**Blank Outcomes Post Survey**

Student:

Data Entry:

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| **Former Student’s Contact Information** | |
| **District: Demo Post SD** | |
| **Former Student's Name:** |  |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Email Address:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **Primary Contact Information** | |
| **First Name:** |  |
| **Relationship to Student:** |  |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Email Address:** |  |
| **Street Address:** |  |
| **City:** |  |
| **Zip Code:** |  |

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| **Former Student’s Demographic Information** | | | | |
| **Former Student's LEA** |  | | | |
| **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 at least 90 days? (The days do not have to be consecutive and could be 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 with each 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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