

THE NATIONAL LONGITUDINAL TRANSITION STUDY-2 (NLTS2)

Student's School Program Survey

Student name
ID Number
Birth Date

Dear Educator:

Your school district is taking part in the National Longitudinal Transition Study-2 (NLTS2), an important U.S. Department of Education study. A brochure describing it is enclosed. The student named on the label above is one of 13,000 students nationwide who are included in NLTS2. Your principal has reported that you are the best person to describe this student's school program. The Student's School Program Survey provides the only overview of the educational programs and services for this student (other surveys address students' academic instruction and school characteristics). Your participation is vitally important.

Please complete this questionnaire and return it in the postage-paid envelope that is included. Your answers will be completely confidential, and no information will be reported that identifies you, this student, or this school. At the end of the survey period, you could be chosen to receive a "thank-you" gift, <specify incentive>.

If you have questions about the study or the survey, please call the NLTS2 hotline toll free at 1-800-XXX-XXXX, send e-mail to XXX@XXX.XXX, or visit the NLTS2 Web site at www.XXX.XXX.

Gathering the following information will help you complete the questionnaire more quickly:

1. This student's school file, including the most recent Individualized Education Program, if applicable, and his or her most recent transcript and course schedule.
2. Number of absences for this student during February of this school year.
3. Number of suspensions and disciplinary actions for this student during this school year.

Thank you in advance for your contribution to this very important study.


PLEASE TURN THE PAGE TO BEGIN → → → → → → → →

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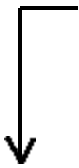
THE NATIONAL LONGITUDINAL TRANSITION STUDY-2 (NLTS2)

Student's School Program Questionnaire

Are you able to describe the school program for the student named on the cover?

No → **STOP:**  **DO NOT COMPLETE THIS QUESTIONNAIRE. PLEASE PASS IT ON TO THE SCHOOL PROFESSIONAL WHO IS BEST ABLE TO DESCRIBE THE STUDENT'S SCHOOL PROGRAM.**

Yes **PLEASE CONTINUE.**



A. OVERVIEW OF THIS STUDENT'S SCHOOL PROGRAM

A1. What is this student's current grade level?

PLEASE CIRCLE ONE NUMBER.

- | | | | |
|-------------|--------------|--------------|------------|
| 1 7th grade | 3 9th grade | 5 11th grade | 7 Ungraded |
| 2 8th grade | 4 10th grade | 6 12th grade | |

A2. Does this student participate in any of the following?

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

Yes	No	Don't know	
1	2	-1	Program for gifted and talented students
1	2	-1	Chapter 1
1	2	-1	Bilingual education or instruction for English language learners
1	2	-1	Summer school or extended school year program during the previous summer
1	2	-1	Free/reduced-price lunch program

A3. Please indicate **all** the settings in which this student is now taking each subject listed below. (Some students may take a subject in multiple settings, such as in a general education classroom with resource room support.) **PLEASE CIRCLE ALL THAT APPLY ON EACH LINE.**
CIRCLE "0" IF STUDENT DOES NOT TAKE A SUBJECT.

Subject	General education classroom	Special education classroom	Individual instruction (e.g., home/hospital)	Community Setting	Not applicable
a. Language arts	1	2	3	4	0
b. Mathematics	1	2	3	4	0
c. Science	1	2	3	4	0
d. Social studies/history	1	2	3	4	0
e. Foreign language	1	2	3	4	0
f. Art, music, drama	1	2	3	4	0
g. Physical education	1	2	3	4	0
h. Life skills, social skills	1	2	3	4	0
i. Study skills	1	2	3	4	0
j. Prevocational education	1	2	3	4	0
k. Occupational vocational education (including computer skills)	1	2	3	4	0

A4a. Please indicate in **Column A** whether this student will have received each of the following from or through the school system during this school year. These activities could be part of a class.

b. For any activity this student does not take part in, please indicate in **Column B** whether you believe he or she could benefit from it.

	A Received?		B Could benefit?	
	Yes	No	Yes	No
a. Reproductive health education or services	1	2 →	1	2
b. Teen parenting education/services	1	2 →	1	2
c. Child care for children of parenting teens	1	2 →	1	2
d. Conflict resolution, anger management, violence prevention	1	2 →	1	2
e. Substance abuse prevention education or services	1	2 →	1	2

A5a. During this school year, to what extent will this student participate in any mandated standardized test(s)? *PLEASE CIRCLE ONE NUMBER.*

- 0 There is no such testing at this grade level.
- 1 Student does not take such tests.
- 2 Student participates in an alternate assessment, in place of the standardized test.
- 3 Student participates in the testing program without accommodations or modifications.
- 4 Student participates in the testing program with accommodations or modifications.
- 1 Don't know → → → → → → → → → → **PLEASE GO TO QUESTION A7.**

PLEASE GO TO QUESTION A7.

PLEASE GO TO QUESTION A7.

A5b. Which of the following will this student use to take standardized tests during this school year? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Reader provided for instructions and/or test items
- 2 Student responses dictated, written by someone else
- 3 Shortened test
- 4 Different form of test, out-of-level test
- 5 Alternative setting
- 6 Additional time
- 7 Alternative format for responding (e.g., pointing, typing, etc.)
- 8 Braille/large-print version of test
- 9 Sign language or interpreter for giving instructions, etc.
- 10 Other: _____
- 1 Don't know

A6. Will this student be required to pass a standardized test in order to graduate with a regular high school diploma?

- 1 Yes
- 2 No
- 1 Don't know

A7. Has this student taken the PSATs, SATs, or other college entrance examinations in preparation for leaving school?

- 0 Not applicable; this student is too young to take PSATs or SATs.
- 1 Yes
- 2 No
- 1 Don't know

B. STUDENT PERFORMANCE AND FAMILY SUPPORT

B1. Which of the following best describes this student's English language proficiency?

PLEASE CIRCLE ONE NUMBER.

- 0 Not applicable; student does not use spoken language
- 1 Native English speaker
- 2 Bilingual (proficient or developing proficiency in both first language and English)
- 3 Limited English proficient
- 4 Non-English speaker

B2a. What is the most recent year this student's **reading** ability was assessed?

_____ Year of reading assessment

-1 Don't know

b. What is the student's **grade level in reading** as of the most recent assessment?

_____ Grade level in reading

-1 Don't know

B3a. What is the most recent year this student's **math ability** was assessed?

_____ Year of math assessment

-1 Don't know

b. What is the student's **grade level in math** as of the most recent assessment?

_____ Grade level in math

-1 Don't know

B4. During the month of February of this year, how often was this student absent? Please **include** both excused and unexcused absences and **exclude** days suspended.

PLEASE ENTER EITHER NUMBER OF DAYS ABSENT OR NUMBER OF CLASSES MISSED

Number of **days** Number of **classes**

_____ Total absences

- B5. During this school year, how many times has this student experienced the following disciplinary actions?
PLEASE ENTER ONE NUMBER ON EACH LINE. ENTER "0" FOR NONE.

Number of incidents	Don't know	
_____	-1	Disciplinary actions (e.g., referral to the office, detentions, etc.), excluding suspensions or expulsions
_____	-1	In-school suspensions
_____	-1	Out-of-school suspensions
_____	-1	Expulsions

Note: Item V1 will be included only on questionnaires for students with visual impairments.

- V1. Please indicate how well this student performs each of the following mobility activities. Does he or she do each activity?

Not very well—can do the task only within a familiar routine when there is no novelty introduced, or needs a considerable amount of prompting to do it.

Pretty well—performs the task consistently in at least one setting or inconsistently but well in several settings.

Very well—performs the task well in many settings over a period of time.

PLEASE ENTER ONLY ONE NUMBER ON EACH LINE.

	Not very well	Pretty well	Very Well	Don't know
a. Travel using a sighted guide to all familiar locations	1	2	3	-1
b. Travel indoors using rotely learned routes	1	2	3	-1
c. Travel to other school areas or other buildings using rotely learned routes	1	2	3	-1
d. Create new routes between familiar places indoors	1	2	3	-1
e. Execute a route, given a set of verbal directions to an unfamiliar location within one building	1	2	3	-1
f. Execute a route, given a set of verbal directions to an unfamiliar location in another building	1	2	3	-1
g. Locate an unfamiliar place by using numbering systems	1	2	3	-1
h. Orient self to an unfamiliar room	1	2	3	-1
i. Solicit help to orient self to a building	1	2	3	-1
j. Solicit help to orient self to a high school campus or to a workplace	1	2	3	-1

C. CAREER AND VOCATIONAL EDUCATION AND SERVICES

This section refers to the vocational or career education this student has received, whether or not there is a vocational class on the student's transcript. Vocational education may be part of another class or program, such as special education.

To complete this section, you may need to speak with the student's vocational instructor(s).

- C1. Does this student now spend **any** part of the school day in a vocational education or applied academics class (e.g., career planning, prevocational, occupational skills, business, computer technology, industrial arts, some home economics classes)?

1 Yes

2 No

-1 Don't know

} **PLEASE GO TO QUESTION C13, PAGE 10.**

- C2. The next questions refer to the **vocational class in which this student spends the most time**. This could be a general or special education class or a prevocational or occupational vocational education class. If he/she spends the same amount of time in two or more such classes, please choose the **first** vocational class this student attends during the week.

How many of the following are usually in this class?

PLEASE ENTER A NUMBER ON EACH LINE. IF NONE, ENTER "0."

Number

- | | |
|-------|---|
| _____ | a. General education students |
| _____ | b. Special education students |
| _____ | c. General education teachers |
| _____ | d. Special education teachers |
| _____ | e. Teacher aides |
| _____ | f. One-to-one instructional assistants assigned to a specific student |
| _____ | g. Other specialists |
| _____ | h. Adult volunteers |

- C3. What communication method(s) does the teacher use to teach this class?

PLEASE CIRCLE ONE NUMBER.

- 1 The teacher uses voice communication only.
- 2 The teacher uses sign language or other manual communication only.
- 3 The teacher uses both voice and manual communication.

C4. In general, how **well** does this student do each of the following in this class?

PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.

	Not at all well	Not very well	Well	Very well	Don't know
a. Get along with other students	1	2	3	4	-1
b. Follow directions	1	2	3	4	-1
c. Control his/her behavior to act appropriately in class	1	2	3	4	-1
d. Ask for what s/he needs in order to do his or her best in class	1	2	3	4	-1

C5. How **often** does this student do each of the following in this class?

PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.

	Rarely or never	Some-times	Often	Don't know	Not applicable
a. Complete homework on time	1	2	3	-1	0
b. Take part in group discussions	1	2	3	-1	0
c. Stay focused on his/her work	1	2	3	-1	--
d. Withdraw from social contacts or class activities	1	2	3	-1	--
e. Work up to his or her ability	1	2	3	-1	--

C6. Is this vocational class a general education or a special education class?

1 Special education → → → **PLEASE GO TO QUESTION C13, PAGE 10.**

2 General education



C7. Which of the following supports, if any, were provided to the vocational education teacher because this student is in this class? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Special equipment or materials to use with the student
- 2 In-service training on the needs of this student
- 3 Co-teaching/team teaching with special education and general education teachers
- 4 Consultation services by special education or other staff
- 5 Teacher aide or aide for this student
- 6 Smaller student load or class size
- 7 Information on the student's abilities or needs
- 8 None of the above provided
- 9 None of these needed
- 10 Other: _____
- 1 Don't know

C8. If this student needs to be disciplined in this class, to what extent is this discipline similar to what is done with other students? *PLEASE CIRCLE ONE NUMBER.*

- 1 Discipline is the same as for other students.
- 2 Discipline is different from other students.
- 0 This student does not require disciplining in this class.
- 1 Don't know

C9. For each factors listed below, how do this student's experiences in this class compare with those of other students? Are they the same, somewhat different, or very different from the whole class?

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	<u>The same</u>	<u>Somewhat different</u>	<u>Very different</u>	<u>Not applicable</u>	<u>Don't know</u>
a. Curriculum/subject matter	1	2	3	0	-1
b. Instructional materials used (e.g., text books, computers, tools)	1	2	3	0	-1
c. Class activities (e.g., hands-on work, projects, field trips)	1	2	3	0	-1
d. Instructional groupings (e.g., small group, partners, individual)	1	2	3	0	-1
e. Grading standards	1	2	3	0	-1
f. Testing and assessment methods	1	2	3	0	-1

C10. Is this student **expected to** keep up with the other students in this class (with any modifications or accommodations he or she uses)?

- 1 Yes
- 2 No
- 1 Don't know

C11. Generally, **does** this student keep up in this class?

- 1 Yes
- 2 No
- 1 Don't know

C12. How appropriate is this student’s enrollment in this class? *PLEASE CIRCLE ONE NUMBER.*

- 1 Very appropriate
- 2 Somewhat appropriate
- 3 Not very appropriate
- 4 Not at all appropriate
- 1 Don’t know

C13. What percentage of this student’s school day currently is spent in the two activities below (please do not include after-school employment)?

PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.

	None	1%- 24%	25%- 49%	50%- 74%	75%- 99%	100%	Don't know
a. School-sponsored work experience on the school campus	0	1	2	3	4	5	-1
b. School-sponsored work experience off campus	0	1	2	3	4	5	-1

**IF THIS STUDENT IS IN MIDDLE SCHOOL OR JUNIOR HIGH, PLEASE GO TO SECTION D, PAGE 11.
FOR HIGH SCHOOL STUDENTS, PLEASE CONTINUE.**

C14. Since starting high school, which of the following classes or services has this student has received from or through the school system?

PLEASE CIRCLE ALL THAT APPLY.

- | | |
|---|--|
| 1 A formal assessment of career skills or interests | 9 Other work experience (paid or unpaid) |
| 2 Career counseling | 10 Specific job skills training |
| 3 Job readiness or prevocational training | 11 Referrals to potential employers, other job placement support |
| 4 Instruction in looking for jobs | 12 Job coach, e.g., staff who work with employer to modify jobs for this student, monitor student performance on the job |
| 5 Job shadowing, work exploration | |
| 6 Internship, apprenticeship | 00 None of these |
| 7 Tech-prep program | -1 Don’t know |
| 8 Entrepreneurship program | |

D. EDUCATIONAL SERVICES

D1a. Does this student currently have an Individualized Education Plan (IEP) or a “504 plan” for students with disabilities? *PLEASE CIRCLE ONE NUMBER.*

- 1 Yes, this student has an IEP → → **PLEASE GO TO QUESTION D2.**
for special education services.
- 2 Yes, this student has a 504 plan.
- 3 No, the student has neither an IEP
nor a 504 plan

D1b. Has this student **ever** had an IEP for special education or related services?

- 1 Yes, this student has had an IEP
for special education services
- 2 No
- 1 Don't know
- PLEASE GO TO SECTION F, PAGE 24.**

D1c. In what school year did this student discontinue special education services?

_____ School year discontinued special education services
9-1 Don't know

If this student does NOT have a “504 Plan” or an IEP NOW, PLEASE GO TO SECTION F PAGE 24. All others, PLEASE CONTINUE.

D2. For this school year, what are the primary goals for this student?

PLEASE CIRCLE ALL THAT APPLY.

- 1 Improve overall academic performance
- 2 Improve academic performance in specific area(s): _____
- 3 Build social skills
- 4 Improve appropriateness of general behavior
- 5 Increase functional or life skills
- 6 Improve fine or gross motor skills, mobility, or other physical functioning
- 7 Enhance skills for self-advocacy and self-determination
- 8 Improve speech and communication skills
- 9 Develop prevocational or vocational skills
- 10 Develop vocational skills
- 11 Prepare for postsecondary education
- 12 Other (please specify): _____
- 1 Don't know

D3. Did this student’s parent/guardian(s) attend the most recent IEP meeting?

- 1 Yes
- 2 No
- 1 Don’t know

D4a. In column A, please circle **all** of this student’s disabilities.

b. In column B, please circle the student’s **primary** disability.

PLEASE CIRCLE ALL THAT APPLY IN COLUMN A AND ONE NUMBER IN COLUMN B.

A	B	
All disabilities (Circle ALL that apply)	Primary disability (Circle ONE)	
1	1	Autism
2	2	Attention deficit disorder/attention deficit hyperactivity disorder (ADD) (ADHD)
3	3	Deafness
4	4	Hearing impairment
5	5	Deaf-blindness
6	6	Developmental delay
7	7	Serious emotional disturbance/behavior disorder
8	8	Learning disability
9	9	Mild mental retardation
10	10	Moderate/severe mental retardation
11	11	Multiple disabilities
12	12	Orthopedic impairment
13	13	Other health impairment
14	14	Speech or language impairment
15	15	Traumatic brain injury
16	16	Visual impairment/blindness
17	17	Other: _____

D5. Does the student use any medical device that requires staff attention during the school day (e.g., suctioning equipment, catheter)? Please do not include nonmedical devices, such as communication devices.

- 1 Yes
- 2 No

D6. Which of the following are provided to this student as part of his/her IEP or 504 plan? *PLEASE CIRCLE ALL THAT APPLY.*

Accommodations/modifications

- 1 More time in taking tests
- 2 Test read to student
- 3 Modified tests
- 4 Alternative tests or assessments
- 5 Modified grading standards
- 6 Slower-paced instruction
- 7 Additional time to complete assignments
- 8 Shorter or different assignments
- 9 More frequent feedback
- 10 Physical adaptations (e.g., modifications to the classroom, special desks). Please describe: _____
- 11 Large print or Braille books or large print computer

Additional supports and assistance

- 12 Reader or interpreter
- 13 Teacher aide, instructional assistant, or other personal aide
- 14 Student progress monitored by special education service staff
- 15 Peer tutors
- 16 Tutoring by an adult
- 17 Behavior management program
- 18 Learning strategies/study skills assistance
- 19 Self-advocacy training

Learning aids

- 20 Books on tape
- 21 Use of a calculator when not allowed other students (e.g., during tests)
- 22 Communication aids (e.g., Touch Talker)
- 23 Use of computer for when not allowed other students (e.g., use of spell checker when other students do not use one)
- 24 Computer software designed for students with disabilities
- 25 Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
- 26 Other: _____

00 None of these indicated in the plan

**If this student has a "504 plan," PLEASE GO TO SECTION F, PAGE 23.
If this student has an IEP for special education, PLEASE CONTINUE.**

D7. Which of the following services has been provided this student from or through the school system during this school year (including services the school contracted from other agencies). *PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

	Service provided?		
	Yes	No	Don't Know
a. Adaptive physical education	1	2	-1
b. Assistive technology services/devices	1	2	-1
c. Audiology	1	2	-1
d. Behavioral interventionist/specialist	1	2	-1
e. Speech or language therapy	1	2	-1
f. Communication services (e.g., instruction in sign/manual communication or lip reading, augmentative communication)	1	2	-1
g. Health services (e.g., administering medication, oxygen)	1	2	-1
h. Mental health services, personal/group counseling, therapy, or psychiatric care	1	2	-1
i. Mobility training	1	2	-1
j. Occupational therapy	1	2	-1
k. Physical therapy	1	2	-1
l. Service coordination/case management	1	2	-1
m. Social work services	1	2	-1
n. Special transportation because of disability	1	2	-1
o. Vision services (e.g., Braille instruction)	1	2	-1
p. Training, counseling, or other supports/services <u>provided to student's family</u>	1	2	-1
q. Other: _____	1	2	-1

D8. Does this student now spend **any part** of the school day in a special education class?

- 1 Yes
 2 No → **PLEASE GO TO SECTION E, PAGE 18.**

If this student's ONLY special education class is vocational or prevocational education, PLEASE GO TO SECTION E, PAGE 18. Otherwise, PLEASE CONTINUE WITH D9.

- D9. The following questions focus on a specific special education class that this student takes, **that is not prevocational or vocational education**. If you teach this student in such a class, please use it to answer these questions. If you teach this student in more than one such class, please use the **first** class in the week. If you do not teach this student in such a class, please confer with the teacher of this student's first special education class during the week to answer these questions.

What kind of **special education class** are you using to answer the following questions?

PLEASE CIRCLE ONE NUMBER.

- 1 Academic subject or class (please specify: _____)
- 2 A class focused on life skills (e.g., independent functioning)
- 3 A class focused on basic academic skills (e.g., number concepts, beginning reading skills)
- 4 A class that primarily provides help with homework, tests, and study skills

- D10. How many of the following are usually in this class?

PLEASE ENTER ONE NUMBER ON EACH LINE. IF NONE, ENTER "0."

- | Number | |
|--------|---|
| _____ | a. Special education students |
| _____ | b. General education teachers |
| _____ | c. Special education teachers |
| _____ | d. Teacher aides |
| _____ | e. One-to-one instructional assistants assigned to a specific student |
| _____ | f. Other specialists |
| _____ | g. Adult volunteers |

- D11. Which of the following best describes the **curriculum** used for this student in this class?

PLEASE CIRCLE ONE NUMBER.

- 0 Not applicable; this class does not have a curriculum (e.g., it focuses on homework help).
- 1 General education grade-level curriculum is used without modification.
- 2 Some modifications in general curriculum have been made.
- 3 Substantial modifications in education curriculum have been made.
- 4 Specialized or individualized curriculum is used.

D12. How often does this student engage in the following **instructional activities and groupings** in this class? *PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.*

	Rarely or Never	Some- times	Often
Student-centered activities			
a. Respond orally to questions	1	2	3
b. Take quizzes or tests	1	2	3
c. Participate in class discussion	1	2	3
d. Work independently	1	2	3
e. Work with a peer partner or in a group	1	2	3
f. Perform or present in front of class or group	1	2	3
Teacher instruction			
g. Whole-class instruction, (e.g. lecture)	1	2	3
h. Small group instruction	1	2	3
i. Individual instruction from classroom teacher	1	2	3
j. Individual instruction from another adult	1	2	3
Class-related experiences outside the classroom			
k. School-based instructional experiences (e.g. library, cafeteria)	1	2	3
l. Field trips	1	2	3
m. Community-based instructional experiences (e.g. riding a bus)	1	2	3

D13. What communication method(s) is/are used to teach this class?

PLEASE CIRCLE ONE NUMBER.

- 1 The teacher uses voice communication only.
- 2 The teacher uses sign language or other manual communication only.
- 3 The teacher uses both voice and manual communication.

D14. How important is each of the following factors in **evaluating progress** for this student in this class? *PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE. CIRCLE "0" IF THE STUDENT DOESN'T ENGAGE IN AN ACTIVITY.*

	Not important	Somewhat important	Very important	Not Applicable
a. Homework	1	2	3	0
b. Student portfolio	1	2	3	0
c. Performance on special projects or activities	1	2	3	0
d. Results of tests	1	2	3	0
e. Performance on daily class work	1	2	3	0
f. Performance relative to a set standard	1	2	3	--
g. Performance relative to the rest of the class	1	2	3	--
h. Attitude/behavior	1	2	3	--
i. Class participation	1	2	3	--
j. Attendance	1	2	3	--

D15. How often does this student use the following **instructional materials** in this class?

PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.

	Rarely or Never	Some- times	Often
a. Computers for Internet use	1	2	3
b. Computers for word processing, spreadsheets, and other applications	1	2	3
c. Computers for academic drills and skills practice	1	2	3
d. Textbooks, worksheets, workbooks	1	2	3
e. Supplementary trade or printed materials (e.g. maps, newspapers, road signs)	1	2	3
f. Life skills materials (e.g. token economy items, household equipment)	1	2	3
g. Games and toys used for instructional purposes	1	2	3
h. Screen-based multi-media (e.g., TVs, videos)	1	2	3
i. Lab equipment, tools, machinery	1	2	3

D16. Overall, which of the following best describes this student's performance in this class?

PLEASE CIRCLE ONE NUMBER.

<u>Grades are:</u>	OR	<u>Performance is:</u>
1 Mostly As		10 Mostly "excellent"
2 Mostly As & Bs		11 Mostly "good"
3 Mostly Bs		12 Mostly "fair"
4 Mostly Bs & Cs		13 Mostly "poor"
5 Mostly Cs		14 Mostly "needs improvement"
6 Mostly Cs & Ds		15 Mostly "satisfactory"
7 Mostly Ds		16 Mostly "unsatisfactory"
8 Mostly Ds & Fs		17 Mostly "passing"
9 Mostly Fs		18 Mostly "failing"

D17. Please indicate how **often** this student does each of the following in this class.

PLEASE ENTER ONLY ONE NUMBER ON EACH LINE.

	Never	Sometimes	Very Often	Don't know
a. Argue with others	1	2	3	-1
b. Appear lonely	1	2	3	-1
c. Act impulsively	1	2	3	-1
d. Fight with others	1	2	3	-1
e. Get easily distracted	1	2	3	-1
f. Act sad or depressed	1	2	3	-1

D18. In general, how **well** does this student do each of the following in this class?

PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.

	Not at all well	Not very well	Well	Very well
a. Get along with other students	1	2	3	4
b. Follow directions	1	2	3	4
c. Control his or her behavior to act appropriately in class	1	2	3	4
d. Ask for what s/he needs in order to do his or her best in class	1	2	3	4

D19. How **often** does this student do each of the following in this class?

PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.

	Rarely	Some-times	Frequently	Almost always	Not applicable
a. Complete homework on time	1	2	3	4	0
b. Take part in group discussions	1	2	3	4	0
c. Stay focused on class work	1	2	3	4	--
d. Withdraw from social contact or class activities	1	2	3	4	--
e. Perform up to his or her ability	1	2	3	4	--

E. TRANSITION TO ADULT LIFE

E1. Has there been planning for transition to adult life for this student?

	1 Yes 2 No -1 Don't know	} PLEASE CONTINUE WITH QUESTION E2 } PLEASE GO TO SECTION F, PAGE 24
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E2. What age or grade level was this student when transition planning first started for him or her?

_____ Age **OR** _____ Grade level

E3. Has this student received instruction specifically focused on transition planning (e.g., a specialized curriculum designed to help students assess options and develop strategies for leaving secondary school and transitioning to adult life)?

- 1 Yes
- 2 No
- 1 Don't know

E4. For the period following high school, the primary goal of this student's educational program is to prepare him/her to... *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Attend a 2- or 4-year college
- 2 Attend a postsecondary vocational training program
- 3 Get competitive employment (includes military)
- 4 Get into sheltered employment (where most workers have disabilities)
- 5 Get supported employment (paid work in a community setting for those needing continuous support services and for whom competitive employment is unlikely)
- 6 Live independently
- 7 Maximize functional independence
- 8 Enhance social/interpersonal relationships and satisfaction
- 9 Other (please describe): _____
- 1 Don't know

E5. Does this student's transition plan or IEP specifically state what course of study or kinds of classes the student should pursue in order to meet his postschool transition goals?

- 1 Yes
- 2 No

E6. How much progress do you believe this student is making toward each kind of goal for the transition to adulthood? *PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE. CIRCLE "0" IF THE STUDENT DOES NOT HAVE A PARTICULAR KIND OF GOAL.*

	<u>No progress</u>	<u>A little progress</u>	<u>Some progress</u>	<u>A lot of progress</u>	<u>Not applicable</u>
a. Goals for how he/she wants to leave secondary school	1	2	3	4	0
b. Vocationally oriented goals	1	2	3	4	0
c. Goals for postsecondary education	1	2	3	4	0
d. Independent living goals (e.g., personal management, getting a driver's license)	1	2	3	4	0
e. Behavior management goals	1	2	3	4	0
f. Social/interpersonal goals	1	2	3	4	0
g. Self-advocacy	1	2	3	4	0

E7. How well suited do you believe this student's school program is for preparing him or her to achieve his or her transition goals. *PLEASE CIRCLE ONE NUMBER.*

- 1 Not at all well suited; the school program does not prepare him/her to achieve transition goals.
- 2 Somewhat well suited; the school program provides a little preparation for achieving transition goals.
- 3 Fairly well suited; the school program prepares him/her fairly well to achieve transition goals.
- 4 Very well suited; the school program provides very good preparation for achieving transition goals.

E8. Who has actively participated in this student's transition planning (e.g., involved in discussions on choosing services or goals)?

PLEASE CIRCLE ALL THAT APPLY.

- 1 General education academic subject teacher(s)
- 2 General education vocational teacher(s) or work study coordinator
- 3 Special education teacher(s)
- 4 School administrator (e.g., principal, special education director)
- 5 School counselor or psychologist
- 6 Related services personnel (e.g., speech pathologist, occupational therapist)
- 7 Parent/guardians
- 8 Student
- 9 Vocational Rehabilitation Agency counselor
- 10 Staff of the Social Security Administration
- 11 Staff of other outside service agency or outside consultant (e.g., employment service, mental health service; please specify): _____
- 12 Employer
- 13 Representative of postsecondary education institution
- 14 Advocate
- 15 Other: _____
- 1 Don't know

E9. Which of the following best describes this student's role in his or her transition planning.
PLEASE CIRCLE ONE NUMBER.

- 1 This student has not attended planning meetings or participated in the transition planning process.
- 2 This student has been present in discussions of transition planning, but participated very little or not at all.
- 3 This student has provided some input into transition planning as a moderately active participant.
- 4 This student has taken a leadership role in the transition planning process, helping set the direction of discussions, goals, and programs or service needs identified.
- 1 Don't know

E10. Has any of the following been contacted by the school or school system regarding programs or employment for this student when s/he leaves high school?

PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Not appropriate for this student	Yes	No	Don't know
a. Colleges (2- or 4-year)	0	1	2	-1
b. Postsecondary vocational schools	0	1	2	-1
c. State Vocational Rehabilitation Agency	0	1	2	-1
d. Other vocational training programs	0	1	2	-1
e. U.S. military	0	1	2	-1
f. Potential employers	0	1	2	-1
g. Job placement programs or agencies	0	1	2	-1
h. Supported employment programs	0	1	2	-1
i. Sheltered workshops	0	1	2	-1
j. Mental health agencies	0	1	2	-1
k. Social Security Administration	0	1	2	-1
l. Supervised residential support agencies	0	1	2	-1
m. Adult day programs	0	1	2	-1
n. Other social service agencies	0	1	2	-1
o. Congregate care facilities or institutions	0	1	2	-1
p. Other agencies: _____	0	1	2	-1

E11. Has information about services available after high school related to this student's kind of disability been provided his or her parents/guardians from or through the school system?

- 0 Not applicable; this student does not need services after high school.
- 1 Yes
- 2 Not yet; information will be provided before the student graduates.
- 3 No
- 1 Don't know

E12. What service or program needs were identified for this student after high school in his or her IEP or transition plan? *PLEASE CIRCLE ALL THAT APPLY.*

- | | |
|---|--|
| 1 Educational accommodations to help him/her pursue postsecondary education | 10 Speech or communication therapy or services |
| 2 Audiology | 11 Supported living arrangement |
| 3 Behavioral intervention | 12 Transportation assistance |
| 4 Mental health services | 13 Vision services |
| 5 Mobility training | 14 Vocational training, placement, or support |
| 6 Nursing or other medical services | 15 Other: _____ |
| 7 Occupational therapy | 0 None of these |
| 8 Physical therapy | -1 Don't know |
| 9 Social work services | |

F. ABOUT YOU

F1. What is your main role in this school? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 General education classroom teacher
- 2 Special education classroom teacher
- 3 Resource room teacher
- 4 Related services provider (e.g., speech therapist)
- 5 Program specialist (e.g., full inclusion specialist)
- 6 Case manager
- 7 School psychologist
- 8 School guidance counselor
- 9 Other: _____

F2. In what capacity (or capacities) are you involved with this student?

PLEASE CIRCLE ALL THAT APPLY.

- 1 Provide instruction directly to this student
- 2 Provide related services directly to this student
- 3 Provide consultation services to student's teacher(s)
- 4 Provide case management (e.g., program monitoring) for this student
- 5 Program administrator/supervisor
- 6 Supervise instructional assistant or para-educator assigned to work with this student
- 7 Other: _____

F3. Please indicate the extent to which you agree or disagree with each of the following statements.

PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. The school leadership has high expectations and standards for students and teachers.	1	2	3	4
b. The principal promotes instructional improvement among school staff.	1	2	3	4
c. This school is a safe place for students.	1	2	3	4
d. I feel well prepared to work with students with disabilities.	1	2	3	4

F4. Which best describes you? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 African-American or Black
- 2 American Indian or Alaska Native
- 3 Asian
- 4 Caucasian or White
- 5 Hispanic or Latino
- 6 Native Hawaiian or other Pacific Islander
- 7 Other: _____

F5. To the best of your knowledge, what do you expect this student's school enrollment status to be for the next school year? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 The student is expected to attend **your** school next year.
- 2 The student is expected to attend a **different** school next year:

Name of school: _____

School address: _____

- 3 The student is not expected to attend your school because he/she will: (*CIRCLE ONE*)
 - a. Graduate
 - b. Move
 - c. Exceed the age limit for services
 - d. Drop out
- 4 The student is **not** expected to attend any school next year.

Thank you for your help! You are eligible to be chosen for one of several "thank you" gifts. These include.....(describe incentives). Gifts will be sent to school staff who are selected randomly from those who are included in the survey. To whom should we send the thank-you gift, if you are

Name: _____

Street address: _____

City/state/zip code: _____

THANK YOU AGAIN!

**Please return the questionnaire in the postage-paid envelope to:
The National Longitudinal Transition Study-2 (NLTS2)
(contractor address)**