



PENNSYLVANIA EXIT SURVEY - Blank Form 2021-2022 - Cohort 2

Use this form to complete the survey with students who have dropped out,

Student Demographic Information

1.	Student Last Name	
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2.	Student First Name	
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3.	Is this student a “leaver” for this year	No	
		Yes	

4.	Date student is exiting school MM/DD/YYYY	
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Check only ONE option

5.	Manner in which student will exit school	<i>Graduate with a high school diploma</i>	
		<i>Drop-out</i>	
		<i>Reach maximum age</i>	
		<i>Receive a GED</i>	

6.	District of Residence (LEA)	
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7.	PA Secure ID	
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8.	Date of Birth MM/DD/YYYY	
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Check only ONE option

9.	Gender	<i>Female</i>	
		<i>Male</i>	

Check only ONE option			
10.	PRIMARY Special Education Disability	<i>Intellectual Disability</i>	
		<i>Hearing Impairment including Deafness</i>	
		<i>Speech or Language Impairment</i>	
		<i>Visual Impairment including Blindness</i>	
		<i>Emotional Disturbance</i>	
		<i>Orthopedic Impairment</i>	
		<i>Specific Learning Disability</i>	
		<i>Deaf-Blindness</i>	
		<i>Multiple Disabilities</i>	
		<i>Autism</i>	
		<i>Traumatic Brain Injury</i>	
		<i>Other Health Impairment</i>	

Check only ONE option			
11.	Ethnicity in School Records	<i>American Indian/Alaskan Native</i>	
		<i>Black or African American</i>	
		<i>Hispanic</i>	
		<i>White</i>	
		<i>Multiracial</i>	
		<i>Asian</i>	
		<i>Native Hawaiian or Other Pacific Islander</i>	

Complete the Following Questions Using the Student's Most Current IEP

Check only ONE option			
12.	<p>What <u>education/training</u> post secondary goal is included in this student's IEP for the period immediately following high school?</p>	<i>2 or 4 year college</i>	
		<i>Post-secondary vocational training program</i>	
		<i>Short-term education or employment training program</i>	
		<i>Community or technical college</i>	
		<i>Apprenticeship program</i>	
		<i>On-the-job training</i>	
		<i>Licensing program (Nursing, Cosmetology, etc.)</i>	
		<i>Adult continuing education courses</i>	
		<i>Adult Training Facility</i>	
		<i>Adult center program</i>	
		<i>Adult in-home program</i>	
		<i>Other training program</i>	
<p><i>Please describe: _____</i></p>			
<i>The IEP team has determined that this post-secondary goal is not applicable for the student</i>			

Check only ONE option			
13.	<p>What <u>employment</u> post secondary goal is included in this student's IEP for the period immediately following high school?</p>	<i>Competitive employment</i>	
		<i>Military</i>	
		<i>Employed in family business</i>	
		<i>Self-employment</i>	
		<i>Supported employment (paid work in a community setting with support services)</i>	
		<i>Sheltered employment (where most workers have disabilities)</i>	
		<i>Employment that allows for technological and medical supports</i>	
		<i>The IEP team has determined that this post-secondary goal is not applicable for the student</i>	

Check only ONE option			
14.	<p>What <u>independent living</u> post secondary goal is included in this student's IEP for the period immediately following high school?</p>	<i>Independent living</i>	
		<i>Family Support (will access community resources and programs with family support)</i>	
		<i>Agency Support (will access community resources and programs with agency support)</i>	
		<i>Other independent living goal area</i>	
		<p><i>Please describe: _____</i></p>	
<i>The IEP team has determined that this post-secondary goal is not applicable for the student</i>			

Exit Survey Student Section – Complete prior to the student exiting high school

		Check ALL that apply	
15.	Identify each class/activity in which you took part in high school.	<i>Career/technology education (vo-tech)</i>	<input type="checkbox"/>
		<i>Community-based work instruction</i>	<input type="checkbox"/>
		<i>Community-based life skills instruction</i>	<input type="checkbox"/>
		<i>Unpaid work experience</i>	<input type="checkbox"/>
		<i>Paid work experience</i>	<input type="checkbox"/>
		<i>College prep</i>	<input type="checkbox"/>
		<i>Academic instruction</i>	<input type="checkbox"/>

		Check ALL that apply	
16.	Identify each accommodation you received in high school.	<i>A note-taker</i>	<input type="checkbox"/>
		<i>Extra time on tests or assignments</i>	<input type="checkbox"/>
		<i>Books on tape</i>	<input type="checkbox"/>
		<i>Electronic textbooks read to me using a computer</i>	<input type="checkbox"/>
		<i>A tape recorder</i>	<input type="checkbox"/>
		<i>A reader</i>	<input type="checkbox"/>
		<i>Someone writing for me during tests</i>	<input type="checkbox"/>
		<i>Personal care attendant</i>	<input type="checkbox"/>
		<i>Sign Language Interpreter</i>	<input type="checkbox"/>
		<i>Assistive Technology:</i>	<input type="checkbox"/>
		<i>Please describe</i> _____	<input type="checkbox"/>
		<i>Other:</i>	<input type="checkbox"/>
<i>Please describe</i> _____	<input type="checkbox"/>		
	None	<input type="checkbox"/>	

Exit Survey STUDENT Questions Contact Information after Leaving High School

Student Information				
Home Phone:	()	Cell Phone:	()	
Email address:				
Street address:				
City:		State:		Zip Code:

Primary contact other than student				
Last Name:				
First Name:				
Relationship to Student:				
Home Phone:	()	Cell Phone:	()	
Email address:				
Street Address:				
City:		State:		Zip Code:

Person Conducting Interview				
Last Name:				
First Name:				
Phone:	()	Email address:		

Check only ONE option		
Primary Role of Interviewer	<i>Teacher</i>	
	<i>Administrator</i>	
	<i>Transition personnel</i>	
	<i>Paraprofessional/ education assistant</i>	
	<i>School psychologist</i>	
	<i>School counselor</i>	
	<i>Other</i>	
<i>Please describe:</i> _____		