**Outcomes Post Survey**

Student: **Susque Hanna, DOB: 04/10/1997, PA Secure ID: 2123212125**

Data Entry: Demo Post User (completed Apr 2 2020 3:34PM)

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| **Former Student’s Contact Information** |
| **District: Demo Post SD** |
| **Former Student's Name:** | Susque Hanna |
| **Home Phone:** | 555-555-0135 |
| **Cell Phone:** | 555-555-5555 |
| **Email Address:** | demotest@gmail.com |
| **Street Address:** | 22 W. Market Street |
| **City:** | Harrisburg |
| **State:** | Pennsylvania |
| **Zip Code:** | 33333 |
| **Primary Contact Information** |
| **First Name:** | Hannah Hanna |
| **Relationship to Student:** | mom |
| **Home Phone:** | 555-555-5555 |
| **Cell Phone:** | 555-555-5555 |
| **Email Address:** | demotest@gmail.com |
| **Street Address:** | 22 W. Market Street |
| **City:** | Harrisburg |
| **Zip Code:** | 33333 |

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| **Former Student’s Demographic Information** |
| **Former Student's LEA** | 126515001 |
| **Former Student's Name** |  |  |
| Last Name | First Name |
| **Former Student's PA Secure ID** |  | **Former Student's Date of Birth MM/DD/YYYY** |  |
| **Record of Attempts to Contact** |
| If you are **unsuccessful** at completing the interview the first time, you must try **at least 2 more times.** Consider using a different method for contacting and/or attempting to contact at a different day and time. |
| **Were you able to complete the survey?** | Yes | [ ]  |
| No | [ ]  |
| **Why was the survey unable to be completed?** | Check only ONE option: |
| Contact information was not correct | [ ]  |
| Former student is deceased | [ ]  |
| Person declined to be interviewed | [ ]  |
| Person did not respond to request | [ ]  |
| Other | [ ]  |
| **On what dates did you attempt the survey?** | **Attempt** | **Date of Attempt** |
| 1 |  |
| 2 |  |
| 3 |  |

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| **Characteristics of Interviewer** |
| **Check only ONE option** |
| **Primary Role of Interviewer** | Teacher | [ ]  |
| Administrator | [ ]  |
| Transition personnel | [ ]  |
| Paraprofessional / education assistant | [ ]  |
| School psychologist | [ ]  |
| School counselor | [ ]  |
| Other | [ ]  |
| Please describe: |       |
| **Check only ONE option** |
| **Person Interviewed** | The former student | [ ]  |
| Parent or guardian | [ ]  |
| Relative other than parent | [ ]  |
| Adult service provider | [ ]  |
| Friend of the former student | [ ]  |

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| **Post-secondary Training and Education** |
| **Check only ONE option** |
| **1.** | **Since leaving high school have you enrolled in any type of education or training program?** | No |  [ ]  |
| Yes, currently enrolled |  [ ]  |
| Yes, but not currently enrolled |  [ ]  |
| **Check ALL that apply** |
| **2.** | **Locate each type of education or training program you have been enrolled in at any time since leaving high school.****• Select if you are/were enrolled full- or part-time.****• Indicate if you are currently enrolled.****• Indicate whether or not you completed at least one full term** |  | **Enrollment Status** | **Currently Enrolled** | **At least one full term completed** |
| **Training Program** | **Full Time** | **Part Time** | **Yes** | **No** | **Yes** | **No** |
| 2 or 4 year college | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Post-secondary vocational training program | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| High school completion document or certificate (Adult Basic Education, GED) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Short-term education or employment training program | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Community or technical college | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Apprenticeship program | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| On-the-job training | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Licensing program (Nursing, Cosmetology, etc.) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adult continuing education courses | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adult Training Facility | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adult center program | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adult In-home program | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other training program:Please describe:       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **3.** | **Why did you not enroll in an education or training program since leaving high school?** | **Check ALL that apply** |
| Did not meet prerequisites for school | [ ]  |
| Employed | [ ]  |
| Stay-at-home parent | [ ]  |
| In jail or prison | [ ]  |
| Unable to complete training program/dropped out of program | [ ]  |
| Lack of transportation | [ ]  |
| Limited funds | [ ]  |
| I am not interested | [ ]  |
|  Other: Please describe:       | [ ]  |

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| **4.** | **Why have you not completed at least one term in an education or training program?** | **Check ALL that apply** |
| Was not benefitting from the course | [ ]  |
| Change in employment status | [ ]  |
| Illness/medical issues | [ ]  |
| In jail or prison | [ ]  |
| Lack of transportation | [ ]  |
| Limited funds | [ ]  |
| Did not receive necessary accommodations | [ ]  |
| Term is still in progress | [ ]  |
| Other - Please describe:       | [ ]  |
| **5.** | **Which accommodations have you received in your education or training program(s) since high school?*****If you were enrolled but did not receive accommodations, select None.*** | **Check ALL that apply** |
| A note-taker | [ ]  |
| Extra time on tests or assignments | [ ]  |
| Books on tape | [ ]  |
| Electronic textbooks read to me using a computer | [ ]  |
| A tape recorder | [ ]  |
| A reader | [ ]  |
| Someone writing for me during test | [ ]  |
| Personal care attendant | [ ]  |
| Sign language interpreter | [ ]  |
|  Assistive technology - Please describe:       | [ ]  |
|  Other - Please describe:       | [ ]  |
| None | [ ]  |
| **Post-secondary Employment** |
| **6.** | **Since leaving high school have you been employed?** | **Check only ONE option** |
| No | [ ]  |
| Yes, currently employed | [ ]  |
| Yes, but not currently employed | [ ]  |
| **7.** | **Locate each type of employment you have had at any time since leaving high school.****• Select if you are/were employed full- or part-time.****• Indicate if you are currently employed.** | **Check ALL that apply** |
|  | **Employment Status** | **Currently Employed** |
| **Type of Employment** | **Full Time** | **Part Time** | **Yes** | **No** |
| In a company, business, or service with people with and without disabilities | [ ]  | [ ]  | [ ]  | [ ]  |
| Military | [ ]  | [ ]  | [ ]  | [ ]  |
| Employed in family business | [ ]  | [ ]  | [ ]  | [ ]  |
| Self-employment | [ ]  | [ ]  | [ ]  | [ ]  |
| Supported employment (paid work in a community setting with support services) | [ ]  | [ ]  | [ ]  | [ ]  |
| Sheltered employment (where most workers have disabilities) | [ ]  | [ ]  | [ ]  | [ ]  |
| Employment that allows for technological and medical supports | [ ]  | [ ]  | [ ]  | [ ]  |

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| **8.** | **Were you paid the same as other people who work in a similar job with the same skills, experience and training? (Note: Ask this or other probing questions if the interview is unfamiliar with the company described in Question 7)** | **Check only ONE option** |
| Yes | [ ]  |
| No | [ ]  |
| **9.** | **In this job, did you receive benefits (such as group insurance like health, dental, vision, paid sick leave or vacation social security, unemployment insurance, workers’ compensation? (Note: Ask this or other probing questions if the interviewer is unfamiliar with the company described in Question 7, otherwise consider this to be Yes.** | **Check only ONE option** |
| Yes | [ ]  |
| No | [ ]  |
| **10.** | **Why are you not currently employed?** |  **Check ALL that apply** |
| Enrolled in a post-secondary education/training program | [ ]  |
| Looking for a job, but can’t find one | [ ]  |
| Stay-at-home parent | [ ]  |
| In jail or prison | [ ]  |
| Laid off | [ ]  |
| Lack of transportation | [ ]  |
| I am not interested | [ ]  |
| Fear of losing benefits | [ ]  |
| Other - Please describe:       | [ ]  |
| **11.** | **Since leaving high school, have you been employed for a total of atleast 90 days? (The days do not have to be consecutive and couldbe from multiple jobs.)** | **Check only ONE option** |
| Yes | [ ]  |
| No | [ ]  |
| **12.** | **On average, how many hours do/did you work in a week? (If you have more than one job, add the hours to find the total number of hours worked per week.)** | **Check only ONE option** |
| 1 - 19 hours per week | [ ]  |
| 20 - 35 hours per week | [ ]  |
| 36 - 40 hours per week | [ ]  |
| 41 or more hours per week | [ ]  |
| **13.** | **Were you paid at least minimum wage ($7.25)?** | **Check only ONE option** |
| Yes | [ ]  |
| No | [ ]  |
| Choose not to answer | [ ]  |
| **14.** | **When doing your job, did you interact or talk with co-workers without a disability to get your job done? (Note: Emphasis is on interaction with other employees, not supervisors or customers)** | **Check only ONE option** |
| Yes | [ ]  |
| No | [ ]  |

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| **15.** | **In this job, were you eligible for (can you get) a pay raise or promotion?** | **Check only ONE option** |
| Yes | [ ]  |
| No | [ ]  |
| **16.** | **Which accommodations have you received at your place of employment since leaving high school?***If you were employed, but did not receive accommodations, select None* | **Check ALL that apply** |
| Job Coach | [ ]  |
| Mentor | [ ]  |
| Equipment modifications | [ ]  |
| Picture directions | [ ]  |
| Modified schedule | [ ]  |
| Personal care attendant | [ ]  |
| Sign language interpreter | [ ]  |
| Extra time to complete job tasks | [ ]  |
| Assistive technology - Please describe:        | [ ]  |
| Other - Please describe:        | [ ]  |
| None | [ ]  |
| **Activities** |
| **17.** | **How much help do you need witheach of these activities?** | **Give one rating for each of the following** |
| **Activities** | **Can do Independently** | **Can do with assistance** | **Dependent on others to do** | **N/A - Do not take part in this activity** |
|                     Housework | [ ]  | [ ]  | [ ]  | [ ]  |
| Making appointments | [ ]  | [ ]  | [ ]  | [ ]  |
| Money management | [ ]  | [ ]  | [ ]  | [ ]  |
| Personal hygiene | [ ]  | [ ]  | [ ]  | [ ]  |
| Meal planning and preparation | [ ]  | [ ]  | [ ]  | [ ]  |
| Decision-making | [ ]  | [ ]  | [ ]  | [ ]  |
| Maintaining health and fitness | [ ]  | [ ]  | [ ]  | [ ]  |
| Arranging transportation | [ ]  | [ ]  | [ ]  | [ ]  |
|                     Participating in recreation/leisure activities | [ ]  | [ ]  | [ ]  | [ ]  |
|                      Involvement in community organizations | [ ]  | [ ]  | [ ]  | [ ]  |
| Voting | [ ]  | [ ]  | [ ]  | [ ]  |

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