



Post-School Data Collection Question Bank

Stage 2: Supplemental Questions to Address Indicator #14 (Revised February 2011)

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Purpose of the Stage 2: Supplemental Questions

States must collect and report post-school outcomes of youth with disabilities as defined in the SPP/APR Indicator #14, specifically: “Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.” (20 U.S.C. 1416(a)(3)(B))

There is not a required protocol to collect post-school outcomes data. National Post-School Outcomes Center (NPSO) has developed an optional protocol, and a question bank of additional, supplemental questions that states may use or adapt. Both tools are Office of Special Education Programs (OSEP) approved. The *Revised Stage 1 Post-School Data Collection Protocol* (available at <http://www.psocenter.org>) addresses the basic employment and post-secondary education components of Indicator 14. The *Post-School Data Collection Question Bank Stage 2: Supplemental Questions* offers ideas of other questions from which states may choose to capture additional information related to employment, post-secondary education, quality of life, and independent living. Stage 2 is intended to be used in parts.

Structure of the Stage 2: Supplemental Questions

Questions are adapted from multiple sources and include: existing state post-school outcomes surveys; National Longitudinal Transition Study – 2 (NLTS2) data collection instrument; and NPSO literature review on post-school outcomes studies. The questions are structured around the primary transition outcomes of *employment*, *postsecondary education* and *quality of life/independent living*.

Keep the following points in mind when using the *Stage 2: Supplemental Questions*:

1. The *Stage 2: Supplemental Questions* is **not** a stand-alone survey. The questions have been written for states to “pick and choose” items relevant to their needs and interests and provide further opportunity to examine the post-school experiences of youth with disabilities.
2. The questions are formatted for a paper and pencil survey. With rephrasing, the questions can be used with other survey methods (e.g., telephone or face-to-face interview). For example, in interviews ask an open-ended question such as: “How do you spend most of your free time?” rather than reading each free time category and asking for a yes/no response.
3. The questions are written with the former student as the respondent. With rephrasing, the questions can be used with other respondents (e.g., parent, caregiver). For example, ask: “Is your son or daughter employed?” instead of “Are you employed?”
4. Questions from the *Revised Stage 1 Post-School Data Collection Protocol* have been included in this *Stage 2: Supplemental Questions*. Often these questions serve as an “anchor” for a subsequent question. Other times, Stage 1 questions have been expanded with additional response options to provide states further opportunities to drill down into the data.
5. There are four pairs of questions in the *Stage 2: Supplemental Questions* in which the two questions in the pair form a set of questions. It is important to include the entire set as one question is dependent on the other. These sets are marked with brackets throughout the document.

Stage 2: Planning Grid

Table 1 provides a content overview of the questions for each transition domain. This table can be used as a planning grid for examining the scope of question content. The numbers on the grid correspond to the question in the sub-sections of the *Stage 2: Supplemental Questions*. After selecting the questions for inclusion in a survey, mark the corresponding question number on the grid. By examining the marked questions on the planning grid, stakeholders (e.g., state and/or local programmatic decision-makers) can determine whether the scope of the survey provides sufficient information needed for decision-making.

Table 1	Sub-Section Headings:	Question Number:									
EMPLOYMENT	Current Work Status	1	2	3	4	5	6	7	8		
	Accommodations on Your Current Job	1	2	3	4	5					
	Work History Since High School	1	2								
	Not Currently Working, Previously Employed	1	2	3	4	5	6	7			
	Accommodations on Your Last Job	1	2	3	4	5					
POST-SECONDARY EDUCATION	Never Employed	1	2	3							
	Enrollment History	1	2	3							
	Completed a Program or Degree	1	2	3	4	5	6	7	8	9	10
	Currently Enrolled	1	2	3	4	5	6	7	8	9	10
	Current Living Status & Plans	1	2								
QUALITY OF LIFE & INDEPENDENT LIVING	Social Experiences	1	2								
	Use of Free Time	1	2								
	Recreation/Leisure Activities	1									
	Transportation	1									
	Life Skill Activities	1	2	3	4	5	6	7	8	9	10
	Social Service Agencies	1									
	High School Experiences	1	2	3							
	Dropout Experiences	1	2	3							

Purpose: Assess survey scope across transition domains by viewing questions selected for use.

Application: After choosing the questions to use from the Question Bank, mark the corresponding question number on the grid. Examine the marked questions on the grid to determine whether the scope of the survey provides information needed for decision-making.

Legend:

① = Questions from NPSO Data Collection Protocol: Stage 1

Grey shaded questions are sets of questions that must be kept together.

Stage 2: Supplemental Questions

LEGEND to question notations:

- **bold, italic, ALL CAPS** wording indicates directions to the respondents, for example: **(CHECK ONE)**.
- {Note :} at the end of the question indicates additional information or explanations to survey developers.
- A shadow box indicates questions from NPSO's *Stage 1: Post-School Data Collection Protocol*.
Recommended Essential Questions to Address Indicator #14.
- [brackets, linking two questions, indicate sets of questions.

I. EMPLOYMENT

CURRENT WORK STATUS

1. Right now, are you working? {Note: This is question 1 from the Stage 1 Data Collection Protocol.}
YES or NO (CIRCLE ONE)

2. How many hours do you work each week? *IF MORE THAN ONE JOB, CONSIDER THE JOB WITH THE MOST HOURS. (CHECK ONE)* {Note: This question asks more specific information than question 6 of the Stage 1 Data Collection Protocol.}

	CHECK ONE
1 – 20 hours per week	
21 – 35 hours per week	
36 – 40 hours per week	
More than 41 hours per week	

3. Currently, how much are you paid per hour? **(CHECK ONE)** {Notes: This question asks more specific information than question 7 of the Stage 1 Data Collection Protocol. Replace Xs with the state's minimum wage amount.}

	CHECK ONE
Less than minimum wage (\$xx.xx)	
Minimum wage (\$xx.xx)	
More than minimum wage (\$xx.xx)	
Other: (PLEASE SPECIFY)	

4. Describe the type of job you currently have? **(CHECK ONE)** {Note: This question is similar to question 8 of the Stage 1 Data Collection Protocol.}

	CHECK ONE
Entry level jobs usually require little or no training	
Semi-skilled jobs usually require training or experience for about a year	
Skilled or technical jobs usually require training or education for more than a year	
Professional jobs usually require a college degree	

5. Describe the job setting for your last job. **(CHECK ONE)** {Note: This question is similar to question 8 from Stage 1 Data Collection Protocol.}

	CHECK ONE
In a company, business or service with people with and without disabilities	
In the military	
In supported employment (paid work in a community setting with on-going support services, a “regular job with a job coach”)	
Self-employed	
In your family’s business (e.g., farm, store, fishing, ranching, catering)	
In sheltered employment (where most workers have disabilities)	
Employed while in jail or prison	
Other (specify)	
No answer	

6. In your current job, do you receive any of the following benefits? **(CHECK ALL THAT APPLY)**

	CHECK ALL THAT APPLY
Vacation	
Sick days or sick leave	
Health insurance (e.g., dental, and/or vision, and/or medical)	
Pension/retirement	
Free or reduced cost for food	
Free or reduced cost for services	
Other: (PLEASE SPECIFY)	

7. How long have you had your current job? **(CHECK ONE)**

	CHECK ONE
Less than 6 months	
6 to 12 months	
More than 12 months	

8. How did you find your current job? (**CHECK ONE**)

	CHECK ONE
Reading newspaper or listening to radio advertisements	
Turning in applications	
Working with an employment agency or service (e.g., Department of Labor)	
Getting help from a job coach or supported employment provider	
Using a job training service	
Talking with family or friends	
Working with an agency for people with disabilities (e.g., Vocational Rehabilitation)	
Had this job as a work experience or training setting while in high school	
Other: (PLEASE SPECIFY)	

END SET =====

ACCOMMODATIONS ON YOUR CURRENT JOB

1. Have you *requested* accommodations on your current job?

YES or NO (CIRCLE ONE)

2. Do you *receive* accommodations on your current job?

YES or NO (CIRCLE ONE)

3. What accommodations do you *receive* on your current job? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
On site job trainer	
Modified responsibilities	
Agency or program person who checks on your work	
Modified work equipment (e.g., desk, voice recognition software, computer, or other assistive technology)	
Other: (PLEASE SPECIFY)	

4. Have you received on-the-job training by an agency or job coach, other than the company who hired you?

YES or NO (CIRCLE ONE)

5. How often is this person on the job with you? (**CHECK ONE**)

	CHECK ONE
Daily	
1 or 2 times per week	
1 or 2 times per month	
3 to 4 times per month	
More than 4 times per month	
Other: (PLEASE SPECIFY)	

END SET=====

WORK HISTORY SINCE HIGH SCHOOL

1. At any time since leaving high school, *have you ever worked?* {Note: This is question 2 from the Stage 1 Data Collection Protocol.}

YES or NO (CIRCLE ONE)

2. Since leaving high school, how many jobs have you had? (**CHECK ONE**)

	CHECK ONE
1 job	
2 – 4 jobs	
5 – 9 jobs	
More than 9 jobs	

END SET =====

NOT CURRENTLY WORKING, PREVIOUSLY EMPLOYED

1. How long have you been *unemployed*? **(CHECK ONE)**

	CHECK ONE
Less than 6 months	
6 to 12 months	
More than 12 months	

2. For the last job you had, about how many hours did you work each week? **(CHECK ONE)** {Note: This question asks more specific information than question 6 from Stage 1 Data Collection Protocol.}

	CHECK ONE
Less than 20 hours	
21 – 35 hours	
36 – 40 hours	
More than 41 hours	

3. How much were you paid per hour at the last job you had? **(CHECK ONE)** {Notes: This question asks for more specific information than question 7 from Stage 1 Data Collection Protocol. The Xs should be replaced with the state's minimum wage amount.}

	CHECK ONE
Less than minimum wage (\$xx.xx)	
Minimum wage (\$xx.xx)	
More than minimum wage (\$xx.xx)	
Other: (PLEASE SPECIFY)	

4. Describe the type of job you had last. **(CHECK ONE)** {Note: This question is *similar* to question 8 from Stage 1 Data Collection Protocol.}

	CHECK ONE
Entry level jobs usually require little or no training	
Semi-skilled jobs usually require training or experience for about a year	
Skilled or technical jobs usually require more than a year of education	
Professional jobs usually require a college degree	

5. Describe the job setting for your last job. **(CHECK ONE)** {Note: This question is question 8 from Stage 1 Data Collection Protocol.}

	CHECK ONE
In a company, business, or service with people with and without disabilities	
In the military	
In supported employment (paid work in a community setting with on-going support services, a "regular job with a job coach")	
Self-employed	
In your family's business (e.g., farm, store, fishing, ranching, catering)	
In sheltered employment (where most workers have disabilities)	
Employed while in jail or prison	
Other: (PLEASE SPECIFY)	
No answer	

6. Did you receive any of the following benefits at your last job? **(CHECK ALL THAT APPLY)**

	CHECK ALL THAT APPLY
Vacation	
Sick days or sick leave	
Health insurance (e.g., dental, and/or vision, and/or medical)	
Pension/retirement	
Free or reduced cost for food	
Free or reduced cost for services	
Other: (PLEASE SPECIFY)	

7. How long did you have your last job? **(CHECK ONE)**

	CHECK ONE
Less than 6 months	
6 to 12 months	
More than 12 months	

END SET =====

ACCOMMODATIONS ON YOUR LAST JOB

1. Did you *request* accommodations on your last job?

YES or NO (CIRCLE ONE)

2. Did you *receive* accommodations on your last job?

YES or NO (CIRCLE ONE)

3. What accommodations did you *receive* on your last job? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
On site job trainer	
Modified responsibilities	
Agency or program person who checks on your work	
Modified work equipment (e.g., desk, voice recognition software, computer, or other assistive technology)	
Other: (PLEASE SPECIFY)	

4. In your last job, did you *receive* on-the-job training by an agency or job coach, other than the company who hired you?

YES or NO (CIRCLE ONE)

5. At your last job, how often did this person come to work with you? (**CHECK ONE**)

	CHECK ONE
Daily	
1 or 2 times per week	
1 or 2 times per month	
3 to 4 times per month	
More than 4 times per month	
Other: (PLEASE SPECIFY)	

END SET =====

NEVER EMPLOYED

1. Are you currently looking for work?

YES or NO (CIRCLE ONE)

2. Are you doing any of the following activities to find work? **(CHECK ALL THAT APPLY)** {Note: Similarity of some descriptors makes it possible to analyze each descriptor separately or combine several descriptors and analyze at a broader level.}

	CHECK ALL THAT APPLY
Reading newspaper or listening to radio advertisements	
Turning in applications	
Working with an employment agency or service (e.g., Department of Labor)	
Getting help from a job coach or supported employment provider	
Using a job training service	
Talking with family or friends	
Working with agency for people with disabilities (e.g., Vocational Rehabilitation)	
Volunteering	
Other: (PLEASE SPECIFY)	

3. What reason best describes why you are not working? **(CHECK ONE)** {Note: The directions could read CHECK ALL THAT APPLY to capture the multiple reasons a person may not be working.}

	CHECK ONE
Enrolled in training program, college, or university	
Cannot find a job that I am interested in doing	
Cannot find any job	
Lack of skills needed	
Need transportation	
Don't want to lose government benefits (SSI)	
Need help finding a job	
Need help keeping a job	
Don't want to work	
Was fired from last job	
Parents/family don't want me to work	
Health or disability concerns	
Quit last job	
Other: (PLEASE SPECIFY)	

END SET =====

II. POSTSECONDARY EDUCATION AND TRAINING

ENROLLMENT HISTORY

1. At any time since leaving high school, *have you ever* been enrolled in any type of school, training, or education program? ***IF MORE THAN ONE, DESCRIBE THE PROGRAM ENROLLED IN THE LONGEST. (CIRCLE ONE)*** {Note: This is question 1 from Stage 1 Data Collection Protocol.}
- YES OR NO (CIRCLE ONE)**

2. Why did you decide *not* to attend a training program, college or university? **(CHECK ONE)**

	CHECK ONE
I was employed	
I don't like school (or don't want to go to school)	
I didn't have the skills to continue in school	
I didn't have the money to go to school	
My family doesn't want me to go to school	
I needed to take care of family responsibilities	
Other: (PLEASE SPECIFY)	

3. *Right now*, are you enrolled in any type of school, training or education program? **(CIRCLE ONE)** {Note: This is question 9 from Stage 1 Data Collection Protocol.}
- YES or NO (CIRCLE ONE)**

END SET =====

COMPLETED A PROGRAM OR DEGREE

1. What type of school or training program did you attend? **(CHECK ONE)** {Notes: This question is similar to question 3 from Stage 1 Data Collection Protocol. A person may have attended multiple schools or training programs. The directions could be changed to a CHECK ALL THAT APPLY option or rewritten to read: *What was the most recent school or training program that you attended?*}

	CHECK ONE
GED program	
Vocational technical training	
Community education class(es)	
Two-year community college	
Four-year college or university	
Other: (PLEASE SPECIFY)	

2. Did you receive a degree, certification, or credentials from your training program? **(CIRCLE ONE)**
YES or NO (CIRCLE ONE)

3. What was the highest degree you obtained? **(CHECK ONE)**

	CHECK ONE
Not a degreed program	
High school diploma equivalency (GED)	
Training certificate	
Associate Degree (AA)	
Other: (PLEASE SPECIFY)	

4. Did you complete an entire term? **(CIRCLE ONE)** {Note: This is question 2 from Stage 1 Data Collection Protocol.}
YES or NO (CIRCLE ONE)

5. Did you *request* support services while at the training program, college, or university? **(CIRCLE ONE)**

YES or NO (CIRCLE ONE)

6. Did you *receive* support services while at the training program, college, or university? **(CIRCLE ONE)**

YES or NO (CIRCLE ONE)

7. Did you use any of the following services? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Tutor	
Writing or math center	
Personal care assistant	
Note taker	
Sign language interpreter	
None	
Disability support services	
Other: (PLEASE SPECIFY)	

8. Did you use any of the following accommodations? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Large print books	
Special equipment	
Special parking	
Extra time on tests or assignments	
Books on tape	
Lectures on tape	
Reduced schedule loads (reduced number of credits required for full-time enrollment)	
FM device	
TDD/TTY	
Electronic communication device	
None	
Other: (PLEASE SPECIFY)	

9. Since leaving high school, have you *completed* a training program or degree? (**CIRCLE ONE**)
YES or NO (CIRCLE ONE)

10. What is the main reason you did not finish a training program or degree? **(CHECK ONE)** {Notes: A person may have multiple reasons for not completing a program or degree. The directions could be changed to a CHECK ALL THAT APPLY option.}

	CHECK ONE
Changed career goal, no longer needed the training	
Decided to get a job	
Didn't like going to school	
Didn't have the money to continue	
Didn't have the skills to continue	
Needed to take care of family responsibilities	
Other: (PLEASE SPECIFY)	

END SET =====

CURRENTLY ENROLLED

1. How many classes are you currently taking? (**CHECK ONE**)

	CHECK ONE
1 class	
2 classes	
3 classes	
4 or more classes	

2. Did you complete a full term? (**CIRCLE ONE**) {Note: This is question 2 from Stage 1 Data Collection Protocol.}

YES or NO (CIRCLE ONE)

3. What type of school or training program are you currently attending? (**CHECK ONE**) {Note: This question is similar to question 3 from Stage 1 Data Collection Protocol.}

	CHECK ONE
GED program or Adult Basis Education	
Vocational technical training	
Community education class(es)	
Two-year community college	
Four-year college or university	
Other: (PLEASE SPECIFY)	

4. What is your major area of study? _____
5. How many terms or semesters have you taken classes? (**CHECK ONE**) {Note: If surveying beyond year-one, additional answer categories should be added.}

	CHECK ONE
One (1) term or semester	
Two (2) terms or semesters	
Three (3) terms or semesters	
Four (4) terms or semesters	

6. Do you anticipate obtaining a degree, certification, or a professional license?

YES or NO (CIRCLE ONE)

7. Have you *requested* support services while at the training program, college, or university?

YES or NO (CIRCLE ONE)

8. Do you *receive* support services while at the training program, college, or university?

YES or NO (CIRCLE ONE)

9. Currently, do you use any of the following services? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Tutor	
Writing center or math center	
Personal care assistant	
Note taker	
Sign language interpreter	
None	
Other: (PLEASE SPECIFY)	

10. Currently, do you use any of the following accommodations? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Large print books	
Special equipment	
Special parking	
Extra time on tests or assignments	
Books on tape	
Lectures on tape	
Reduced number of credits required for full-time enrollment	
FM device	
TDD/TTY	
Electronic communication device	
None	
Other: (PLEASE SPECIFY)	

END SET =====

III. QUALITY OF LIFE AND INDEPENDENT LIVING

CURRENT LIVING STATUS AND PLANS

1. Describe your current living arrangement. (**CHECK ONE**)

	CHECK ONE
Alone	
Alone, with support	
With spouse or significant other	
With a roommate	
With family (e.g., parents, grandparents, siblings, aunt/uncle)	
In a residential living facility or boarding school	
In a group home, assisted living center or other supervised living arrangement	
In a hospital, medical facility, institution for people with disabilities	
In a correctional facility or youth detention center	
Transient, homeless, in a car, in a hotel	
On a military base	
On a college campus	
Other: (PLEASE SPECIFY)	

2. What do you expect your residential status to be 5 years from now? (**CHECK ONE**)

	CHECK ONE
Alone	
Alone, with support	
With spouse or significant other	
With a roommate	
With family (e.g., parents, grandparents, siblings, aunt/uncle)	
In a residential living facility or boarding school	
In a group home, assisted living center or other supervised living arrangement	
In a hospital, medical facility, institution for people with disabilities	
On a military base	
On a college campus	
Other: (PLEASE SPECIFY)	

END SET =====

SOCIAL EXPERIENCES

1. Describe your current marital status. **(CHECK ONE)**

	CHECK ONE
Single, never married	
Married	
Divorced, widowed	
Other: (PLEASE SPECIFY)	

2. How many children have you had or fathered? **(CHECK ONE)**

	CHECK ONE
None (0)	
One (1)	
Two (2)	
Three (3)	
Four (4)	
5 or more	

END SET =====

USE OF FREE TIME

1. How do you spend *most* of your free time? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Exercising	
Working on a hobby (e.g., gardening, sewing, collecting, artwork or crafts)	
Working around the house (e.g., house cleaning, yard work, home repairs)	
Hanging out with friends	
Interacting with people without disabilities	
Visiting family members	
Talking on the telephone	
Going to movie, concert, or play	
Going shopping	
Going to a sporting event	
Going out on a date	
Going to a party or dance	
Going to a religious or church activity	
Going to a community club or organization meeting or social event (e.g., Jaycees, Lions Club, 4-H)	
Going to community or recreation center (e.g., YMCA, health or fitness club)	
Volunteering	
Playing in an organized sport	
Playing cards or board game	
Playing computer games	
Using computer for Facebook, Myspace, instant messaging, surfing web, researching, downloading music	
Watching TV or videos (DVDs, VHS)	
Listening to music	
Reading for pleasure	
Texting	

2. When you have free time, who do you spend your free time with? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Family members	
Friends who visit me	
Friends that I visit	
People I work with	
People I went to school with	
People who live nearby (e.g., roommates, neighbors)	
People who work for me (e.g., paid service providers, caregivers)	
Myself, alone	

END SET =====

RECREATION/LEISURE ACTIVITIES

1. In the last week, how often did you do each of the following activities:

	0—not at all	1 or 2 times	3 or 4 times	5 or more times
Attended a community or social event (Jaycees, Lions Club, 4-H)				
Work on a hobby (e.g., gardening, sewing, collecting)				
Work around the house (e.g., house cleaning, yard work, home repair)				
Hang out with friends				
Interact with people without disabilities				
Go to movie, concert, or play				
Go shopping				
Go to a sporting event				
Go out on a date				
Go to a party or dance				
Go to a club or organization meeting				
Go to a religious or church activity				
Call a friend or family member				
Play cards or board game				
Do artwork or crafts				
Watch TV or videos (DVDs, VHS)				
Exercise				
Volunteer				
Play in an organized sport				
Visit family members				
Read for pleasure				
Talk on the telephone				
Play computer or video games				
Use computer for chat rooms, surfing web, research, burning CDs, downloading music				
Listen to music				
Go to community or recreation center (e.g., YMCA, health or fitness club)				
Use computer for social networking (i.e., Facebook, Myspace)				
Use internet for planning vacation and/or other recreational leisure activities (e.g., meeting friends/ dating)				

END SET =====

TRANSPORTATION

1. For each method of transportation, indicate whether it is available in your community and whether you use it on a regular basis to get around in the community? (**CHECK ALL THAT APPLY** for each category.)

CHECK ALL THAT APPLY	This is available	I use
Walk		
Ride a bike, scooter, skateboard		
Drive		
Ride a public bus or mass transit		
Ride in a taxi		
Use mobility assistance		
Ask friends or family to take me places		
Other: (PLEASE SPECIFY)		

END SET =====

LIFE SKILL ACTIVITIES

1. In the last week, how often did you do each of the following activities:

	0—not at all	1 or 2 times	3 or 4 times	5 or more times
Use the internet to find employment or explore postsecondary education				
Use internet for online banking or paying bills				
Use internet to locate community resources (e.g., public transportation, Vocational Rehabilitation, SSI)				
Use internet for locating housing				
Laundry				
Eating at restaurants				
Grocery shopping				
Mailing letters or packages				
Cleaning my house or room (e.g., vacuuming, dusting, putting things away)				
Yard work (e.g., mowing, gardening)				
Calling taxi				
Getting to bus stop				
Making doctor's appointments				
Maintaining and managing health insurance				
Budgeting money				
Cooking meals				
Cleaning the kitchen (e.g., doing dishes, mopping)				
Cleaning the bathroom (e.g., tub, mopping)				

2. Describe how much help you need doing each of the following life skill activities. (**CHECK ONE** help category for each activity.)

	No help is needed. I do this on my own.	Some help is needed. I do this with help.	Total help is needed. I can't do this.	I don't do this.
Laundry				
Eating at restaurants				
Grocery shopping				
Mailing letters or packages				
Cleaning my house or room (e.g., vacuuming, dusting, putting things away)				
Yard work (e.g., mowing, gardening)				
Calling taxi				
Getting to bus stop				
Making doctor's appointments				
Maintaining and managing health insurance				

Budgeting money				
Cooking meals				
Cleaning the kitchen (e.g., doing dishes, mopping)				
Cleaning the bathroom (e.g., tub, mopping)				
Getting dressed				
Taking a shower or bath				
Brushing teeth				
Washing hair				
Making decisions about where to work				
Making decisions about where to live				
Making decisions about where to go				

3. If you need help with life skill activities, who helps you? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Spouse	
My parent/s	
Other family members (e.g., brother, sister, aunt, or uncles)	
Friend	
Paid support provider	
Other: (PLEASE SPECIFY)	

4. Are you a registered voter?

YES or NO (CIRCLE ONE)

5. Have you ever voted?

YES or NO (CIRCLE ONE)

6. Since leaving high school, have you had problems in any of the following areas? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
My parent(s) don't/doesn't agree with what I want to do	
I can't find a job	
Loss of benefits, such as Social Security Income, if I work	
Getting health insurance	
Getting medical care	
Not having enough money to live on	
Not having a place to live	
Not having transportation to visit friends or work	
Not having help from a service agency	
Not understanding where to go for help	
Not having friends	
Not having a boyfriend/girlfriend	
Not getting along with boss or co-workers	
Other: (PLEASE SPECIFY)	

7. Do you do volunteer work?

YES or NO (CIRCLE ONE)

8. Have you ever received help for alcohol, drug, or substance abuse?

YES or NO (CIRCLE ONE)

9. Have you ever been arrested?

YES or NO (CIRCLE ONE)

10. Have you ever been convicted?

YES or NO (CIRCLE ONE)

11. Do you have any of the following in your own name? **(CHECK ALL THAT APPLY)**

	CHECK ALL THAT APPLY
An allowance	
Checking account	
Debit/ATM card	
Savings account	
Credit card in your name	
College financial aid	
Money Market/stock/bonds	
Other: (PLEASE SPECIFY)	

END SET =====

SOCIAL SERVICE AGENCIES

1. Do you receive help from any of the following agencies or services? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Social Security Administration (SSI, SSDI)	
Aid to families with dependent children (TANF)	
Medicaid	
Food stamps	
Women, Infants, and Children Program (WIC)	
Private nursing, personal care assistance	
Employment assistance (WIA)	
Housing assistance (Section 8)	
Department of Vocational Rehabilitation	
Alcohol or other drug treatment center	
Parole or probation officer	
Work Incentive Now	
Mental health services	
Other: (PLEASE SPECIFY)	

END SET =====

HIGH SCHOOL EXPERIENCES

1. Describe how well you feel high school prepared you for each of the following?

	Very well prepared	Somewhat prepared	Not prepared
Reading for daily living (e.g., on the job, newspaper)			
Doing math for daily living (e.g., on the job, my bank account, etc.)			
Getting along with others			
Making friends			
Setting goals			
Deciding what you want			
Achieving what you want			
Asking for help from others to achieve your goals			
Taking care of your mental health			
Taking care of your physical health			
Dealing with personal problems			
Having skills to live on your own			
Voting in elections			
Using technology (e.g., TV, computers, email, internet)			
Using assistive technology at home (e.g., adapted equipment, computer technology, etc.)			
Handling money			
Performing tasks demanded of marriage			
Performing tasks demanded of parenting			
Finding work			
Interviewing for a job			
Applying for postsecondary education			
Attending postsecondary education			
Participating in community recreation activities			

2. Did you have the following work or training experiences in high school? **(CHECK ALL THAT APPLY)**

	CHECK ALL THAT APPLY
Career Awareness Activities (e.g., job search skills)	
Vocational or technical education courses (e.g., business, industrial arts)	
Vocational exploration (e.g., job shadowing, job sampling)	
Community work experiences (e.g., apprenticeship or unpaid)	
Community-Based Instruction (CBI)	
Service learning	
Volunteer work	
Paid work experience	
Other: (PLEASE SPECIFY)	

3. Did you have a postsecondary goal of employment listed on your IEP in high school?

YES or NO (CIRCLE ONE)

4. Did you participate in any of the following assessment procedures? **(CHECK ALL THAT APPLY)**

	CHECK ALL THAT APPLY
Career Interest Inventories	
Job Try-outs	
Vocational Aptitude Tests	
Informal interviews or questionnaires	
Curriculum-based assessments	

5. Did you take any occupational courses? **(CHECK ALL THAT APPLY)**

	CHECK ALL THAT APPLY
Computer Applications	
Cosmetology	
Child Development	
Home and Consumer Science	
Carpentry	
Welding	
Automotive	
Graphic Design & Digital Publishing	
Journalism	
Other: (PLEASE SPECIFY)	

6. How much time did you spend in regular classes with your peers without disabilities in high school? **(CHECK ONE)**

	CHECK ONE
Most of the time (e.g., more than 80%)	
Some of the time (e.g., between 40% and 80%)	
Very little time (less than 40%)	
Public Separate School (0%)	
Private Day School (0%)	
Private Residential School (0%)	
Public Residential School (0%)	
Home Instruction (0%)	
Correctional Facility (0%)	
Charter School	
Other: (PLEASE SPECIFY)	

7. Did you receive any self-care or independent living instruction when you were in high school (e.g., grooming, money management, sex education)?

YES or NO (CIRCLE ONE)

8. What type of self-care independent living instruction did you receive in high school? **(CHECK ALL THAT APPLY)**

	CHECK ALL THAT APPLY
Grooming	
Banking and Money Management	
Personal Finance Education	
Drivers Education	
Housing and Home Management	
Social Skills Instruction	
Safety and Sexuality	
Other: (PLEASE SPECIFY)	

9. During high school did you participate in any self-determination or self-advocacy instruction?

YES or NO (CIRCLE ONE)

10. When you left high school, did you have a paying job?

YES or NO (CIRCLE ONE)

11. Prior to graduation, were you referred to any of the following adult service agencies? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Social Security Administration (SSI, SSDI)	
Division of Developmental Disabilities	
Medicaid	
Private nursing, personal care assistance	
Mental health services	
Commission for the Blind and Visually Impaired	
Center for Independent Living	
Commission on Higher Education	
Other: (PLEASE SPECIFY)	

DROPOUT EXPERIENCES

1. Why did you leave school before graduating? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Lost interest in school	
Felt I didn't "fit in"	
Too many people	
Problems with peers	
Problems with teachers	
Excessive absences	
Discipline problems	
School staff recommendation	
Parent recommendation	
Started a family	
Wanted to work	
Could not meet graduation requirements	
Classes were too hard	
Other: (PLEASE SPECIFY)	

2. What would have kept you in school? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
Nothing	
More support from teachers, principals	
More support from home	
Different class offerings	
Other: (PLEASE SPECIFY)	

3. Who did you talk to before dropping out of school? (**CHECK ALL THAT APPLY**)

	CHECK ALL THAT APPLY
No one	
Parent	
Friend	
Teacher	
School guidance counselor	
Principal	
Service provider or person from agency (e.g., counselor, parole officer, case manager)	
Mentor	
Other: (PLEASE SPECIFY)	

END SET =====