



Post-Secondary Follow Up Interview

Special Education Students



Survey Instructions:

This survey asks questions about activities related to education, jobs, and life in general during the 12 months after leaving High School. Please answer all questions to the best of your ability. Mark answers with a check (☑) or an X in the box (☐) to the left of your answer.

Please fill out this survey if you are a student who stopped receiving special education services in the 2017-2018 school year. If you are not that student or if you are assisting them with the survey, please indicate your relationship to them below.

*Person Interviewed:

Family Member/Guardian

Other (relationship to the student) _____

Post-Secondary School

- *In the 12 months after leaving high school, *have you ever* been enrolled in any school, job training, or education program?
 - No {→ go to question 4}
 - Yes {→ go to questions 2 and 3}
 - I do not know {→ go to question 4}
- †Did you complete an entire term? [NOTE: this can be any complete term including quarter, semester, inter-session, summer, on-line, etc.]
 - No
 - Yes
 - I do not know
- †What type of training, program, or school was it? (Choose from the most appropriate answer)
 - College or University (4 year)
 - Community or Technical College (2 year)
 - Vocational, technical, or trade school (less than 2-year program)
 - Short-term education or employment training program (e.g., WIA, Job Corps)
 - High school completion program (e.g., GED, return to High School, Adult Basic Ed, etc.)
 - On a mission, AmeriCorps, in the Peace Corps, etc.
 - Other _____
 - I do not know

Employment

4. *In the 12 months after leaving High School, *have you ever worked*?
- No {→ go to question 15}
 - Yes {→ go to questions 5, 6, 7, 8, 9, 10, 11, 12, 13}
 - I do not know {→ go to question 15}
5. †Where is/was the job? [NOTE: if you have held more than one job, tell us about the job you held the longest]
- A company, business, or service **in your community** with people with and without disabilities
 - In the military
 - Small group (in community with 2-8 individuals with disabilities paid at least minimum wage)
 - In supported employment (paid work with services and wage support to the employer)
 - Self-Employed
 - In your family's business (e.g., farm, store, fishing, ranching, catering)
 - In sheltered employment (most workers have disabilities)
 - Employed while in jail or prison
 - Other _____
 - I do not know
6. †What is/was the name of the business or company you work/worked for? [NOTE: if you have held more than one job, tell us about the job you held the longest]
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7. †Were you paid the same amount as your coworkers without disabilities who did similar work?
- No
 - Yes
 - I do not know
8. †In this job, did you receive benefits (such as group insurance like health, dental, vision, paid sick leave or vacation, social security, unemployment insurance, workers' compensation? (Were you hired under the same general conditions as other workers at the job?))
- No
 - Yes
 - I do not know
9. †Did you work for a total of 3 months (about 90 days)? [NOTE: Days do not need to be consecutive]
- No
 - Yes
 - I do not know
10. †Did you work at least 20 hours per week (or about half time of a 40-hour week)? [NOTE: hours may vary week to week.]
- No
 - Yes
 - I do not know

Employment (continued)

11. † What City/Town did you work in?

12. † What was your hourly wage/How much did you make per hour? (choose one)

- Less than \$10.00/hour \$10.00 to \$11.00 per hour
 \$11.00 to \$12.00 per hour More than \$12.00 per hour Don't Know/No Answer

13. † When doing your job, did you interact or talk with co-workers who did not have a disability to get your job done? [NOTE: Emphasis is on interaction with co-workers, not supervisors or customers]

- No
 Yes
 I do not know

14. † In this job, were you eligible for (can you get), or did you receive, a pay raise or promotion?

- No
 Yes
 I do not know

15. † Why haven't you worked since leaving school? [Only answer if you did **not** answer "Yes" to question 4]

- Have not found a job. Medical reason Incarceration
 Don't want or need to Disability Baby/Family
 Drugs/Alcohol No Driver's License Not Old Enough
 Need Skills/Help, Trying Attending School I do not know
 Other _____
-

Additional Data

► We're almost done; the next questions ask you about events before you left school and life after school

16. Did you have a paid job when you left school?

- No
 Yes
 I do not know

17. While you were in school, did you learn to: (check all that apply)

- Make Choices? Speak Up for Yourself?
 Solve Problems? Set Goals?

18. Do you have a driver's license?

- No
 Yes
 Learner's Permit
 I do not know

19. Where are you currently living?

- With Family
- Homeless
- I do not know

- Campus/Military Base
- Foster place/Group home
- Other _____

- independently/with a friend
- Jail

For each of the following agencies tell us if you have received assistance from any of them since you left school.

Agency	Have you Received Assistance?		
20. Social Security Disability Insurance (SSDI) / Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not know
21. County Case Management, Brokerage Service	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not know
22. (OVRs) Office of Vocational Rehabilitation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not know
23. (TANF) Temporary Assistance for Needy Families	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not know
24. Oregon Trail Card – (SNAP) Supplemental Nutrition Assistance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not know
25. College Disability Services at a College or Training Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not know
26. Loans, Financial Aid	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not know

27. What type of recreation activities do you participate in?

28. If you could tell your school one thing, what would you tell them (make a suggestion to help better prepare current students for life after high school)?

We have completed the interview. Thank you for your help!