Please fill in the blanks or check O the most appropriate answer

Texas Effectiveness Study-Spring 2002
Post-School Survey

Please help us improve programs and services for students attending Texas public schools by answering the following questions. Your answers will remain **confidential**. Your decision to answer any question on this survey is **voluntary**.

Instructions. Read each question carefully. Fill in the blank or check the most appropriate answer. If a question does not apply to you, simply leave it blank. **Please return this survey by 5/15/2002 in the enclosed envelope.**

(1) Name _____

(2) Street Address _____

(3) City _____ **(4) State**_____

Where did you last attend high school (city and state)?

(5) City_____ **(6) State**_____

High School Name_____

(7) What is your age? _____ **(8) What is your gender?** O Male O Female

(9) What is your ethnicity?

O African American O White
O Hispanic O Other _____

(10) What is your marital status?

O Single O Divorced
O Married O Other _____

(11) Do you have children? O Yes O No

(12) Was this Questionnaire completed by? (*Please check the best answer*)

O You without help
O You with help from someone else
O Your parent or guardian
O Your caseworker or direct care staff
O Another person

(13) May we contact you to talk about how high school prepared you for adult life?

O Yes O No (***If Yes, please give us your phone number***) (_____) _____

Questions? Please call Deborah Norris at 817-740-3610 or e-mail dnorris@esc11.net
Si necesita ayuda en espanol, envie un email a promero@austin.rr.com o llame al 512-459-5163

High School

(14) When did you leave high school? What Year_____

(15) And did you?

O Graduate
O Dropout (***Please complete question 16***)
O Other _____

(16) If you <u>dropped out of school</u>, what was the primary reason? (*Please check the main one*)

O Left school to earn a GED
O Left school to work a full time job
O Left school for medical reasons
O Personal reasons
O Other reason for leaving _____

(17) When you received your high school diploma did you meet requirements for the

O Minimum high school program
O Recommended high school program
O Distinguished achievement high school program
O Other

(18) In high school, what type of classes did you take <u>the most</u>?

O Regular education classes
O Advanced education classes
O Career and Technology Education classes
O Other _____

(19) Did you have a written graduation plan when you first entered high school?

O Yes O No O Don't Know

(20) Did you choose the classes you took in high school?

O Yes O No

(21) While in high school did you participate in transition planning for your future?

O Yes O No

(22) Overall, how successful was high school in preparing you for life as an adult? (*Please check only one*)

Completely Successful	Somewhat Successful	Neutral Opinion	Somewhat Unsuccessful	Completely Unsuccessful	No Opinion on This
O	O	O	O	O	O

(23) What is something you wished you had learned in high school but did not?_____
_____

(24) What is something you did learn in high school that helped prepare you for life as an adult?_____
_____

(25) Which of the following agencies did you receive supports from during your transition from high school?

- O Texas Rehabilitation Commission (TRC)
- O MHMR
- O Social Security (SSI, SSA)
- O Texas Workforce Commission (TWC)
- O Other _____
- O I did not receive supports/services

After High School

(26) Have you attended a community college, university or job-training program since leaving high school?

O Yes O No ***(If the answer is No, please skip to Question 34)***

(27) If you attended a college/university or job training program since leaving high school are you:

- O Still in the program
- O Completed the program
- O Attended, but never completed the program

(28) What type of school are you currently attending? (Please check the one best answer)

- O Four-year college/university
- O Two-year community college (pursuing an associate's degree)
- O Vocational/trade/technical school
- O Non-credit or adult education
- O Certificate program through a community college
- O Formal apprenticeship program
- O GED program
- O Other _____

(29) If you attend(ed) a college/university or job training program, what is (was) your focus of study or major? _____

(30) Is (was) your major or course of study related to the classes that you took in high school?

O Yes O No

(31) What is (was) the name of the college/university or job training program that you attended?

_____

(32) If you attended a college/university or a job training program but never finished the program, please tell us why you did not finish. ***(Please check all that apply)***

- O Too expensive
- O Instructors were not supportive
- O Personal problems
- O Transportation
- O Did not pass the Texas Academic Skills Program
- O Poor grades/dropped out
- O Coursework was too difficult
- O Medical reasons
- O Classes were boring / didn't like it
- O Other_____

(33) While enrolled in a college/university or job training program what support services/accommodations did you request and rate the quality of the service/accommodation if you received it.

			Received this Service	
Support Service	**Requested**	**Did Not Receive**	**Adequate**	**Inadequate**
Tutor	O	O	O	O
Copy of class notes	O	O	O	O
Test modifications	O	O	O	O
Adaptive equipment	O	O	O	O
Help with registration and/or scheduling	O	O	O	O
Taped textbooks	O	O	O	O
Large print materials	O	O	O	O
Sign language interpreter	O	O	O	O
Special seating in the classroom	O	O	O	O
Additional time for assignments	O	O	O	O
Employment assistance	O	O	O	O
Help finding a personal assistant	O	O	O	O
Help in accessing support services	O	O	O	O
Other_____	O	O	O	O

Employment

(34) How many jobs have you had since leaving high school?

- O I have not had a job ***(If you have not had a job since high school, skip to Question 41)***
- O One job
- O Two or three jobs
- O More than three

(35) Are you currently employed? O Full Time O Part Time O No

(36) Are you satisfied with your current job? (***Please check only one***)

Completely Satisfied	Somewhat Satisfied	Neutral Opinion	Somewhat Dissatisfied	Completely Dissatisfied	No Opinion Doesn't Apply
O	O	O	O	O	O

(37) Do you receive job accommodations (on-the-job supports) from your current employer?

O Yes ***(If yes please answer question 38)*** O No

(38) What types of job accommodations (on-the-job supports) do you receive from your employer?

O Physical supports (such as a ramp)
O Health related supports/accommodations (such as privacy for self treatment)
O Assistive technology (such as special keyboard)
O Time related supports (such as a flexible schedule)
O Essential job function supports (such as a reader or scribe)
O Other _____
O None

(39) Is your current job related to classes that you took while in high school? ***(for example: in high school you took classes in computer technology and now you are employed as a computer technician)***

O Yes, my job is directly or closely related to classes I took in high school
O No, my job is not related to classes I took while in high school

(40) Within the next year I expect to be (*You can check more than one*)

In a Regular Job	O Full-Time	O Part Time	O Not Really
In a Supported Job	O Full-Time	O Part Time	O Not Really
A homemaker	O Full-Time	O Part Time	O Not Really
A student or in training	O Full-Time	O Part Time	O Not Really

Other Information

(41) Where do you CURRENTLY live? (*Please check the one best answer*)

O On my own
O With my spouse or significant other
O In a group home/residential facility
O In a college dorm most of the year
O With my family or a relative
O With a roommate
O In a private or state institution
O In military housing
O Other _____

(42) Do you expect to live independently this next year?

O Yes, I expect to live independently (without help) this next year
O Yes, I expect to live independently (with help/assistance) this next year
O No, but I am developing skills that will enable me to live independently in the future
O No, I do not expect to live independently this next year

(43) Do you choose what you do in your free time?

O Yes, **I always choose** what I do in my free time
O **About half the time I choose** what I do in my free time
O No**, someone else always chooses** what I do in my free time

(44) Which of the following activities have you done in this last month? (*Please check all that apply*)

- O Activities with friends
- O Watch television or videos
- O Read a book or magazine
- O Participate in sports (football, baseball, etc.)
- O Participate in special sport organizations (Special Olympics, etc)
- O Attend church or religious services/activities
- O Browse the internet / email
- O Take a class for fun
- O Work on crafts or hobbies

(45) Do you do most activities (please check the best one)?

- O With friends
- O By myself
- O Both about equal

(46) Do you regularly participate in recreation/leisure activities in the community?

O Yes O No

(47) Do you have a driver's license?

O Yes O No

(48) Have you been in the military since leaving high school?

O Yes O No O Still in the military

(49) Do you have your own checking or savings account?

O Yes O No

(50) Do you earn enough money to pay your share of your living expenses?

O Yes O No

(51) What type of disability do you have?

O Sensory O Cognitive O I do not have a disability
O Physical O Emotional

(52) How would you describe the severity of your disability?

O Mild O Moderate O Severe

If there is anything else you would like us to know about your high school experience please attach your comments on a separate sheet of paper.

THANK YOU for completing this survey! Your time is greatly appreciated.

Please return this survey by 5/15/2002 in the enclosed self addressed stamped envelope to:

Education Service Center Region XI
3001 North Freeway
Fort Worth, TX 76179
ATTN: Deborah Norris, Project Coordinator

Questions? Please call Deborah Norris at 817-740-3610 or e-mail dnorris@esc11.net
Si necesita ayuda en espanol, envie un email a promero@austin.rr.com o llame al 512-459-5163