

Parental Survey - MIT Media Lab

All information on this form is kept strictly confidential for research purposes only.

* Required

About You

1. **Name ***

First and Last

2. **Email Address ***

to send photos

3. **What is your relationship to the child for whom you are completing this survey? ***

Mark only one oval.

- ☐ Parent
- ☐ Legal Guardian
- ☐ Teacher
- ☐ Grandparent / Other relative
- ☐ Foster Parent
- ☐ Child Care Provider
- ☐ Other: _____

4. **What is your total household income? ***

Mark only one oval.

- ☐ Less than \$10,000
- ☐ \$10,000 to \$30,000
- ☐ \$30,000 to \$50,000
- ☐ \$50,000 to \$75,000
- ☐ \$75,000 to \$100,000
- ☐ \$100,000 to \$150,000
- ☐ Over \$150,000
- ☐ Would rather not say

About Your Child

5. **Child's Name ***

First and Last

6. **Child's Birth Date ***

Example: December 15, 2012

7. **Child's ethnicity ***

Check all that apply.

- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other: _____

8. **What language did the child learn when he/she first began to talk? ***

9. **What language does the family speak at home most of the time? ***

10. **What language does the child speak to his/her parent [guardian] most of the time? ***

11. **What language does the parent [guardian] speak to the child most of the time? ***

12. **Child's Mother: What is the mother's highest level of school completed? ***

Mark only one oval.

- ☐ Less than 8th grade
☐ Finished 8th grade
☐ Some high school
☐ High school graduate/ GED
☐ Some college or vocational school
☐ College Graduate
☐ Graduate or professional training

13. **Child's Father: What is the father's highest level of school completed? ***

Mark only one oval.

- ☐ Less than 8th grade
☐ Finished 8th grade
☐ Some high school
☐ High school graduate/ GED
☐ Some college or vocational school
☐ College Graduate
☐ Graduate or professional training

14. **How often does your child do the following activities (with or without you)? ***

Mark only one oval per row.

	Every day or almost every day	Once or twice a week	Once or twice a month	Never or almost never
Reads on his/her own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a computer / iPad / tablet / smartphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a game console (XBox, Nintendo, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use AI voice assistant (Siri, Google Home, Amazon Echo, ...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. **How many siblings does the child have at home? ***

Mark only one oval.

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5+

16. **What are those siblings' ages? ***

Note: N/A for no siblings

17. **Has the child been diagnosed with any development or learning disabilities (e.g., autism, ADHD, dyslexia, etc)? ***

Mark only one oval.

- ☐ Yes
☐ No

18. **If so, which ones? ***

Note: N/A for none

Please read each question carefully and select the answer that best describes your child's usual behavior, and if you are concerned about that behavior.

19. **1. Does your child look at you when you talk to him/her? ***

Mark only one oval.

- ☐ often or always (z)
☐ sometimes (v)
☐ rarely or never (x)

20. **_____ Is the above behavior a concern? ***

Mark only one oval.

- ☐ Yes
☐ No

21. **2. Does your child talk or play with adults (s)he knows well? ***

Mark only one oval.

- ☐ often or always (z)
☐ sometimes (v)
☐ rarely or never (x)

22. _____ **Is the above behavior a concern? ***

Mark only one oval.

- ☐ Yes
☐ No

23. **3. Do other children like to play with your child? ***

Mark only one oval.

- ☐ often or always (z)
☐ sometimes (v)
☐ rarely or never (x)

24. _____ **Is the above behavior a concern? ***

Mark only one oval.

- ☐ Yes
☐ No

25. **4. Does your child show concern for other people's feelings? For example, does (s)he look sad when someone is hurt? ***

Mark only one oval.

- ☐ often or always (z)
☐ sometimes (v)
☐ rarely or never (x)

26. _____ **Is the above behavior a concern? ***

Mark only one oval.

- ☐ Yes
☐ No

27. **5. Does your child like to play with other children? ***

Mark only one oval.

- ☐ often or always (z)
☐ sometimes (v)
☐ rarely or never (x)

28. _____ **Is the above behavior a concern? ***

Mark only one oval.

- ☐ Yes
☐ No

29. **6. Does your child take turns and share when playing with other children? ***

Mark only one oval.

- ☐ often or always (z)
☐ sometimes (v)
☐ rarely or never (x)

30. _____ **Is the above behavior a concern? ***

Mark only one oval.

- ☐ Yes
☐ No