536	98.1		
Total	1566	100.0		

### Black/African-American

	Frequency	Percent	Valid Percent	Cumulative Percent
Black/African-American	957	61.1	100.0	100.0
Missing	609	38.9		
Total	1566	100.0		

### Latino/Hispanic

	Frequency	Percent	Valid Percent	Cumulative Percent
Latino/Hispanic	379	24.2	100.0	100.0
Missing	1187	75.8		
Total	1566	100.0		

**Native American**

	Frequency	Percent	Valid Percent	Cumulative Percent
Native American	24	1.5	100.0	100.0
Missing	1542	98.5		
Total	1566	100.0		

**White/Non-Hispanic**

	Frequency	Percent	Valid Percent	Cumulative Percent
White/Non-Hispanic	283	18.1	100.0	100.0
Missing	1283	81.9		
Total	1566	100.0		

**Ethnic Other**

	Frequency	Percent	Valid Percent	Cumulative Percent
Ethnic_other	52	3.3	100.0	100.0
Missing	1514	96.7		
Total	1566	100.0		

**Your relationship to this Child**

	Frequency	Percent	Valid Percent	Cumulative Percent
mother	1325	84.6	87.4	87.4
father	139	8.9	9.2	96.6
grandmother	34	2.2	2.2	98.8
aunt	7	.4	.5	99.3
other	11	.7	.7	100.0
Total	1516	96.8	100.0	
Missing	50	3.2		
Total	1566	100.0		

**Father's Age, categories**

	Frequency	Percent	Valid Percent	Cumulative Percent
17-20	4	.3	.3	.3
21-24	123	7.9	10.3	10.6
25-29	348	22.2	29.1	39.7
30-34	279	17.8	23.3	63.0
35-39	198	12.6	16.6	79.6
over 39	244	15.6	20.4	100.0
Total	1196	76.4	100.0	
Missing	370	23.6		
Total	1566	100.0		

**Mother's Age, categories**

	Frequency	Percent	Valid Percent	Cumulative Percent
17-20	23	1.5	1.7	1.7
21-24	254	16.2	18.6	20.3
25-29	465	29.7	34.1	54.4
30-34	284	18.1	20.8	75.3
35-39	209	13.3	15.3	90.6
over 39	128	8.2	9.4	100.0
Total	1363	87.0	100.0	
Missing	203	13.0		
Total	1566	100.0		

**Status of child having a doctor**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	33	2.1	2.1	2.1
yes	1502	95.9	97.9	100.0
Total	1535	98.0	100.0	
Missing	31	2.0		
Total	1566	100.0		

**Status of child having a dentist**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	234	14.9	18.5	18.5
yes	1031	65.8	81.5	100.0
Total	1265	80.8	100.0	
Missing	301	19.2		
Total	1566	100.0		

**Child's Current Health Insurance NONE**

	Frequency	Percent	Valid Percent	Cumulative Percent
NO insurance	80	5.1	100.0	100.0
Missing	1486	94.9		
Total	1566	100.0		

**Medicaid-Blue Choice Health Insurance**

	Frequency	Percent	Valid Percent	Cumulative Percent
Medicaid Blue Choice	534	34.1	100.0	100.0
Missing	1032	65.9		
Total	1566	100.0		

**Medicaid-Preferred Care Option**

	Frequency	Percent	Valid Percent	Cumulative Percent
Medicaid Preferred Care option	173	11.0	100.0	100.0
Missing	1393	89.0		
Total	1566	100.0		

**Medicaid**

	Frequency	Percent	Valid Percent	Cumulative Percent
Straight Medicaid	207	13.2	100.0	100.0
Missing	1359	86.8		
Total	1566	100.0		

**Child Health Plus**

	Frequency	Percent	Valid Percent	Cumulative Percent
Child Health Plus	165	10.5	100.0	100.0
Missing	1401	89.5		
Total	1566	100.0		



**Blue Choice**

	Frequency	Percent	Valid Percent	Cumulative Percent
Blue Choice	212	13.5	100.0	100.0
Missing	1354	86.5		
Total	1566	100.0		

**Preferred Care**

	Frequency	Percent	Valid Percent	Cumulative Percent
Preferred Care	120	7.7	100.0	100.0
Missing	1446	92.3		
Total	1566	100.0		

**Insurance Other**

	Frequency	Percent	Valid Percent	Cumulative Percent
Insurance Other	72	4.6	100.0	100.0
Missing	1494	95.4		
Total	1566	100.0		

**Continuity of Insurance coverage**

	Frequency	Percent	Valid Percent	Cumulative Percent
no months	39	2.5	2.7	2.7
one month	20	1.3	1.4	4.0
two months	11	.7	.8	4.8
three months	9	.6	.6	5.4
four months	15	1.0	1.0	6.4
five months	19	1.2	1.3	7.7
six months	25	1.6	1.7	9.4
seven months	10	.6	.7	10.1
eight months	21	1.3	1.4	11.5
nine months	11	.7	.8	12.3
ten months	21	1.3	1.4	13.7
eleven months	15	1.0	1.0	14.8
twelve months	1248	79.7	85.2	100.0
Total	1464	93.5	100.0	
Missing	102	6.5		
Total	1566	100.0		

**Mother's Education Level**

	Frequency	Percent	Valid Percent	Cumulative Percent
some high school	328	20.9	25.5	25.5
GED	182	11.6	14.1	39.6
high school graduate	217	13.9	16.9	56.5
technical or trade school	38	2.4	3.0	59.4
some college	239	15.3	18.6	78.0
two-year degree	162	10.3	12.6	90.6
four-year degree	78	5.0	6.1	96.7
graduate degree	43	2.7	3.3	100.0
Total	1287	82.2	100.0	
Missing	279	17.8		
Total	1566	100.0		

**Father's Education Level**

	Frequency	Percent	Valid Percent	Cumulative Percent
some high school	299	19.1	26.0	26.0
GED	217	13.9	18.9	44.8
high school graduate	277	17.7	24.1	68.9
technical or trade school	39	2.5	3.4	72.3
some college	163	10.4	14.2	86.4
two-year degree	56	3.6	4.9	91.3
four-year degree	48	3.1	4.2	95.5
graduate degree	52	3.3	4.5	100.0
Total	1151	73.5	100.0	
Missing	415	26.5		
Total	1566	100.0		

**Special Education Services for mother**

	Frequency	Percent	Valid Percent	Cumulative Percent
No	1354	86.5	90.8	90.8
Yes	137	8.7	9.2	100.0
Total	1491	95.2	100.0	
Missing	75	4.8		
Total	1566	100.0		

**Special Education Services for father**

	Frequency	Percent	Valid Percent	Cumulative Percent
No	1124	71.8	91.2	91.2
Yes	109	7.0	8.8	100.0
Total	1233	78.7	100.0	
Missing	333	21.3		
Total	1566	100.0		

**At birth, how much did this child weigh**

	Frequency	Percent	Valid Percent	Cumulative Percent
less than 3 lbs 5 oz	36	2.3	2.4	2.4
less than 5 lbs 8 oz	134	8.6	8.9	11.2
between 5 lbs 8 oz and 9 lbs	1231	78.6	81.3	92.5
more than 9 lbs	113	7.2	7.5	100.0
Total	1514	96.7	100.0	
Missing	52	3.3		
Total	1566	100.0		

**Premature or full term at birth**

	Frequency	Percent	Valid Percent	Cumulative Percent
premature (born 6 weeks early or earlier)	149	9.5	9.8	9.8
full term	1364	87.1	90.2	100.0
Total	1513	96.6	100.0	
Missing	53	3.4		
Total	1566	100.0		

**Breast feeding**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	653	41.7	43.0	43.0
less than one month	157	10.0	10.3	53.4
one to 2 months	175	11.2	11.5	64.9
two to 6 months	250	16.0	16.5	81.4
more than 6 months	283	18.1	18.6	100.0
Total	1518	96.9	100.0	
Missing	48	3.1		
Total	1566	100.0		

**Newborn and receipt of intensive care**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1266	80.8	82.6	82.6
yes	267	17.0	17.4	100.0
Total	1533	97.9	100.0	
Missing	33	2.1		
Total	1566	100.0		

**Newborn and number of days in intensive care**

	Frequency	Percent	Valid Percent	Cumulative Percent
1-2 days	71	4.5	27.2	27.2
3-4 days	46	2.9	17.6	44.8
5-6 days	36	2.3	13.8	58.6
7-8 days	26	1.7	10.0	68.6
9-10 days	18	1.1	6.9	75.5
10+ days	64	4.1	24.5	100.0
Total	261	16.7	100.0	
Missing	1305	83.3		
Total	1566	100.0		

**Child stayed in hospital overnight**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1246	79.6	82.2	82.2
yes	269	17.2	17.8	100.0
Total	1515	96.7	100.0	
Missing	51	3.3		
Total	1566	100.0		

**Length of time stayed in hospital overnight**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	711	45.4	81.4	81.4
yes	163	10.4	18.6	100.0
Total	874	55.8	100.0	
Missing	692	44.2		
Total	1566	100.0		

**Allergies - None**

	Frequency	Percent	Valid Percent	Cumulative Percent
no allergies	1223	78.1	100.0	100.0
Missing	343	21.9		
Total	1566	100.0		

**Allergies - Bee Sting**

	Frequency	Percent	Valid Percent	Cumulative Percent
bee sting	14	.9	100.0	100.0
Missing	1552	99.1		
Total	1566	100.0		

**Allergies - Seasonal**

	Frequency	Percent	Valid Percent	Cumulative Percent
seasonal allergies	184	11.7	100.0	100.0
Missing	1382	88.3		
Total	1566	100.0		

**Allergies - Food**

	Frequency	Percent	Valid Percent	Cumulative Percent
food allergies	72	4.6	100.0	100.0
Missing	1494	95.4		
Total	1566	100.0		

**Allergies - Medications**

	Frequency	Percent	Valid Percent	Cumulative Percent
medications allergy	116	7.4	100.0	100.0
Missing	1450	92.6		
Total	1566	100.0		

**Allergies - Other**

	Frequency	Percent	Valid Percent	Cumulative Percent
other allergy	56	3.6	100.0	100.0
Missing	1510	96.4		
Total	1566	100.0		

**Child takes prescriptions now**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1284	82.0	82.9	82.9
yes	265	16.9	17.1	100.0
Total	1549	98.9	100.0	
Missing	17	1.1		
Total	1566	100.0		

**Last well-child appointment**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	10	.6	.7	.7
within past 6 months	952	60.8	62.6	63.2
within past year	486	31.0	32.0	95.2
more than a year ago	55	3.5	3.6	98.8
more than two years ago	2	.1	.1	98.9
do not remember	16	1.0	1.1	100.0
Total	1521	97.1	100.0	
Missing	45	2.9		
Total	1566	100.0		

**Last dental checkup**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	222	14.2	14.5	14.5
within past 6 months	932	59.5	61.0	75.5
within past year	272	17.4	17.8	93.3
more than a year ago	73	4.7	4.8	98.1
more than two years ago	13	.8	.9	99.0
do not remember	16	1.0	1.0	100.0
Total	1528	97.6	100.0	
Missing	38	2.4		
Total	1566	100.0		

**Stop playing because of breathing problems**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1387	88.6	90.3	90.3
yes	149	9.5	9.7	100.0
Total	1536	98.1	100.0	
Missing	30	1.9		
Total	1566	100.0		

**Days/week breathing difficulty**

	Frequency	Percent	Valid Percent	Cumulative Percent
none	1308	83.5	86.6	86.6
one	99	6.3	6.6	93.1
two	68	4.3	4.5	97.6
three	18	1.1	1.2	98.8
4 or more days	18	1.1	1.2	100.0
Total	1511	96.5	100.0	
Missing	55	3.5		
Total	1566	100.0		

**Wake up/breathing difficulty**

	Frequency	Percent	Valid Percent	Cumulative Percent
none	1393	89.0	91.5	91.5
one	65	4.2	4.3	95.7
two	39	2.5	2.6	98.3
three	16	1.0	1.1	99.3
4 or more days	10	.6	.7	100.0
Total	1523	97.3	100.0	
Missing	43	2.7		
Total	1566	100.0		

**MD said "asthma"**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1231	78.6	80.2	80.2
yes	303	19.3	19.8	100.0
Total	1534	98.0	100.0	
Missing	32	2.0		
Total	1566	100.0		

**Medicine every day for asthma**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1164	74.3	90.9	90.9
yes	117	7.5	9.1	100.0
Total	1281	81.8	100.0	
Missing	285	18.2		
Total	1566	100.0		



**Emergency medical visits, Asthma**

	Frequency	Percent	Valid Percent	Cumulative Percent
none	1163	74.3	87.6	87.6
one	89	5.7	6.7	94.3
two	43	2.7	3.2	97.6
three	13	.8	1.0	98.6
four	13	.8	1.0	99.5
5 or more times	5	.3	.4	99.9
6	1	.1	.1	100.0
Total	1327	84.7	100.0	
Missing	239	15.3		
Total	1566	100.0		

**No emergency medical attention**

	Frequency	Percent	Valid Percent	Cumulative Percent
no emergency	1177	75.2	100.0	100.0
Missing	389	24.8		
Total	1566	100.0		

**Emergency medical attention, Asthma**

	Frequency	Percent	Valid Percent	Cumulative Percent
asthma emergency medical	156	10.0	100.0	100.0
Missing	1410	90.0		
Total	1566	100.0		

**Emergency medical attention, Broken bones**

	Frequency	Percent	Valid Percent	Cumulative Percent
broken bone emergency medical	43	2.7	100.0	100.0
Missing	1523	97.3		
Total	1566	100.0		

**Emergency medical attention, Burn**

	Frequency	Percent	Valid Percent	Cumulative Percent
burn emergency medical	19	1.2	100.0	100.0
Missing	1547	98.8		
Total	1566	100.0		

**Emergency medical attention, Head injury**

	Frequency	Percent	Valid Percent	Cumulative Percent
head injury	30	1.9	100.0	100.0
Missing	1536	98.1		
Total	1566	100.0		

**Emergency medical attention, Seizure**

	Frequency	Percent	Valid Percent	Cumulative Percent
seizures	24	1.5	100.0	100.0
Missing	1542	98.5		
Total	1566	100.0		

**Emergency medical attention, Other injury**

	Frequency	Percent	Valid Percent	Cumulative Percent
other injury	115	7.3	100.0	100.0
Missing	1451	92.7		
Total	1566	100.0		

**Other Health, Behavioral problems**

	Frequency	Percent	Valid Percent	Cumulative Percent
behavior problems	138	8.8	100.0	100.0
Missing	1428	91.2		
Total	1566	100.0		

**Other Health, Bone or joint problems**

	Frequency	Percent	Valid Percent	Cumulative Percent
bone or joint problems	17	1.1	100.0	100.0
Missing	1549	98.9		
Total	1566	100.0		

**Other Health, Ear infections**

	Frequency	Percent	Valid Percent	Cumulative Percent
ear infections	148	9.5	100.0	100.0
Missing	1418	90.5		
Total	1566	100.0		

**Other Health, Early Intervention Services**

	Frequency	Percent	Valid Percent	Cumulative Percent
Early Intervention Services	106	6.8	100.0	100.0
Missing	1460	93.2		
Total	1566	100.0		

**Other Health, Hearing problems**

	Frequency	Percent	Valid Percent	Cumulative Percent
hearing problems	35	2.2	100.0	100.0
Missing	1531	97.8		
Total	1566	100.0		

**Other Health, Headaches**

	Frequency	Percent	Valid Percent	Cumulative Percent
headaches	14	.9	100.0	100.0
Missing	1552	99.1		
Total	1566	100.0		

**Other Health, Heart trouble**

	Frequency	Percent	Valid Percent	Cumulative Percent
heart trouble	15	1.0	100.0	100.0
Missing	1551	99.0		
Total	1566	100.0		

**Other Health, High lead levels**

	Frequency	Percent	Valid Percent	Cumulative Percent
high lead levels	85	5.4	100.0	100.0
Missing	1481	94.6		
Total	1566	100.0		

**Other Health, Hyperactivity**

	Frequency	Percent	Valid Percent	Cumulative Percent
hyperactivity	49	3.1	100.0	100.0
Missing	1517	96.9		
Total	1566	100.0		

**Other Health, Low iron**

	Frequency	Percent	Valid Percent	Cumulative Percent
low iron	61	3.9	100.0	100.0
Missing	1505	96.1		
Total	1566	100.0		

**Other Health, PE or ear tubes**

	Frequency	Percent	Valid Percent	Cumulative Percent
PE or ear tubes	45	2.9	100.0	100.0
Missing	1521	97.1		
Total	1566	100.0		

**Other Health, Poisoning**

	Frequency	Percent	Valid Percent	Cumulative Percent
poisoning	5	.3	100.0	100.0
Missing	1561	99.7		
Total	1566	100.0		

**Other Health, Seizures or epilepsy**

	Frequency	Percent	Valid Percent	Cumulative Percent
seizures or epilepsy	20	1.3	100.0	100.0
Missing	1546	98.7		
Total	1566	100.0		

**Other Health, Sickle cell disease**

	Frequency	Percent	Valid Percent	Cumulative Percent
sickle cell disease	10	.6	100.0	100.0
Missing	1556	99.4		
Total	1566	100.0		

**Other Health, Stomach aches**

	Frequency	Percent	Valid Percent	Cumulative Percent
stomach aches	36	2.3	100.0	100.0
Missing	1530	97.7		
Total	1566	100.0		

**Other Health, Sight difficulty**

	Frequency	Percent	Valid Percent	Cumulative Percent
sight difficulty	18	1.1	100.0	100.0
Missing	1548	98.9		
Total	1566	100.0		

**Other Health, Trouble sleeping**

	Frequency	Percent	Valid Percent	Cumulative Percent
trouble sleeping	64	4.1	100.0	100.0
Missing	1502	95.9		
Total	1566	100.0		

**Other Health, Wears glasses**

	Frequency	Percent	Valid Percent	Cumulative Percent
wears glasses	38	2.4	100.0	100.0
Missing	1528	97.6		
Total	1566	100.0		

**Other Health, Overweight**

	Frequency	Percent	Valid Percent	Cumulative Percent
weight problems overweight	39	2.5	100.0	100.0
Missing	1527	97.5		
Total	1566	100.0		

**Other Health, Underweight**

	Frequency	Percent	Valid Percent	Cumulative Percent
weight problems underweight	32	2.0	100.0	100.0
Missing	1534	98.0		
Total	1566	100.0		

**Other Health, Other condition**

	Frequency	Percent	Valid Percent	Cumulative Percent
other condition	42	2.7	100.0	100.0
Missing	1524	97.3		
Total	1566	100.0		

**Smoking during pregnancy with this child**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1236	78.9	81.9	81.9
less than a pack a day	250	16.0	16.6	98.4
more than a pack a day	24	1.5	1.6	100.0
Total	1510	96.4	100.0	
Missing	56	3.6		
Total	1566	100.0		

**Drinking during pregnancy with this child**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1429	91.3	96.8	96.8
less than one drink a day	30	1.9	2.0	98.8
more than one drink a day	18	1.1	1.2	100.0
Total	1477	94.3	100.0	
Missing	89	5.7		
Total	1566	100.0		

**Number of smokers in the home**

	Frequency	Percent	Valid Percent	Cumulative Percent
0	995	63.5	65.3	65.3
1	387	24.7	25.4	90.7
2	116	7.4	7.6	98.4
3	13	.8	.9	99.2
4	12	.8	.8	100.0
Total	1523	97.3	100.0	
Missing	43	2.7		
Total	1566	100.0		

**Overall of child's health**

	Frequency	Percent	Valid Percent	Cumulative Percent
poor	5	.3	.3	.3
fair	50	3.2	3.3	3.6
good	447	28.5	29.5	33.1
excellent	1015	64.8	66.9	100.0
Total	1517	96.9	100.0	
Missing	49	3.1		
Total	1566	100.0		

**Talk to school nurse about child's health**

		Frequency	Percent	Valid Percent	Cumulative Percent
	no	1309	83.6	86.5	86.5
	yes	204	13.0	13.5	100.0
	Total	1513	96.6	100.0	
Missing		53	3.4		
Total		1566	100.0		

**How well does your child hold pencil for writing**

		Frequency	Percent	Valid Percent	Cumulative Percent
	not well	24	1.5	1.6	1.6
	fairly well	192	12.3	12.5	14.1
	well	454	29.0	29.7	43.8
	very well	861	55.0	56.2	100.0
	Total	1531	97.8	100.0	
Missing		35	2.2		
Total		1566	100.0		

**How well does your child draw or copy shapes like squares**

		Frequency	Percent	Valid Percent	Cumulative Percent
	not well	100	6.4	6.6	6.6
	fairly well	317	20.2	21.1	27.7
	well	475	30.3	31.6	59.3
	very well	613	39.1	40.7	100.0
	Total	1505	96.1	100.0	
Missing		61	3.9		
Total		1566	100.0		

**How well does your child zip coat by self**

		Frequency	Percent	Valid Percent	Cumulative Percent
	not well	71	4.5	4.7	4.7
	fairly well	198	12.6	13.1	17.7
	well	366	23.4	24.1	41.9
	very well	882	56.3	58.1	100.0
	Total	1517	96.9	100.0	
Missing		49	3.1		
Total		1566	100.0		



**How well does your child cut out simple shapes with scissors**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	181	11.6	12.1	12.1
fairly well	387	24.7	25.8	37.9
well	439	28.0	29.3	67.2
very well	491	31.4	32.8	100.0
Total	1498	95.7	100.0	
Missing	68	4.3		
Total	1566	100.0		

**How well does your child run**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	16	1.0	1.1	1.1
fairly well	67	4.3	4.4	5.5
well	247	15.8	16.3	21.8
very well	1181	75.4	78.2	100.0
Total	1511	96.5	100.0	
Missing	55	3.5		
Total	1566	100.0		

**How well does your child balance on one foot without support**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	20	1.3	1.3	1.3
fairly well	130	8.3	8.7	10.0
well	427	27.3	28.4	38.4
very well	925	59.1	61.6	100.0
Total	1502	95.9	100.0	
Missing	64	4.1		
Total	1566	100.0		

**How well does your child go down steps . . .**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	38	2.4	2.5	2.5
fairly well	88	5.6	5.8	8.3
well	318	20.3	20.9	29.2
very well	1077	68.8	70.8	100.0
Total	1521	97.1	100.0	
Missing	45	2.9		
Total	1566	100.0		

**How well does your child catch a small ball**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	51	3.3	3.4	3.4
fairly well	251	16.0	16.6	19.9
well	455	29.1	30.0	49.9
very well	759	48.5	50.1	100.0
Total	1516	96.8	100.0	
Missing	50	3.2		
Total	1566	100.0		

**How often does your child trip and fall**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	593	37.9	39.2	39.2
sometimes	797	50.9	52.6	91.8
often	108	6.9	7.1	98.9
almost always	16	1.0	1.1	100.0
Total	1514	96.7	100.0	
Missing	52	3.3		
Total	1566	100.0		

**How often does your child avoid touching goeoy things**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	766	48.9	51.7	51.7
sometimes	508	32.4	34.3	86.0
often	125	8.0	8.4	94.4
almost always	83	5.3	5.6	100.0
Total	1482	94.6	100.0	
Missing	84	5.4		
Total	1566	100.0		

**How often is your child super aware of different sounds**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	118	7.5	8.1	8.1
sometimes	228	14.6	15.6	23.7
often	380	24.3	26.0	49.7
almost always	734	46.9	50.3	100.0
Total	1460	93.2	100.0	
Missing	106	6.8		
Total	1566	100.0		

**How often is your child a picky eater**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	331	21.1	23.1	23.1
sometimes	593	37.9	41.3	64.3
often	304	19.4	21.2	85.5
almost always	208	13.3	14.5	100.0
Total	1436	91.7	100.0	
Missing	130	8.3		
Total	1566	100.0		

**Would you like to talk with someone about child's coordination**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1245	79.5	82.9	82.9
maybe	187	11.9	12.5	95.4
yes	69	4.4	4.6	100.0
Total	1501	95.8	100.0	
Missing	65	4.2		
Total	1566	100.0		

**How well does your child understand English**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	40	2.6	2.6	2.6
fairly well	65	4.2	4.2	6.8
well	166	10.6	10.8	17.6
very well	1270	81.1	82.4	100.0
Total	1541	98.4	100.0	
Missing	25	1.6		
Total	1566	100.0		

**How well does your child talk with other children**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	18	1.1	1.2	1.2
fairly well	101	6.4	6.6	7.8
well	245	15.6	16.0	23.8
very well	1164	74.3	76.2	100.0
Total	1528	97.6	100.0	
Missing	38	2.4		
Total	1566	100.0		

**How well does your child talk with adults**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	32	2.0	2.1	2.1
fairly well	117	7.5	7.7	9.8
well	296	18.9	19.4	29.2
very well	1081	69.0	70.8	100.0
Total	1526	97.4	100.0	
Missing	40	2.6		
Total	1566	100.0		

**How well does your child use words to describe things**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	46	2.9	3.0	3.0
fairly well	163	10.4	10.8	13.8
well	363	23.2	24.0	37.8
very well	942	60.2	62.2	100.0
Total	1514	96.7	100.0	
Missing	52	3.3		
Total	1566	100.0		

**How well does your child tell a complete story**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	155	9.9	10.2	10.2
fairly well	306	19.5	20.1	30.2
well	403	25.7	26.4	56.7
very well	660	42.1	43.3	100.0
Total	1524	97.3	100.0	
Missing	42	2.7		
Total	1566	100.0		

**How well does your child tell you how he/she feels when asked**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	28	1.8	1.8	1.8
fairly well	142	9.1	9.3	11.1
well	345	22.0	22.5	33.7
very well	1015	64.8	66.3	100.0
Total	1530	97.7	100.0	
Missing	36	2.3		
Total	1566	100.0		

**How often do you have difficulty understanding your child**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	1138	72.7	74.1	74.1
sometimes	314	20.1	20.5	94.6
often	40	2.6	2.6	97.2
almost always	43	2.7	2.8	100.0
Total	1535	98.0	100.0	
Missing	31	2.0		
Total	1566	100.0		

**How often do others have difficulty understanding your child**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	992	63.3	65.5	65.5
sometimes	401	25.6	26.5	91.9
often	56	3.6	3.7	95.6
almost always	66	4.2	4.4	100.0
Total	1515	96.7	100.0	
Missing	51	3.3		
Total	1566	100.0		

**How often does your child understand what others say**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	82	5.2	5.5	5.5
sometimes	97	6.2	6.5	11.9
often	207	13.2	13.8	25.7
almost always	1114	71.1	74.3	100.0
Total	1500	95.8	100.0	
Missing	66	4.2		
Total	1566	100.0		

**How often does your child speak clearly**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	105	6.7	7.4	7.4
sometimes	188	12.0	13.2	20.6
often	199	12.7	14.0	34.5
almost always	933	59.6	65.5	100.0
Total	1425	91.0	100.0	
Missing	141	9.0		
Total	1566	100.0		

**Has your child received special help for speech or language**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1277	81.5	85.5	85.5
yes	217	13.9	14.5	100.0
Total	1494	95.4	100.0	
Missing	72	4.6		
Total	1566	100.0		

**Does your child need extra help with speech or language**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1117	71.3	73.4	73.4
maybe	213	13.6	14.0	87.4
yes	191	12.2	12.6	100.0
Total	1521	97.1	100.0	
Missing	45	2.9		
Total	1566	100.0		

**How well does this child listen to books being read**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	56	3.6	3.7	3.7
fairly well	197	12.6	12.9	16.5
well	419	26.8	27.4	43.9
very well	859	54.9	56.1	100.0
Total	1531	97.8	100.0	
Missing	35	2.2		
Total	1566	100.0		

**How well does this child listen to and follow directions**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	54	3.4	3.5	3.5
fairly well	283	18.1	18.6	22.1
well	531	33.9	34.8	57.0
very well	656	41.9	43.0	100.0
Total	1524	97.3	100.0	
Missing	42	2.7		
Total	1566	100.0		

**How well read his/her own written name**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	293	18.7	19.4	19.4
fairly well	306	19.5	20.3	39.7
well	294	18.8	19.5	59.2
very well	615	39.3	40.8	100.0
Total	1508	96.3	100.0	
Missing	58	3.7		
Total	1566	100.0		

**How well does this child read numbers up to 12**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	266	17.0	17.7	17.7
fairly well	353	22.5	23.5	41.2
well	341	21.8	22.7	63.9
very well	543	34.7	36.1	100.0
Total	1503	96.0	100.0	
Missing	63	4.0		
Total	1566	100.0		

**How well does this child identify written alphabet letters by self**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	364	23.2	24.2	24.2
fairly well	403	25.7	26.8	51.1
well	308	19.7	20.5	71.6
very well	427	27.3	28.4	100.0
Total	1502	95.9	100.0	
Missing	64	4.1		
Total	1566	100.0		



**How well does this child read simple written words**

		Frequency	Percent	Valid Percent	Cumulative Percent
	not well	856	54.7	57.4	57.4
	fairly well	336	21.5	22.6	80.0
	well	140	8.9	9.4	89.4
	very well	158	10.1	10.6	100.0
	Total	1490	95.1	100.0	
Missing		76	4.9		
Total		1566	100.0		

**How well does this child count 20 things**

		Frequency	Percent	Valid Percent	Cumulative Percent
	not well	266	17.0	17.8	17.8
	fairly well	382	24.4	25.5	43.3
	well	315	20.1	21.0	64.3
	very well	534	34.1	35.7	100.0
	Total	1497	95.6	100.0	
Missing		69	4.4		
Total		1566	100.0		

**How well does this child write the numbers from 1 to 12**

		Frequency	Percent	Valid Percent	Cumulative Percent
	not well	721	46.0	48.5	48.5
	fairly well	364	23.2	24.5	73.0
	well	188	12.0	12.6	85.6
	very well	214	13.7	14.4	100.0
	Total	1487	95.0	100.0	
Missing		79	5.0		
Total		1566	100.0		

**How well does this child write his or her first and last name by self**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	608	38.8	40.5	40.5
fairly well	358	22.9	23.9	64.4
well	221	14.1	14.7	79.1
very well	314	20.1	20.9	100.0
Total	1501	95.8	100.0	
Missing	65	4.2		
Total	1566	100.0		

**How well does this child repeat sentences when asked to**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	106	6.8	7.1	7.1
fairly well	335	21.4	22.3	29.4
well	445	28.4	29.6	59.0
very well	616	39.3	41.0	100.0
Total	1502	95.9	100.0	
Missing	64	4.1		
Total	1566	100.0		

**How well does this child retell a story that was just read aloud**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	194	12.4	13.0	13.0
fairly well	431	27.5	28.9	41.9
well	416	26.6	27.9	69.9
very well	449	28.7	30.1	100.0
Total	1490	95.1	100.0	
Missing	76	4.9		
Total	1566	100.0		

**How well does this child know the words to ... one song**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	68	4.3	4.5	4.5
fairly well	224	14.3	14.9	19.4
well	319	20.4	21.2	40.6
very well	894	57.1	59.4	100.0
Total	1505	96.1	100.0	
Missing	61	3.9		
Total	1566	100.0		

**How well does this child remember things**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	27	1.7	1.8	1.8
fairly well	182	11.6	12.0	13.8
well	349	22.3	23.1	36.9
very well	955	61.0	63.1	100.0
Total	1513	96.6	100.0	
Missing	53	3.4		
Total	1566	100.0		

**How well does this child learn new things**

	Frequency	Percent	Valid Percent	Cumulative Percent
not well	17	1.1	1.2	1.2
fairly well	162	10.3	11.5	12.7
well	378	24.1	26.8	39.6
very well	851	54.3	60.4	100.0
Total	1408	89.9	100.0	
Missing	158	10.1		
Total	1566	100.0		

**Does your child need extra help to learn new things**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	890	56.8	60.5	60.5
maybe	413	26.4	28.1	88.5
yes	169	10.8	11.5	100.0
Total	1472	94.0	100.0	
Missing	94	6.0		
Total	1566	100.0		

**Your child makes friends easily**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	13	.8	.9	.9
disagree	38	2.4	2.5	3.4
agree	630	40.2	41.5	44.8
strongly agree	838	53.5	55.2	100.0
Total	1519	97.0	100.0	
Missing	47	3.0		
Total	1566	100.0		

**Your child gets nervous easily**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	282	18.0	18.8	18.8
disagree	701	44.8	46.7	65.5
agree	418	26.7	27.9	93.4
strongly agree	99	6.3	6.6	100.0
Total	1500	95.8	100.0	
Missing	66	4.2		
Total	1566	100.0		

**Your child fights with other children**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	505	32.2	33.7	33.7
disagree	718	45.8	47.9	81.6
agree	223	14.2	14.9	96.5
strongly agree	53	3.4	3.5	100.0
Total	1499	95.7	100.0	
Missing	67	4.3		
Total	1566	100.0		

**Your child completes things he/she starts**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	32	2.0	2.1	2.1
disagree	168	10.7	11.2	13.3
agree	927	59.2	61.8	75.2
strongly agree	372	23.8	24.8	100.0
Total	1499	95.7	100.0	
Missing	67	4.3		
Total	1566	100.0		

**Your child has many friends**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	29	1.9	1.9	1.9
disagree	133	8.5	8.9	10.8
agree	717	45.8	47.9	58.7
strongly agree	618	39.5	41.3	100.0
Total	1497	95.6	100.0	
Missing	69	4.4		
Total	1566	100.0		

**Your child is withdrawn**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	767	49.0	52.8	52.8
disagree	539	34.4	37.1	89.9
agree	107	6.8	7.4	97.3
strongly agree	39	2.5	2.7	100.0
Total	1452	92.7	100.0	
Missing	114	7.3		
Total	1566	100.0		

**Your child hurts others**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	952	60.8	63.3	63.3
disagree	452	28.9	30.1	93.4
agree	81	5.2	5.4	98.7
strongly agree	19	1.2	1.3	100.0
Total	1504	96.0	100.0	
Missing	62	4.0		
Total	1566	100.0		

**Your child has a short attention span**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	545	34.8	36.8	36.8
disagree	557	35.6	37.6	74.4
agree	286	18.3	19.3	93.7
strongly agree	94	6.0	6.3	100.0
Total	1482	94.6	100.0	
Missing	84	5.4		
Total	1566	100.0		

**Your child talks easily with other children**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	44	2.8	3.0	3.0
disagree	88	5.6	5.9	8.9
agree	645	41.2	43.3	52.2
strongly agree	712	45.5	47.8	100.0
Total	1489	95.1	100.0	
Missing	77	4.9		
Total	1566	100.0		

**Your child worries a lot**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	637	40.7	42.8	42.8
disagree	602	38.4	40.5	83.3
agree	198	12.6	13.3	96.6
strongly agree	51	3.3	3.4	100.0
Total	1488	95.0	100.0	
Missing	78	5.0		
Total	1566	100.0		

**Your child bothers other children**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	705	45.0	47.5	47.5
disagree	569	36.3	38.4	85.9
agree	162	10.3	10.9	96.8
strongly agree	47	3.0	3.2	100.0
Total	1483	94.7	100.0	
Missing	83	5.3		
Total	1566	100.0		

**Your child concentrates well**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	69	4.4	4.7	4.7
disagree	217	13.9	14.7	19.4
agree	816	52.1	55.3	74.7
strongly agree	374	23.9	25.3	100.0
Total	1476	94.3	100.0	
Missing	90	5.7		
Total	1566	100.0		

**Your child is irritable, touchy, or prickly**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	591	37.7	40.3	40.3
disagree	601	38.4	41.0	81.3
agree	220	14.0	15.0	96.3
strongly agree	54	3.4	3.7	100.0
Total	1466	93.6	100.0	
Missing	100	6.4		
Total	1566	100.0		

**Your child is an easy child**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	40	2.6	2.7	2.7
disagree	161	10.3	10.9	13.6
agree	772	49.3	52.2	65.8
strongly agree	505	32.2	34.2	100.0
Total	1478	94.4	100.0	
Missing	88	5.6		
Total	1566	100.0		

**Your child has a very high activity level**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	58	3.7	4.0	4.0
disagree	180	11.5	12.4	16.4
agree	623	39.8	42.9	59.3
strongly agree	592	37.8	40.7	100.0
Total	1453	92.8	100.0	
Missing	113	7.2		
Total	1566	100.0		

**Does your child need extra help with his/her behavior**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	1111	70.9	74.6	74.6
maybe	257	16.4	17.3	91.9
yes	121	7.7	8.1	100.0
Total	1489	95.1	100.0	
Missing	77	4.9		
Total	1566	100.0		



**Has your child gone to a library**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	259	16.5	17.1	17.1
1 time	178	11.4	11.8	28.9
2 times	225	14.4	14.9	43.7
3 or more times	852	54.4	56.3	100.0
Total	1514	96.7	100.0	
Missing	52	3.3		
Total	1566	100.0		

**Has your child gone on an outing**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	71	4.5	4.7	4.7
1 time	107	6.8	7.1	11.9
2 times	158	10.1	10.5	22.4
3 or more times	1162	74.2	77.6	100.0
Total	1498	95.7	100.0	
Missing	68	4.3		
Total	1566	100.0		

**Has your child moved from one home to another in last 6 months**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	978	62.5	66.6	66.6
1 time	374	23.9	25.5	92.0
2 times	58	3.7	3.9	96.0
3 or more times	59	3.8	4.0	100.0
Total	1469	93.8	100.0	
Missing	97	6.2		
Total	1566	100.0		

**Has your child moved from one home to another during his/her life**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	439	28.0	29.8	29.8
1 time	414	26.4	28.1	58.0
2 times	350	22.3	23.8	81.8
3 or more times	268	17.1	18.2	100.0
Total	1471	93.9	100.0	
Missing	95	6.1		
Total	1566	100.0		

**Has your child seen close family member/person very sick**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	888	56.7	60.1	60.1
1 time	417	26.6	28.2	88.4
2 times	101	6.4	6.8	95.2
3 or more times	71	4.5	4.8	100.0
Total	1477	94.3	100.0	
Missing	89	5.7		
Total	1566	100.0		

**Has your child experienced death of close person**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1025	65.5	68.2	68.2
1 time	367	23.4	24.4	92.7
2 times	87	5.6	5.8	98.5
3 or more times	23	1.5	1.5	100.0
Total	1502	95.9	100.0	
Missing	64	4.1		
Total	1566	100.0		

**Has your child experienced parents' separation or divorce**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	995	63.5	66.2	66.2
1 time	469	29.9	31.2	97.3
2 times	23	1.5	1.5	98.9
3 or more times	17	1.1	1.1	100.0
Total	1504	96.0	100.0	
Missing	62	4.0		
Total	1566	100.0		

**Has your child experienced a parent who is depressed**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1149	73.4	76.7	76.7
1 time	257	16.4	17.1	93.8
2 times	34	2.2	2.3	96.1
3 or more times	59	3.8	3.9	100.0
Total	1499	95.7	100.0	
Missing	67	4.3		
Total	1566	100.0		

**Has your child witnessed violence in the neighborhood**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1270	81.1	84.3	84.3
1 time	140	8.9	9.3	93.6
2 times	59	3.8	3.9	97.5
3 or more times	37	2.4	2.5	100.0
Total	1506	96.2	100.0	
Missing	60	3.8		
Total	1566	100.0		

**Has your child witnessed violence at home**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1346	86.0	89.5	89.5
1 time	104	6.6	6.9	96.4
2 times	17	1.1	1.1	97.5
3 or more times	37	2.4	2.5	100.0
Total	1504	96.0	100.0	
Missing	62	4.0		
Total	1566	100.0		

**Has your child been away from parents > 1 month**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1302	83.1	86.7	86.7
1 time	120	7.7	8.0	94.7
2 times	22	1.4	1.5	96.2
3 or more times	57	3.6	3.8	100.0
Total	1501	95.8	100.0	
Missing	65	4.2		
Total	1566	100.0		

**Has your child seen family member with a drug or alcohol problem**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	1371	87.5	92.3	92.3
1 time	74	4.7	5.0	97.2
2 times	11	.7	.7	98.0
3 or more times	30	1.9	2.0	100.0
Total	1486	94.9	100.0	
Missing	80	5.1		
Total	1566	100.0		

**Has your child a "mother" who regularly spends time with him/her**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	70	4.5	4.7	4.7
monthly	22	1.4	1.5	6.2
weekly	37	2.4	2.5	8.7
daily	1360	86.8	91.3	100.0
Total	1489	95.1	100.0	
Missing	77	4.9		
Total	1566	100.0		

**Has your child a "father" who regularly spends time with him/her**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	340	21.7	23.5	23.5
monthly	91	5.8	6.3	29.8
weekly	220	14.0	15.2	45.0
daily	796	50.8	55.0	100.0
Total	1447	92.4	100.0	
Missing	119	7.6		
Total	1566	100.0		

**Has your child a warm close relationship with any adult**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	80	5.1	5.5	5.5
1 adult	85	5.4	5.8	11.3
2 adults	211	13.5	14.4	25.7
3 or more adults	1087	69.4	74.3	100.0
Total	1463	93.4	100.0	
Missing	103	6.6		
Total	1566	100.0		

**How often does an adult read to this child**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	51	3.3	3.5	3.5
monthly	72	4.6	5.0	8.6
3-4 hours	548	35.0	38.1	46.7
5 hrs+	766	48.9	53.3	100.0
Total	1437	91.8	100.0	
Missing	129	8.2		
Total	1566	100.0		

**How much TV does your child watch each day**

	Frequency	Percent	Valid Percent	Cumulative Percent
1 hr or less	178	11.4	12.0	12.0
1-2 hours	709	45.3	48.0	60.0
3-4 hours	492	31.4	33.3	93.3
5 hrs or more	99	6.3	6.7	100.0
Total	1478	94.4	100.0	
Missing	88	5.6		
Total	1566	100.0		

**What time does your child go to bed on school nights**

	Frequency	Percent	Valid Percent	Cumulative Percent
before 8:00	235	15.0	15.7	15.7
between 8-9	1037	66.2	69.5	85.2
between 9-10	187	11.9	12.5	97.7
after 10	34	2.2	2.3	100.0
Total	1493	95.3	100.0	
Missing	73	4.7		
Total	1566	100.0		

**How often does your child eat breakfast**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	23	1.5	1.5	1.5
1-3 times per week	67	4.3	4.4	6.0
4-6 times per week	91	5.8	6.0	12.0
daily	1325	84.6	88.0	100.0
Total	1506	96.2	100.0	
Missing	60	3.8		
Total	1566	100.0		

**Does your child have enough food to eat**

	Frequency	Percent	Valid Percent	Cumulative Percent
almost never	5	.3	.3	.3
1-3 times per week	4	.3	.3	.6
4-6 times per week	18	1.1	1.2	1.8
daily	1469	93.8	98.2	100.0
Total	1496	95.5	100.0	
Missing	70	4.5		
Total	1566	100.0		

# APPENDIX C

## Subscale Reliability Statistics

### Fine Motor Scale

2002-2003 (n=1266)			2003-2004 (n=1665)			2006-2007 (n=1451)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
3.1	0.75	0.83	3.1	0.73	0.82	3.18	.713	.80

### Gross Motor Scale

2002-2003 (n=1264)			2003-2004 (n=1664)			2006-2007 (n=1451)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
3.5	0.61	0.83	3.5	0.58	0.79	3.54	.560	.797

### Expressive Language Scale

2002-2003 (n=1824)			2003-2004 (n=1666)			2006-2007 (n=1451)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
3.5	0.61	0.87	3.5	0.61	0.87	3.514	.597	.868

### Speech/Articulation Scale

2002-2003 (n=1821)			2003-2004 (n=1659)			2006-2007 (n=1513)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
3.6	0.69	0.85	3.6	0.68	0.86	3.595	.668	.843

### Learning Scale

2002-2003 (n=1828)			2003-2004 (n=1670)			2006-2007 (n=1566)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
3.2	0.69	0.89	3.3	0.66	0.89	3.23	.665	.881



## Pre-Literacy Scale

2002-2003 (n=1827)			2003-2004 (n=1669)			2006-2007 (n=)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
2.2	0.87	0.89	2.3	0.86	0.89	2.385	0.877	.894

## Negative Peer Social

2002-2003 (n=1254)			2003-2004 (n=1654)			2006-2007 (n=1446)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
1.7	0.60	0.73	1.7	0.57	0.70	1.673	.598	.727

## Task Oriented

2002-2003 (n=1255)			2003-2004 (n=1653)			2006-2007 (n=1425)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
3.0	0.59	0.63	3.0	0.60	0.63	3.05	0.603	.607

## Positive Peer Social

2002-2003 (n=1256)			2003-2004 (n=1661)			2006-2007 (n=1462)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
3.3	0.55	0.69	3.3	0.55	0.74	3.390	.554	.761

## Shy Anxious

2002-2003 (n=1254)			2003-2004 (n=1656)			2006-2007 (n=1405)		
Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha	Mean	Standard Deviation	Cronbach's Alpha
2.0	0.62	0.61	1.9	0.59	0.58	1.86	0.585	.602