

Student Exit Survey (Tier 1) (2010 Graduates)
Timeline: April 1, 2010 to May 31, 2010

Your answers to the following questions will help your high school to determine if programs and services are effective in preparing students for jobs, careers, college and training. This information is confidential and will be reported without names or identifying information.

- Please answer the questions as completely as you can.
- Make sure that you provide 2 valid phone numbers and contact information.
(This will help us reach you or your designated family member(s) for a one-year follow-up next spring.)

School District _____ High School Attending _____

Last Name _____ First Name _____ DOB _____

Mailing Address: _____, City: _____,

State: _____, Zip code: _____ Phone: () _____ - _____

Cell Phone: () _____ - _____ Email: _____

Gender: Male _____ Female _____

Race/ Ethnicity: White not Hispanic __, Hispanic __, African American __, Native American __, Asian __)

Contact Information:

Contact 1: If I am not available, please contact: _____

Relationship: _____ Contact Phone: () _____ - _____

Cell Phone: () _____ - _____ Email: _____

Contact 2: If I am not available, please contact: _____

Relationship: _____ Contact Phone: () _____ - _____

Cell Phone: () _____ - _____ Email: _____

High School Programs

1. Which of the following activities do you have planned within six months of leaving High School?

- Job
- Community College (2 year degree)
- College/ University (4 year degree)
- Vocational Training
- Military
- Other (specify) _____

2. In your last year in high school, did you participate in a school-sponsored work-study program?

- Yes
- No

3. If you are participating in work-study, are you working at your school or somewhere else?

- School
- Somewhere else

4. Not including school sponsored work-study programs, did you work in the last year of high school?

- Yes
- No

5. In high school, did you receive any career assessments such as transition assessments, assessments of vocational choices and strengths, or career interests?

- Yes
- No

6. Which of following best describes your participation in IEP meetings?
(Answer only one.)

- I led the meeting
- I assisted leading the meetings
- I told the team what I wanted to do
- I just listened
- I didn't attend

7. Did you take any of the following vocational education courses at your high school, in your current school year?

- Auto mechanics
- Building trades
- Computer applications
- Food service
- Wood or Metal trades
- Clerical/ Office Occupations
- Cosmetology
- CAD Drafting

- Yes
- No

8. Did you take any of the following courses for dual credit, at a university or community college in your current school year?

- Auto mechanics
- Building trades
- Computer applications
- Food service
- Wood or Metal trades
- Medical Technology
- Clerical/ Office Occupations
- Cosmetology
- CAD Drafting
- Engineering
- Communications/ media technology

- Yes
- No

9. Did you have the opportunity to explore different careers or academic goals through courses or counseling that you received in high school?

- Yes
- No

10. Do you have a driver's license?

- Yes
- No

11. While you were in high school, were you referred to any of the following agencies? (Check all that apply.)

- Division of Vocational Rehabilitation, (DVR)
- Medicaid Waiver
- Department of Labor/ or Employment One Stops
- Other (specify) _____
- I wasn't referred to any agencies for services

12. Did you participate in any of the following activities while you were in high school? (Check all that apply.)

- 4H or FFA
- Band
- Cheerleading/ Drill Team
- Clubs
- DECCA
- Drama
- MEChA
- MESA
- Sports
- Student Government
- Other (specify) _____
- None

13. Do you receive income assistance from any of the following sources?

(Check all that apply.)

- TANF
- SSDI or SSI
- Other (specify) _____
- I don't receive any income assistance

14. Did your high school provide you with a written summary including all of the items listed below:

- (1) Academic and learning skills
- (2) Social and independent living skills
- (3) Recommended accommodations
- (4) Recommendations to assist you in achieving your post-school goals
- (5) Current assessments?

Yes

No

15. Date survey was completed: ____/____/____

School Personnel Use Only:

Exceptionality: _____

Service Level: _____

Setting: _____

Pathway: _____

Data entered by: _____