



# Exit Interview

Special Education Students



## Interviewer Instructions:

Exit Interviews can be conducted anytime throughout the school year. Sections A and C do not require a signed agreement to participate form if the school or district already has it. Section B can only be filled out if the Student or Parent/Guardian signs the participation form.

## Section A: Pre-Interview Summary Information

This section must be completed before interviewing the student.

1. Student Name: \_\_\_\_\_
2. Birth Date: \_\_\_ / \_\_\_ / \_\_\_\_\_
3. Gender:      Male        Female      Non-Binary
4. \*SSID: \_\_\_\_\_
5. Attending School ID: \_\_\_\_\_
6. Interviewer Name: \_\_\_\_\_
7. Anticipated Method of Exit (or actual for students in transition programs):
  - Regular diploma            Extended diploma        Reach maximum age
  - Modified diploma        Certificate            Dropout
8. What measurable Post-Secondary Goals for high school are included in the student's IEP? (Check all that apply)
  - Education: postsecondary school or training            Employment: work or job
  - Independent Living    No answer/Not appropriate
9. Check all of the programs the student was served through:
  - High school program            YTP program    ESD program
  - 18-21 Transition program    Other \_\_\_\_\_
10. Does the student have a Person Centered Plan?    Yes        No
11. Does the student have a one-page profile?        Yes        No
12. Does the student/guardian agree to participate? (Signed form REQUIRED)    Yes        No
13. Emergency Contact for student contact log:

| Name | Relationship | Contact Information |
|------|--------------|---------------------|
|      |              |                     |

## Section B: Exit Interview

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You must have a signed agreement to participate form on file before this section can be completed.

Student SSID \_\_\_\_\_

0. Interview Completed By:

- Student or family member       Teacher or specialist interviewed student  
 YTP interviewed student       Aide or clerical staff interviewed student

1. Student Goals: What would you like to do after leaving school? (School, work, career, etc.)

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2. In the next 12 months, do you plan to go on to a training program or college?

- Yes       No       Not Sure

2a. Have you submitted any applications?       Yes       No       Not Sure

2b. Have you visited any campuses?       Yes       No       Not Sure

3. In the next 12 months, do you plan to work?

- Yes       No       Not Sure

3a. What kind of work do you want to do?

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4. Do you currently have a paid job?

- Yes       No       Not Sure

4a. What do you currently do for your job?

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5. Have you had any work experience as part of your schooling?

- Yes       No       Not Sure

5a. Number of classroom-based experiences       0       1-2       3 or more

5b. Number of school-based experiences       0       1-2       3 or more

5c. Number of community-based experiences       0       1-2       3 or more

5d. Number of experiences during summer       0       1-2       3 or more

6. Are you considering serving in the Military?

- Yes       No       Not Sure

6a. Have you talked with a recruiter?       Yes       No

## Section B: Exit Interview - Continued

7. Where do you plan to live in the fall?

- Family                       Campus/Base  
 Apartment                 Other \_\_\_\_\_

8. What was the most helpful part of being in school?

\_\_\_\_\_

\_\_\_\_\_

9. What do you wish you would have had more of?

\_\_\_\_\_

\_\_\_\_\_

10. Thinking about the classes you took in school, did you take any classes where you talked about your choices for a career and the types of skills or education you would need to get a job in that career?

- Yes             Maybe/Not Sure             No

11. Think about the classes you took in school. In any of your high school classes did you go in to the community to learn how to use community services as part of your regular class time (for example, did you learn to grocery shop, or to use public transportation?)

- Yes             Maybe/Not Sure             No

12. I am going to read through a list of agencies and ask you if you have received or plan to receive any assistance from any of them after school, and if you know how to contact someone for the assistance.

| For each Agency, do you:   | Get, or plan to get assistance (1)                       | Do you know how to contact this service? (2)             |
|--|--|--|
| 12a. Social Security (SSI, SSDI)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12b. County Case Management: Brokerages                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12c. Vocational Rehabilitation (OVR)                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12d. Temporary Assistance for Needy Families (TANF)                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12e. Oregon Trail Card, Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12f. College Disability Services at a college or training program        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12g. Financial Aid, FAFSA, loans   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Thank you for your participation. The interview is done.

## Section C: Contact Information

You may enter in any contact details the school/district already has without a signed agreement to participate.

You must have a signed agreement to participate in order to ask for new or updated information.

|                  | Name | Cell Phone Number | Home Phone Number | E-Mail/Facebook/other |
|------------------|------|-------------------|-------------------|-----------------------|
| Student:         |      |                   |                   |                       |
| Parent/guardian: |      |                   |                   |                       |
| Parent/relative: |      |                   |                   |                       |
| Friend:          |      |                   |                   |                       |

### **Address to send a reminder card next spring:**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Thank you for your participation.

For technical assistance or questions, contact:

James Foutch at [james.foutch@state.or.us](mailto:james.foutch@state.or.us) or Sally Simich at [sally.simich@state.or.us](mailto:sally.simich@state.or.us)