

**INDIANA GRADUATE FOLLOW-UP - Part II**  
**FOUR YEAR POST-EXIT TELEPHONE QUESTIONNAIRE**  
2002-2003

Former Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_M \_\_\_F

District/Learner ID Number: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

High School: \_\_\_\_\_ Placement School: \_\_\_\_\_

Interview completed by: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Former Student ' s Exceptionality: \_\_\_\_\_

**PERSON INTERVIEWED** (check one)

Former Student

Parent/Guardian

Other (please specify): \_\_\_\_\_

**TYPE OF INTERVIEW**

Telephone

In Person

Other (please specify): \_\_\_\_\_

**IF UNABLE TO OBTAIN INTERVIEW, PLEASE INDICATE WHY:**

Refused to be interviewed

Institutionalized

Deceased

Unable to be contacted (please indicate reason:)

In military; at college

Moved; new address unknown

Incarcerated

Phone Disconnected

Other (please specify): \_\_\_\_\_

No Answer

**I. Employment Status**

**A. Do you currently have a paying job?**

01 \_\_\_ Yes

02 \_\_\_ No ---->If No, then ask: What is the main reason why you don't have a paying job? Response:(List one) \_\_\_\_\_

Code: \_\_\_\_\_

**(If not working, skip to I.I)**

**CODES FOR QUESTION I.A**

Job Training:

02 Job Corps

03 Vocational/Technical School (non-degree)

Unpaid Work:

04 Homemaker

05 "Family work" (e.g., family farm, child care)

06 Volunteer

Unemployed/Seeking Employment:

07 "Unable to find a job" (e.g. currently looking)

08 "Unable to find a job I want"

09 Currently with agency - in job development

Unemployed/Not Seeking Employment:

10 "I don't want to work"

11 "My parents don't want me to work"

12 Concerns with loss of benefits (SSI, "welfare," etc.)

13 Currently in school (e.g. want to concentrate on academics, involved in extra-curricular activities)

Unemployed/Between Jobs:

14 Seasonal workers/off season

15 Has a job which has not started

16 Fired from previous job

17 Laid off

Obstacles to Employment:

18 Transportation problems

19 Insufficient experience

20 Insufficient training

21 Health problems/physical disabilities

22 Pregnancy

23 Child Care Problems

24 Incarcerated

Sheltered Work/Day Habilitation:

25 In a day activity/day treatment program

- 26 In a sheltered workshop
- College/University
- 27 In a 2 year program (currently enrolled or waiting to enter)
- 28 In a 4 year program (currently enrolled or waiting to enter)
- 29 Pursuing graduate school
- 30 Other (Please specify) \_\_\_\_\_

**B. What type of work are you doing right now? (List up to 2 codes.)**

Please indicate **primary** occupation:

Code: \_\_\_\_\_

Please indicate **secondary** occupation:

Code: \_\_\_\_\_

**(If the student indicates two (2) jobs, complete page 5-a for a second job)**

**CODES FOR QUESTION I.B**

Service Occupations:

- 01 Cosmetology/Hairdressing/Barber
- 02 Gas Station Attendant
- 03 Hotel/Tourism
- 04 Human Services/Work with People/Children (e.g. childcare)
- 05 Restaurant Work/Food Service (e.g., waiter, dishwasher, etc.)
- 06 Retail Sales

Trade and Industry:

- 07 Assembly (e.g., factory work)
- 08 Auto Mechanics/Auto Body Repair
- 09 Construction Trades (e.g., carpentry, masonry, plumbing, etc.)
- 10 Electronics/Electrician
- 11 Machine Trades
- 12 Janitorial/Housekeeping/  
Maintenance/Groundskeeping
- 13 Bricklayer, Masonry
- 14 Stock Clerk/Stock Boy or Girl
- 15 Materials Handler/Loader/Teamster/Warehouse  
Worker

- 16 Landscaping

Agriculture/Farming:

- 17 Farm Work/Working with Animals

Clerical:

- 18 Computer Programming/Operations
- 19 Secretarial/Stenographic/Typing or Other Office Work

Professional Occupation:

- 20 Accountant
- 21 Marketing
- 22 Manager/Assistant Manager
- 23 Nurse (CNA, RN, LPN)

Other:

- 24 Artistic (e.g., painting, dramatics, music, entertainment)
- 25 Commercial/Graphic Arts (e.g., printing, photography)
- 26 Sheltered Workshop
- 27 Armed Services
- 28 Other (Please specify) \_\_\_\_\_

**C. Did anyone help you get your job? (If not working, skip to I.I)**

01 \_\_\_ No, found job by myself

02 \_\_\_ Yes ----> if Yes, then ask: Who helped you the most? Code: \_\_\_\_\_

**CODES FOR QUESTION I.C**

02 Parents/Relatives

03 Friends/Acquaintances

04 Regular Educator

05 Special Educator

06 Transition Program Staff

07 School To Work Program

08 Vocational Education Teacher (e.g. I.C.E.)

09 Vocational Rehabilitation Counselor

10 Adult Service Agency

11 Military Recruiter

12 Other (please specify) \_\_\_\_\_

**D. How many hours do you work each week? (Please indicate the average number of hours per week next to the response). [If not working, skip to I.I]**

\_\_\_\_\_ Number of hours

**E. What is your salary on this job? (Please indicate your exact hourly wage).**

**[If not working, skip to I.I]**

01 \$ \_\_\_ per hour (competitive)

02 \_\_\_ By the job, Whatever they 'll pay me, etc.

03 \_\_\_ Piece work: \$ \_\_\_ per hour (average) (non-competitive)

04 \_\_\_ "I don't know"/ Refused

**F. What fringe benefits do you get on this job? (Check all that apply.)**

**[If not working, skip to I.I]**

01 \_\_\_ None

05 \_\_\_ Pension/Retirement

02 \_\_\_ Medical Insurance

06 \_\_\_ Vacation Days

03 \_\_\_ Dental Insurance

07 \_\_\_ I don=t know

04 \_\_\_ Paid sick days

08 \_\_\_ Vision

09 Other: \_\_\_\_\_

(e.g., meals, membership, etc)

**G. How long have you been working at your current job?**

**[If not working, skip to I.I]**

- 00 \_\_\_ Don ' t know
- 01 \_\_\_ Less than 6 months
- 02 \_\_\_ 6-12 months
- 03 \_\_\_ 13-24 months
- 04 \_\_\_ More than 2 years

**H. Are you happy with this job? [If not working, skip to I.I]**

- 01 \_\_\_ Yes (Why?):\_\_\_\_\_
- 02 \_\_\_ No (Why not?):\_\_\_\_\_
- 03 \_\_\_ Not sure

**\*\*Complete page 5-a for the second job (if applicable)\*\***

**I. How many jobs have you had since leaving high school?**

- 00 \_\_\_ Don ' t know
- 01 \_\_\_ None
- 02 \_\_\_ 1-2
- 03 \_\_\_ 3-4
- 04 \_\_\_ 5+

**II. Transportation**

**A. Do you have a current driver's license?**

- 01 \_\_\_ Yes

02 \_\_ No ----> If No, then ask Why not?

Code: \_\_\_\_\_

CODES FOR DRIVER'S LICENSE QUESTION B.

- |   |                                 |
|---|---------------------------------|
| 00 No response  | 07 Financial Reason             |
| 01 "Don't want one"                                       | 08 No car available             |
| 02 "Couldn't pass driver's test"                          | 09 AParents won=t let me@       |
| 03 Was not allowed to enroll in driver's education course | 10 Practicing for driver's test |
| 04 Could not pass driver's education course               | 11 Medical issues/disability    |
| 05 "No one will teach me how to drive"                    | 12 Other (please specify)       |
| 06 Had a license but lost it                              |                                 |
- 

**B. How do you usually get around in the community?**

- 00 \_\_\_ Drive myself
- 01 \_\_\_ Family
- 02 \_\_\_ Pay someone
- 03 \_\_\_ Adult service provider
- 04 \_\_\_ Friends
- 05 \_\_\_ Public transportation
- 06 \_\_\_ Other: \_\_\_\_\_

**III. Post-Secondary Education and Training**

**A. Since leaving high school, have you had additional training or coursework through any of the following? (Check all that apply)**

- 01 \_\_\_ GED                      Did you obtain your GED diploma?    \_\_\_ Yes \_\_\_ No
- 02 \_\_\_ Vocational/Technical Education
- 03 \_\_\_ College/University Courses (non-degree)
- 04 \_\_\_ Alternative Education
- 05 \_\_\_ Military
- 06 \_\_\_ Job Service/Employment Training/Job Corps
- 07 \_\_\_ Supported Employment
- 08 \_\_\_ Other (please specify): \_\_\_\_\_

**B. Are you currently in a college or vocational/technical school?**

- 01 \_\_\_ Yes:    \_\_\_ 2 year    \_\_\_ 4 year    \_\_\_ Vocational school
- \_\_\_ Apprenticeship                      \_\_\_ Internship

02 \_\_\_ No

C. **Have you completed a college or vocational/technical school program?**

01 \_\_\_ Yes: \_\_\_ 2 year \_\_\_ 4 year \_\_\_ Technical school

02 \_\_\_ No

If Yes - what did you obtain your degree in:

\_\_\_\_\_

IV. **Living Arrangement**

A. **What is your current living arrangement?**

01 \_\_\_ At home with family

02 \_\_\_ In your own place

03 \_\_\_ In your own place with support

04 \_\_\_ Group home

05 \_\_\_ Military Base

06 \_\_\_ College Campus

07 \_\_\_ Other (please specify): \_\_\_\_\_

B. **If at home, what is the main reason why you have not moved?**

01 \_\_\_ Don't know how to

02 \_\_\_ Not enough money

03 \_\_\_ Parents/family members won't allow move

04 \_\_\_ Social service agency won't allow/assist me

05 \_\_\_ Can't find place to live

06 \_\_\_ Problems with transportation

07 \_\_\_ Convenience - close to work, transportation, friends

08 \_\_\_ Enjoying living at home; don't want to move

09 \_\_\_ Other (please specify): \_\_\_\_\_

**C. If you had the choice, what living arrangement would you choose?**

- 01 \_\_\_ Don't know
- 02 \_\_\_ Parents/immediate family
- 03 \_\_\_ Independently (alone)
- 03 \_\_\_ Independently (with friend(s))
- 04 \_\_\_ Independently (with boy/girlfriend or spouse)
- 05 \_\_\_ In a supervised apartment or house
- 06 \_\_\_ In a group home
- 07 \_\_\_ Other (please specify): \_\_\_\_\_

**V. Adult Services**

**A. Have you used any of the following services? If so, what agency provided the service? (Check all that apply.)**

- 00 \_\_\_ Employment Assistance      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 01 \_\_\_ Supported Employment      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 02 \_\_\_ Sheltered Employment      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 03 \_\_\_ Semi-Independent Living      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 04 \_\_\_ Supported Living      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 05 \_\_\_ Group Home      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 06 \_\_\_ Food Stamps      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 07 \_\_\_ Counseling      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 08 \_\_\_ Health Insurance      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 09 \_\_\_ Therapy (Occupational/Physical)      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 10 \_\_\_ Transportation      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 11 \_\_\_ Assistive Technology      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 12 \_\_\_ Post Secondary Education      Agency: \_\_\_\_\_ Code: \_\_\_\_\_
- 13 \_\_\_ Other: \_\_\_\_\_ Agency: \_\_\_\_\_ Code: \_\_\_\_\_

**CODES FOR QUESTION V. A:**

- 01 Vocational Rehabilitation Services
- 02 Bureau of Developmental Disability Services
- 03 Department of Workforce Development
- 04 Community Mental Health Center
- 05 Temporary Assistance to Needy Families (TANF) - formerly Welfare
- 06 Social Security Administration
- 07 Medicaid
- 08 Medicaid Waiver
- 09 Don=t know
- 10 Other \_\_\_\_\_

**I. Leisure/Social Relationships**

**A. With whom do you spend most of your free time? (Check all that apply.)**

- 01 \_\_ Alone
- 02 \_\_ With family members
- 03 \_\_ With old friends from high school
- 04 \_\_ With friends from current or past jobs
- 05 \_\_ With friends made through community activities
- 06 \_\_ With boyfriend, girlfriend, or fiancée
- 07 \_\_ With husband/wife
- 08 \_\_ Other (please specify): \_\_\_\_\_

**B. How do you spend most of your free time? (Check all that apply.)**

- 01 \_\_ Not applicable; no free time
- 02 \_\_ Watch sports
- 03 \_\_ Participate in sports
- 04 \_\_ Hobbies (gardening, sewing, collecting)
- 05 \_\_ Church activities
- 06 \_\_ Organizational/club activities (Jaycees, Lions)
- 07 \_\_ Home entertainment (TV, music, reading)
- 08 \_\_ Visiting with friends and relatives
- 09 \_\_ Community recreation/leisure (movies, dances, arcades, mall)
- 10 \_\_ Outdoor activities (fishing, hiking, camping, biking)
- 11 \_\_ "Driving around"
- 12 \_\_ "Hanging out"

13 \_\_ Other (please specify): \_\_\_\_\_

**VII. High School Experiences**

**A. What (class, teacher, experience) was most helpful in preparing you for life after high school and why? \_\_\_\_\_**

\_\_\_\_\_

**VIII. Overall Satisfaction**

**A. In general, how do you feel about your life? (Please read choices 01 through 04.)**

01 \_\_ Great

02 \_\_ Good

03 \_\_ Sometimes good, sometimes bad

04 \_\_ Bad

05 \_\_ Other (please specify): \_\_\_\_\_

**B. What is the main thing you would add or change that would make your life better?**

**(Please do not read choices unless person has difficulty.)**

01 \_\_ Not applicable; wouldn't change anything

02 \_\_ Don't know

03 \_\_ Be able to make more choices about my life

04 \_\_ Find solutions to personal problems

05 \_\_ Have a job

06 \_\_ Have a different job

07 \_\_ Car/driver's license

08 \_\_ More money

09 \_\_ Finish high school

10 \_\_ Go to college or vocational school

11 \_\_ Have more friends

12 \_\_ Other (please specify): \_\_\_\_\_

**Thank you very much!**