



# U.S. Department of Education National Longitudinal Transition Study 2

## Student's School Program Survey

### Marking Instructions

Please use a No. 2 pencil or black or blue ink only.  
Print legible numbers and capital block letters in the boxes.

#### Correct Numbers and Letters

1	2	3	A	B	C
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Correct Mark



Incorrect Marks



Thank you for your help in completing this survey – it is vitally important to the success of this significant U.S. Department of Education study. Study findings will be critical as federal, state and local agencies work to improve the quality of services and results for youth.

Be assured that your answers will be completely confidential; no information will be reported that identifies you, this student, or this school. The NLTS2 study is authorized under law 20 U.S.C. 123g;34CFR Part 99.

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

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

If you have questions about the study or the survey, please:

e-mail us at [seels-nlts2@sri.com](mailto:seels-nlts2@sri.com),

or call our hotline toll-free at 1-866-438-8490,

or visit our web site at [www.NLTS2.org](http://www.NLTS2.org).

## Again, thank you!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0635. The time required to complete this information collection is estimated to average 35 minutes per response, including the time to review instructions, search existing data sources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651.

2854101

SERIAL #





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

**PLEASE MARK ONE BOX.**

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

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

Year of reading assessment

Don't know

**B2b. What is the student's grade level in reading as of the most recent assessment?**

.  Grade level in reading

Don't know

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

Year of math assessment

Don't know

**B3b. What is the student's grade level in math as of the most recent assessment?**

.  Grade level in math

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**

**OR**

Total absences

**B5. During this school year, how many times has this student experienced the following disciplinary actions?**

**PLEASE ENTER ONE NUMBER IN EACH BOX. ENTER "0" FOR NONE.**

Number of incidents

Don't know

Disciplinary actions (e.g., referral to the office, detentions, etc.), excluding suspensions or expulsions

In-school suspensions

Out-of-school suspensions

Expulsions

**B6. 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 MARK ONLY ONE BOX ON EACH LINE.**

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

## 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.

**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)?**

Yes

No

Don't know

PLEASE GO TO QUESTION C6, PAGE 6.

**C2. The next questions refer to the vocational class in which this student spends the most time. This could be either a prevocational or occupational vocational education class. If the student spends the same amount of time in two or more vocational 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 ONE NUMBER IN EACH BOX. IF NONE, ENTER "0."**

Number

a. Students

b. Teachers

c. Teacher aides

Number

d. One-to-one instructional assistants assigned to a specific student

e. Other specialists

f. Adult volunteers

C3. What communication method does the teacher use to teach this class?

PLEASE MARK ONE BOX.

- The teacher uses voice communication only.
- The teacher uses sign language or other manual communication only.
- 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 MARK ONLY ONE BOX ON EACH LINE.

	Not at all well	Not very well	Well	Very well	Don't know
a. Get along with other students	<input type="checkbox"/>				
b. Follow directions	<input type="checkbox"/>				
c. Control his/her behavior to act appropriately in class	<input type="checkbox"/>				
d. Ask for what s/he needs in order to do his or her best in class	<input type="checkbox"/>				

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

PLEASE MARK ONLY ONE BOX ON EACH LINE.

	Rarely	Sometimes	Usually	Almost always	Not applicable
a. Complete homework on time	<input type="checkbox"/>				
b. Take part in group discussions	<input type="checkbox"/>				
c. Stay focused on his/her work	<input type="checkbox"/>				
d. Withdraw from social contacts or class activities	<input type="checkbox"/>				
e. Work up to his or her ability	<input type="checkbox"/>				

C6. What percentage of this student's school day currently is being spent in the two activities below (do not include after-school employment)?

PLEASE MARK ONLY ONE BOX 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.	<input type="checkbox"/>						
b. School-sponsored work experience off campus.	<input type="checkbox"/>						

IF THIS STUDENT IS IN MIDDLE SCHOOL OR JUNIOR HIGH, PLEASE GO TO SECTION D.  
FOR HIGH SCHOOL STUDENTS, PLEASE CONTINUE WITH QUESTION C7.

C7. Since starting high school, which of the following classes or services has this student received from or through the school or school system?

PLEASE MARK ALL THAT APPLY.

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

**D1. For this school year, what are the primary goals for this student?**

**PLEASE MARK ALL THAT APPLY.**

- Improve overall academic performance
- Improve academic performance in specific area(s): \_\_\_\_\_
- Build social skills
- Improve appropriateness of general behavior
- Increase functional or life skills
- Improve fine or gross motor skills, mobility, or other physical functioning
- Enhance skills for self-advocacy and self-determination
- Improve speech and communication skills
- Develop prevocational skills
- Develop vocational skills
- Prepare for postsecondary education
- Other (please specify): \_\_\_\_\_
- Don't know

**D2. Did this student's parent/guardian(s) attend the most recent IEP meeting?**

- Yes
- No
- Don't know

**D3a. In column A, please mark all of this student's disabilities.**

**D3b. In column B, please mark the student's primary disability.**

**PLEASE MARK ALL THAT APPLY IN COLUMN A AND ONE BOX IN COLUMN B.**

A All disabilities (Mark ALL that apply)	B Primary disability (Mark ONE)	
<input type="checkbox"/>	<input type="checkbox"/>	Autism
<input type="checkbox"/>	<input type="checkbox"/>	Attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD)
<input type="checkbox"/>	<input type="checkbox"/>	Deafness
<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment
<input type="checkbox"/>	<input type="checkbox"/>	Deaf-blindness
<input type="checkbox"/>	<input type="checkbox"/>	Developmental delay
<input type="checkbox"/>	<input type="checkbox"/>	Serious emotional disturbance/behavior disorder
<input type="checkbox"/>	<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	<input type="checkbox"/>	Mild mental retardation
<input type="checkbox"/>	<input type="checkbox"/>	Moderate/severe mental retardation
<input type="checkbox"/>	<input type="checkbox"/>	Multiple disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic impairment
<input type="checkbox"/>	<input type="checkbox"/>	Other health impairment
<input type="checkbox"/>	<input type="checkbox"/>	Speech or language impairment
<input type="checkbox"/>	<input type="checkbox"/>	Traumatic brain injury
<input type="checkbox"/>	<input type="checkbox"/>	Visual impairment/blindness
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

D4. Does the student use a medical device that requires staff attention during the school day (e.g., suctioning equipment, catheters)? Please do not include nonmedical devices, such as communication devices.

- Yes
- No

D5. Which of the following are provided to this student?  
**PLEASE MARK ALL THAT APPLY.**

**Accommodations/modifications**

- More time in taking tests
- Test read to student
- Modified tests
- Alternative tests or assessments
- Modified grading standards
- Slower-paced instruction
- Additional time to complete assignments
- Shorter or different assignments
- More frequent feedback
- Physical adaptations (e.g., modifications to the classroom, special desks).

Please describe: \_\_\_\_\_

- Large print or Braille books or large print computer

**Additional supports and assistance**

- Reader or interpreter
- Teacher aide, instructional assistant, or other personal aide
- Peer tutors
- Tutoring by an adult
- Behavior management program
- Learning strategies/study skills assistance
- Self-advocacy training

**Learning aids**

- Books on tape
- Use of a calculator when not allowed other students (e.g., during tests)
- Communication aids (e.g., Touch Talker, manual printing board)
- Use of computer when not allowed other students (e.g., use of spell checker when other students do not use one)
- Computer software designed for students with disabilities
- Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
- Other: \_\_\_\_\_
- None of these

D6. 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 MARK ONE BOX ON EACH LINE.

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

D7. The following questions focus on a specific class that this student takes that is **not vocational or prevocational 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 his or her first class in the week to answer these questions.

What kind of class are you using to answer the following questions?  
PLEASE MARK ONE BOX.

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

D8. How many of the following are usually in this class?  
**PLEASE ENTER ONE NUMBER IN EACH BOX. IF NONE, ENTER "0."**

Number

 

a. Students

 

b. Teachers

 

c. Teachers aides

 

d. One-to-one instructional assistants assigned to a specific student

 

e. Other specialists

 

f. Adult volunteers

D9. Which of the following best describes the **curriculum** used for this student in this class?  
**PLEASE MARK ONE BOX.**

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

D10. How important is each of the following factors in **evaluating progress** for this student in this class?  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**  
**MARK "NOT APPLICABLE" IF THE STUDENT DOESN'T ENGAGE IN AN ACTIVITY.**

	Not important	Somewhat important	Very important	Not Applicable
a. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Performance on special projects and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Performance on daily class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Performance relative to a set standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Performance relative to the rest of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attitude/behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D11. How often does this student use the following instructional materials in this class?**  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

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

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

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

**D13. What communication method(s) is/are used to teach this class?**  
**PLEASE MARK ONE BOX.**

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

**D14. How often does this student do each of the following in this class?**  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

	Never	Sometimes	Very Often	Don't know
a. Argue with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Appear lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Act impulsively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fight with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Get easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Act sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D15. Overall, which of the following best describes this student's performance in this class?  
PLEASE MARK ONE BOX.

<b>Grades are:</b>	<b>OR</b>	<b>Performance is:</b>
<input type="checkbox"/> Mostly As		<input type="checkbox"/> Mostly "excellent"
<input type="checkbox"/> Mostly As & Bs		<input type="checkbox"/> Mostly "good"
<input type="checkbox"/> Mostly Bs		<input type="checkbox"/> Mostly "fair"
<input type="checkbox"/> Mostly Bs & Cs		<input type="checkbox"/> Mostly "poor"
<input type="checkbox"/> Mostly Cs		<input type="checkbox"/> Mostly "needs improvement"
<input type="checkbox"/> Mostly Cs & Ds		<input type="checkbox"/> Mostly "satisfactory"
<input type="checkbox"/> Mostly Ds		<input type="checkbox"/> Mostly "unsatisfactory"
<input type="checkbox"/> Mostly Ds & Fs		<input type="checkbox"/> Mostly "passing"
<input type="checkbox"/> Mostly Fs		<input type="checkbox"/> Mostly "failing"

D16. In general, how well does this student do each of the following in this class?  
PLEASE MARK ONLY ONE BOX ON EACH LINE.

	Not at all well	Not very well	Well	Very well
a. Get along with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Control his or her behavior to act appropriately in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ask for what s/he needs in order to do his or her best in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D17. How often does this student do each of the following in this class?  
PLEASE MARK ONLY ONE BOX ON EACH LINE.

	Rarely	Sometimes	Usually	Almost always	Not applicable
a. Complete homework on time	<input type="checkbox"/>				
b. Take part in group discussions	<input type="checkbox"/>				
c. Stay focused on class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Withdraw from social contact or class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Perform up to his or her ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## E. TRANSITION TO ADULT LIFE

E1a. Has there been planning for transition to adult life for this student?

Yes  
 No → → → } PLEASE GO TO SECTION F, PAGE 15.  
 Don't know

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)?

- Yes
- No
- 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 MARK ALL THAT APPLY.**

- Attend a 2- or 4-year college
- Attend a postsecondary vocational training program
- Get competitive employment (includes military)
- Get into sheltered employment (where most workers have disabilities)
- Get supported employment (paid work in a community setting for those needing continuous support services and for whom competitive employment is unlikely)
- Live independently
- Maximize functional independence
- Enhance social/interpersonal relationships and satisfaction
- Other (please describe): \_\_\_\_\_
- 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?

- Yes
- No

E6. How much progress do you believe this student is making toward each kind of goal for the transition to adulthood?

**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

**MARK "NOT APPLICABLE" IF THE STUDENT DOES NOT HAVE A PARTICULAR KIND OF GOAL.**

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

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 MARK ONE BOX.**

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

**E8. Has information about services available after high school related to this student's kind of disability been provided his or her parents/guardians by the school system?**

**PLEASE MARK ONE BOX.**

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

**E9. What service or program needs were identified for this student after high school in his or her IEP or transition plan?**

**PLEASE MARK ALL THAT APPLY.**

- |  |  |
|--|--|
| <input type="checkbox"/> Educational accommodations to help him/her pursue postsecondary education | <input type="checkbox"/> Social work services                        |
| <input type="checkbox"/> Audiology   | <input type="checkbox"/> Speech or communication therapy or services |
| <input type="checkbox"/> Behavioral intervention   | <input type="checkbox"/> Supported living arrangement                |
| <input type="checkbox"/> Mental health services  | <input type="checkbox"/> Transportation assistance                   |
| <input type="checkbox"/> Mobility training   | <input type="checkbox"/> Vision services                             |
| <input type="checkbox"/> Nursing or other medical services   | <input type="checkbox"/> Vocational training, placement, or support  |
| <input type="checkbox"/> Occupational therapy  | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> Physical therapy  | <input type="checkbox"/> None of these                               |
|  | <input type="checkbox"/> Don't know                                  |

**E10. Who has actively participated in this student's transition planning (e.g., involved in discussions on choosing services or goals)? PLEASE MARK ALL THAT APPLY.**

- General education academic subject teacher(s)
- General education vocational teacher(s)
- Special education teacher(s)
- School administrator (e.g., principal, special education director)
- School counselor or psychologist
- Related services personnel (e.g., speech pathologist, occupational therapist)
- Parent/guardians
- Student
- Vocational Rehabilitation Agency counselor
- Staff of the Social Security Administration
- Staff of other outside service agency or outside consultant  
(please specify): \_\_\_\_\_
- Employer
- Representative of postsecondary education institution
- Advocate
- Other: \_\_\_\_\_
- Don't know

**E11. Which of the following best describes this student's role in his or her transition planning?**

**PLEASE MARK ONE BOX.**

- This student has not attended planning meetings or participated in the transition planning process.
- This student has been present in discussions of transition planning, but participated very little or not at all.
- This student has provided some input into transition planning as a moderately active participant in the process.
- 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.
- Don't know

**E12. 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 MARK ONE BOX ON EACH LINE.**

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

**F. ABOUT YOU**

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

- Teacher
- Related services provider (e.g., speech therapist)
- Program specialist (e.g., full inclusion specialist)
- Case manager
- School psychologist
- School guidance counselor
- Other: \_\_\_\_\_

**F2. In what capacity (or capacities) are you involved with this student? PLEASE MARK ALL THAT APPLY.**

- Provide instruction directly to this student
- Provide related services directly to this student
- Provide consultation services to student's teacher(s)
- Provide case management (e.g., program monitoring) for this student
- Program administrator/supervisor
- Supervise instructional assistant or para-educator assigned to work with this student
- Other: \_\_\_\_\_

F3. Please indicate the extent to which you agree or disagree with each of the following statements.  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

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

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

- African-American or Black
- American Indian or Alaska Native
- Asian
- Caucasian or White
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- 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 MARK ALL THAT APPLY.**

- The student is expected to attend **your** school next year. ➔ ➔ **PLEASE GO TO F6.**
- The student is expected to attend a **different** school next year:

Name of school:

City:

State:

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

F6. Your name:

Email:

Your Phone Number:  -  -

**THANK YOU AGAIN!**

Please return the questionnaire in the postage-paid envelope to:  
 SRI International  
 PO Box 6050  
 Hopkins, MN 55305-9970