

OHIO LONGITUDINAL TRANSITION STUDY (OLTS)

Exit and Follow-Up Survey Packet

Permission Form

Dear student (or family member/guardian),

You have been selected to participate in the Ohio Longitudinal Transition Study. The purpose of this study is to identify programs and activities that were effective in preparing you (or your family member if completed with a guardian), to live, learn, and work after you leave high school. The study information will be gathered by your school. All information will be confidential and recorded anonymously.

We hope that you will agree to participate in this survey and allow us to call you in the spring of next year to see how you are doing. Of course, you may choose not to participate in this study or withdraw at any time without penalty. If you would like further information on how this research will be used, you may contact:

Rachel McMahan Queen, PhD, CITE Director
Center for Innovation in Transition and Employment
202 White Hall, Kent State University, Kent OH 44242
mcmahan@kent.edu or 330-672-0724

Yes, I will participate.

The following are ways I can be contacted after graduation:

Name

Phone

Cell Phone

Email

Family Member

Phone

Cell Phone

Email

Additional Contact

Phone

Cell Phone

Email

Additional Contact

Phone

Cell Phone

Email

Signature

Print Name

Survey Number

OLTS EXIT SURVEY INSTRUCTIONS (www.olts.org)

Contact: Stacia Kaschak (330) 672-0729 or smather@kent.edu

HOW DO I DETERMINE WHEN TO SURVEY AND WHICH STUDENTS TO SURVEY?

1. Survey *students with IEPs* exiting high school - include students *aging out* or *dropping out*.
2. Fill out exit survey for students graduating or aging out and contact them by phone one year later.
3. Fill out follow-up survey for students who have dropped out during the 2018/2019 school year.
4. The exit survey link will be open April 1, 2019 and closed on July 1, 2019.

All exit surveys are DUE by June 30, 2019.

HOW DO I OBTAIN SURVEYS?

1. Regional trainings will be held at the State Support Teams. Ohio and regional data will be presented. Participants will be trained in the implementation of this process and the OLTS surveys will be available at that time.
2. If you cannot make any regional training, email Stacia Kaschak at smather@kent.edu and:
 - a. State how many surveys you would like based on the projected number of graduates.
 - b. Provide a person and mailing address to send the surveys.
 - c. Schedule a time to speak with Stacia and discuss these instructions.

HOW DO I CONDUCT THE OLTS EXIT IN-SCHOOL TRANSITION SURVEY (PAGES E-1 thru E-3)?

1. Complete the cover page "Permission Form" of the survey packet by:
 - a. Obtaining the student's permission, unless there is a guardian.
 - b. Obtaining as many ways of reaching the student as possible.
 - c. Storing this page for future reference. (Do not send to Kent State.)
2. Complete the "**Record Review (EMIS)**" section (page E-1 of exit survey) using student records and EMIS data. (Please provide your name as the contact person.)
3. Schedule a meeting with the student, possibly during the Summary of Performance meeting, and complete the "**Exit Interview**" section (pages E-2 and E-3 of exit survey).
 - a. Verbally conduct the survey and paraphrase questions as needed.
 - b. Leave questions blank for no response and code N/A if not applicable.

ENTERING THE DATA ON THE OLTS EXIT SURVEY WEBSITE*

1. Identify one person to coordinate the OLTS online data submission. Multiple people may enter the surveys.
2. You may access the OLTS Exit Survey by going to www.olts.org and clicking on "**Exit Survey**" on the left side of the page.
3. Enter one survey at a time and type the data as reported.
4. When you have completed the survey, you will be directed to a new page to enter the next survey. Your data will be stored in our database. If you would like a copy of each submitted survey, please enter your email when prompted.
5. When you have entered all your exit surveys, you may exit out of the system.

ONCE YOU HAVE ENTERED ALL COMPLETED EXIT SURVEYS ONLINE

1. Keep the hard copies of your exit surveys in your OLTS file.
2. Advise several co-workers of the location of the surveys for easy retrieval next year.

*If you are unable to access the survey online, please scan and email the record review and exit survey to **Stacia Kaschak** at smather@kent.edu. Please include your district name and IRN in the email subject.

*If you are mailing surveys through the United States Postal Service to Kent State University, the surveys **must** be sent Certified Mail.

OLTS In-School Exit Transition Survey

Record Review (EMIS)

Marking Instructions:

- Write legibly
- Answer all questions
- Fill out responses completely

Interviewer: _____
 Home School: _____
 Career Tech Program: _____
 Other: _____
 Date of Interview: _____

Fill out the following before the interview. These data can be retrieved from EMIS.

1. Projected Graduation

Year: _____

2. Gender

Male
 Female

3. Ethnicity

- a. White, Non-Hispanic
- b. American Indian/Alaska Native
- c. Hispanic/Latino
- d. Black or African-American (Non-Hispanic)
- e. Asian
- f. Native Hawaiian/Other Pacific Islander
- g. Multiracial

4. Is the student Limited English Proficient (LEP)?

Yes No

5. Please mark the type of assessment in which the student participated.

End-of-Course Exam
 Alternate Assessment

In which area(s) of the assessment above was the student proficient? (Mark all that apply)

- a. Math
- b. English Language Arts
- c. Science
- d. Social Studies

6. How old will the student be when he or she receives a diploma?

7. What is the manner in which student exited school (Mark one option)

- a. Graduated
- b. Reached maximum age
- c. Dropped out

8. In what type of school setting was the student educated?

- a. Rural
- b. Suburban
- c. Urban

9. What type of school? (Mark all that apply)

- a. Career Technical Center (Comprehensive)
- b. Career Technical Center Compact/Contract
- c. Career Technical Center (Joint Vocational School)
- d. High School
- e. Other
Specify: _____

10. At the time of exit, the student was receiving how much special education and special education services outside the regular class? (Mark one option)

- a. Special Education (less than 21%)
- b. Special Education (21%-60%)
- c. Special Education (61% or more)

11. Disability Type? (Please mark identified disability from EMIS record. Do not ask on telephone interview)

- a. Autism
- b. Deaf-Blindness
- c. Deafness (Hearing Impairment)
- d. Intellectual Disability (formally MR, DH, CD)
- e. Multiple Disabilities (other than Deaf-Blind)
- f. Orthopedic Impairment
- g. Emotional Disturbance (SBH)
- h. Specific Learning Disability
- i. Speech and Language Impairment
- j. Traumatic Brain Injury
- k. Visual Impairment
- l. Other Health Impairment (major and minor)

12. What transition services did the student receive? (Mark all that apply)

- a. Workstudy
- b. VOSE
- c. Job Training Coordinator (Option 4)
- d. Special Needs CTE
- e. Career and Technical Education
- f. Career Assessment
- g. Assistive Technology
- h. Transition Plan

13. Was the student taking courses within a career pathway?

Yes No

If yes, specify career pathway:

OLTS In-School Exit Interview

Exit Interview Instructions. Schedule a meeting with the student, possibly during the Summary of Performance, and verbally conduct the survey and paraphrase questions as needed. Leave questions blank for no response and code N/A if not applicable. **All surveys are DUE to be entered online by June 30, 2019.**

Informant was:

Student

Parent/Guardian

Other: _____

Student Zip Code: _____

1. When you leave high school do you expect to: (Mark all that apply)

Attend:

- a. 4-year college for at least one complete term (quarter or semester)
- b. 2-year college/technical school for at least one complete term (quarter or semester)
- c. A college program for students with intellectual disabilities
- d. Another training opportunity (e.g. GED, WIOA, OhioMeansJobs, VISTA)

Work:

- e. Full-time 35 hours or more per week on average for 90 days at or above minimum wage (includes military service)
- f. Part-time 20-34 hours per week on average for 90 days at or above minimum wage (includes military service)
- g. Less than 20 hours per week on average for 90 days at or above minimum wage (includes military service)

Receive services from:

- h. Opportunities for Ohioans with Disabilities (OOD, formerly RSC, BVR, BSVI)
 - i. County Board of Developmental Disabilities (DD)
 - j. Mental Health
 - k. Other Services
- Specify: _____

2. Where do you plan to be living one year after graduation? (Bubble ONE)

- a. Living with parents or relatives
 - b. Living alone
 - c. Living with a friend or friends
 - d. Living with a husband/wife/partner
 - e. Living with children
 - f. Living with a foster family
 - g. Living in a group home
 - h. Living on a college campus
 - i. Other
- Specify: _____

3. Which of the following fields do you anticipate working or studying in after graduation? (Mark ONE)

- a. Hospitality and Tourism
- b. Transportation Systems
- c. Information Technology
- d. Construction Technologies
- e. Manufacturing Technologies
- f. Marketing
- g. Finance
- h. Arts and Communication
- i. Agricultural/Environmental Systems ...
- j. Education and Training
- k. Engineering/Science Technologies
- l. Health Science
- m. Human Services
- n. Government/Public Administration
- o. Law and Public Safety
- p. Business/Administrative Services

4. What are your leisure and community participation goals after graduation? (Mark all that apply)

- a. Voting
 - b. Driver's license
 - c. Own a car
 - d. Use of public transportation
 - e. Use of computer
 - f. Playing sports
 - g. Participating in hobbies
 - h. Going to church or religious activities ...
 - i. Going shopping at the mall
 - j. Going to movies
 - k. Participating in outdoor activities
 - l. Other
- Specify: _____

5. How well were the following post school goals addressed in your IEP and transition plan?

	Well	Neutral	Not Well	N/A
a. My work goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My college goals ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My independent living goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How do you plan to pay for the things you need after graduation? (Mark all that apply)

- | | Plan to | Applied |
|---|--------------------------|--------------------------|
| a. Competitive Work (minimum wage or above) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Work Incentives (PASS; IRWE) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work below minimum wage | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid for health expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Family members' help | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Disability benefits (such as SSI) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Food stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Aid in paying rent | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Scholarships | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Student loans | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify: _____ | | |

9. If you took career and technical education classes, how many semesters did you take in your field (e.g., auto mechanics) in the same career pathway?

___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6

10. How well did the school prepare you to get a job?

___ Very Well ___ Neutral ___ Not Well ___ N/A

11. How well did the school prepare you to go on to further education/training?

___ Very Well ___ Neutral ___ Not Well ___ N/A

7. When you were in high school how helpful were the following in preparing you for life after graduation?

- | | Helpful | Neutral | Not Helpful | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. School-supervised community work experience (paid) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. School-supervised community work experience (unpaid) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Job shadowing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In-school job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Paid work on own | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Job Training Coordinator (JTC) Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Career and Technical Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Career assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Extracurricular activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify: _____ | | | | |
| j. Courses for college credit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Preparing for college entrance exams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Visits to college | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Assistive technology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. IEP/Transition meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Student-led IEPs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Transition specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Opportunities for Ohioans with Disabilities (OOD, formerly BVR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. County Board of Developmental Disabilities (DD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Mental Health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Self-determination/advocacy training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Other school-to-career activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify: _____ | | | | |

12. Which high school courses or activities were you not able to take/participate in that would have better prepared you for life after graduation? (Mark all that apply)

- | | |
|--|--------------------------|
| a. School-supervised community work experience (paid) | <input type="checkbox"/> |
| b. School-supervised community work experience (unpaid) | <input type="checkbox"/> |
| c. Job shadowing | <input type="checkbox"/> |
| d. In-school job | <input type="checkbox"/> |
| e. Paid work on own | <input type="checkbox"/> |
| f. Job Training Coordinator (JTC) Program | <input type="checkbox"/> |
| g. Career and Technical Education | <input type="checkbox"/> |
| h. Career assessment | <input type="checkbox"/> |
| i. Extracurricular activities | <input type="checkbox"/> |
| Specify: _____ | |
| j. Courses for college credit | <input type="checkbox"/> |
| k. Preparing for college entrance exams.. | <input type="checkbox"/> |
| l. Visits to college | <input type="checkbox"/> |
| m. Assistive technology | <input type="checkbox"/> |
| n. IEP/Transition meetings | <input type="checkbox"/> |
| o. Student-led IEPs | <input type="checkbox"/> |
| p. Transition specialist | <input type="checkbox"/> |
| q. Opportunities for Ohioans with Disabilities (OOD, formerly BVR) | <input type="checkbox"/> |
| r. County Board of Developmental Disabilities (DD) | <input type="checkbox"/> |
| s. Mental Health services | <input type="checkbox"/> |
| t. Self-determination/advocacy training... | <input type="checkbox"/> |
| u. Other school-to-career activities | <input type="checkbox"/> |
| Specify: _____ | |

Comments: _____

8. Which of the following services/activities listed in Question 7 was the most helpful in preparing you for employment or further education after graduation?

Specify: _____

OLTS Post Exit Survey Checklist

Checklist Instructions: This checklist will help prepare students for questions asked during the Follow-Up phone interview. Please go through each step, discuss each bullet, answer student questions, and check when each step is complete. If the student has a related question you cannot answer, use the space at the bottom to write the question, who you will ask, and when you will get the answer to the student.

Step	Activity	Complete
1.	Reminders: <ul style="list-style-type: none"> OLTS Purpose Phone interview Contacted by school using Permission page contacts Contacted between April 1, 2020 and August 31, 2020 	<input type="checkbox"/>
2.	Survey Format: <ul style="list-style-type: none"> 22 Questions; 15-20 minutes Show 3 pages of survey Review Question 1: <i>Currently and During the past year columns</i> 	<input type="checkbox"/>
3.	Work-Related Survey Questions, Page F-2: <ul style="list-style-type: none"> What are benefits related to working? What does it mean to be paid the same as others doing my job? What is minimum wage? What does it mean to have the same opportunities for pay raises and promotions? What does it mean to work and interact with coworkers with or without disabilities? How to know the amount of time working with others without disabilities. 	<input type="checkbox"/>
4.	Student Questions: <ul style="list-style-type: none"> Any questions about follow-up survey? Exit survey? Do they want to add anything to Permission form or exit survey answers? 	<input type="checkbox"/>
5.	Conclude Meeting: <ul style="list-style-type: none"> Thank the student for their time. If applicable, continue to Summary of Performance or other meeting items. 	<input type="checkbox"/>

Student Question? _____

Who can answer? _____

By what date and method (call, text, email, etc.) will answer be given to student? _____

Comments: _____

OLTS FOLLOW-UP SURVEY INSTRUCTIONS (www.olts.org)

Contact: Stacia Kaschak (330) 672-0729 or smather@kent.edu

FOLLOW-UP SURVEY REVISIONS

1. The survey has been updated to more accurately identify graduates involved in competitive integrated employment.
2. Several items include probing questions, with examples, to help graduates answer questions if unclear.
3. **Pages F-1 and F-3** are answered by **ALL** graduates. **Page F-2** is answered only by those who reported to have **worked part- or full-time** since leaving high school.

HOW DO I SURVEY THE GRADUATES (OR EXITERS)?

1. Find the **“Permission Pages”** from the “exit surveys” conducted at your school last year.
2. Complete the **follow-up survey** using the OLTS form and number from last year’s packet.
 - If last year’s packet cannot be found, enter the **Survey Number** from last year’s “Permission Page” on a blank follow-up form.
3. You may conduct your follow-up interviews from **April 1 to August 31**.
4. Contact the former student using the information on the “Permission Page”.
5. Try to interview the same informant as used in the exit interview.
6. Try to contact each former student at least four times.
7. You may obtain the information from a family member or relative as necessary.
8. You will enter only the **completed** follow-up surveys online. Please keep documentation of those surveys not completed in your OLTS file.

All follow-up surveys are DUE by August 31, 2020.

ENTERING THE DATA ON THE OLTS FOLLOW-UP SURVEY WEBSITE*

1. You may access the OLTS Follow-Up Survey by going to www.olts.org and click on “Follow-up Survey” on the left side of the page.
2. Take one survey at a time and enter the data as reported.
3. Once you have completed the survey, you will be directed to a new page to enter the next survey. Your data will be stored in our database. If you would like a copy of each submitted survey, please enter your email when prompted.
4. When you have entered all your follow-up surveys, you may exit out of the system.

ONCE YOU HAVE ENTERED ALL COMPLETED FOLLOW-UP SURVEYS ONLINE

1. Keep the hard copies of your follow-up surveys in your OLTS file.

*If you are unable to access the survey online, scan and email the follow-up survey to **Stacia Kaschak** at smather@kent.edu. Please include your district name and IRN in the email subject.

*If you are mailing surveys through the United States Postal Service to Kent State University, the surveys **must** be sent Certified Mail.

Follow-Up Attempts to Contact Comments: Use this space to document dates, times, and result of attempted contacts.

OLTS Follow-Up Survey Phone Interview

Follow-Up Instructions. Attempt to contact former students at least 4 times from April 1 through August 31. Try to interview the same informant as in the exit interview, but you may obtain information from a family member or relative as necessary. **All follow-up surveys are DUE to be entered online by August 31, 2020.**

Hello, my name is _____ and I am a teacher at _____. You may remember that we had asked for your approval to call you and see how you are doing after leaving high school. All of your responses will be strictly confidential and no identifiable information will be on this survey. Do you have time to talk now?

- If "yes" proceed with the questions.
- If "no" then say "Is there a better time to call you?"

Informant was:
Former Student _____
Parent/Guardian _____
Other: _____

Number of Attempts: _____
Time: _____
Comments: _____

1. Since you left high school have you: (Mark all that apply)

	DURING THE PAST YEAR	CURRENTLY
Attended:	↓	↓
a. A 4-year college for at least one complete term (quarter or semester)	—	—
b. A 2-year college/technical school for at least one complete term (quarter or semester)	—	—
c. A college program for students with intellectual disabilities	—	—
d. Another training opportunity (e.g. GED, WIOA, OhioMeansJobs, VISTA)	—	—
Worked: (in the community)		
e. Full-time 35 hours or more per week on average for 90 days at or above minimum wage (includes military service)	—	—
f. Part-time 20-34 hours per week on average for 90 days at or above minimum wage (includes military service)	—	—
g. Less than 20 hours per week on average for 90 days at or above minimum wage (includes military service)	—	—
Received services from:		
h. Opportunities for Ohioans with Disabilities (OOD, formerly RSC, BVR, BSVI)	—	—
i. County Board of Developmental Disabilities (DD)	—	—
j. Mental Health	—	—
k. Receive Other Services	—	—
Specify: _____		

2. If you did not go on to postsecondary education as planned, can you tell us why? (Mark all that apply)

- a. Changed plans —
- b. Not enough money —
- c. Needed help applying —
- d. Transportation issues —
- e. Was not accepted —
- f. Did not have required courses —
Specify: _____
- g. Other —
Specify: _____

3. If you went on to postsecondary education, did you register for disability services?

___ Yes ___ No

3a. Did you receive any of the following? (Mark all that apply)

	Have	Need Help
a. Remedial classes	—	—
b. Note taking service	—	—
c. Tutoring	—	—
d. Extra time on tests	—	—
e. Tapes of books or lectures	—	—
f. Accommodations for visual impairments	—	—
g. Reduced schedule loads	—	—
h. Sign language interpreters	—	—
i. Other – Specify: _____	—	—

4. If you are not currently working, what are the reasons for not working? (Mark all that apply)

a. Enrolled in post-secondary education	—	
b. Cannot find job that fits my interest	—	
c. Cannot find any job	—	
d. Need assistance finding a job, but none is available	—	
e. Lack of required skills	—	
f. Transportation problems	—	
g. Don't want to lose my benefits (e.g., SSI)	—	
h. Don't want to work	—	
i. Other	—	
Specify: _____		

5. Did you have a paying job at the time you left high school?

- a. Yes —
- b. No —
- c. Specify if possible: _____

6. How many paying jobs have you had since graduation? _____

OLTS Follow-Up Survey

Follow-Up Instructions. COMPLETE this page **ONLY IF** question 1e or 1f is marked on Page F-1 (i.e., the graduate is working part- or full-time *currently* or has *during the past year*). If the graduate is not currently employed, please change the questions to past tense and ask about employment in the past year. Use probing questions provided if the graduate does not know if the answer is “yes” or “no”.

SKIP TO PAGE F-3, if question 1e or 1f is not marked (i.e., the graduate is not currently working part- or full-time, has not worked part- or full-time during the past year, or is working less than 20 hours a week currently or during the past year).

7. If you are currently working, what kind of job do you have? (Mark ONE)

- | | |
|---|-------|
| a. Hospitality and Tourism | _____ |
| b. Transportation Systems | _____ |
| c. Information Technology | _____ |
| d. Construction Technologies | _____ |
| e. Manufacturing Technologies | _____ |
| f. Marketing | _____ |
| g. Finance | _____ |
| h. Arts and Communication | _____ |
| i. Agricultural/Environmental Systems | _____ |
| j. Education and Training | _____ |
| k. Engineering/Science Technologies | _____ |
| l. Health Science | _____ |
| m. Human Services | _____ |
| n. Government/Public Administration | _____ |
| o. Law and Public Safety | _____ |
| p. Business/Administrative Services | _____ |

8. If working, where do you work? (What is the name of your place of employment?)

9. (Optional) If working, what is your hourly wage?

10. Approximately, how many hours a week do you work?

11. Are you paid the same amount of money as your coworkers, who are doing the same job?

- | | |
|-----------------------|-------|
| a. Yes | _____ |
| b. No | _____ |
| c. I don't know | _____ |

Probing question: if the answer is “I don't know”, ask *“Are there other people doing the same job as you? e.g., if you stock, are there other people stocking at an auto parts store at the same time? Do you think they make the same amount of money you do?”* If the answer is still “I don't know”, mark “I don't know”. If the answer is “yes” or “no”, write new answer here

Comments: _____

12. Do you receive the same benefits as your coworkers, such as group insurance like health, vision, dental, paid sick leave or vacation, social security, unemployment insurance, worker's compensation?

- | | |
|-----------------------|-------|
| a. Yes | _____ |
| b. No | _____ |
| c. I don't know | _____ |

Probing question: if the answer is “I don't know”, ask *“When you get your paycheck, is there money taken out for additional benefits besides taxes?”* If the answer is still “I don't know”, mark “I don't know.” If the new answer is “yes” or “no”, write the new answer here

Comments: _____

13. Do you work/interact with coworkers (without disabilities) to get your job done?

- | | |
|-----------------------|-------|
| a. Yes | _____ |
| b. No | _____ |
| c. I don't know | _____ |

Probing question: if the answer is “I don't know”, ask *“Do you work side by side with anyone?”* If the answer is still “I don't know”, mark “I don't know.” If the new answer is “yes” or “no”, write new answer here

Comments: _____

14. If yes, how often do you work/interact with coworkers (without disabilities) to get your job done?

- | | |
|---|-------|
| a. Never (work alone) | _____ |
| b. Sometimes (less than half of the time) | _____ |
| c. A lot (more than half of the time) | _____ |
| d. Always | _____ |

Comments: _____

15. How did you find your job? (Mark ONE)

- | | |
|------------------------|-------|
| a. Parent helped | _____ |
| b. Friend helped | _____ |
| c. Agency helped | _____ |
| Specify: _____ | |
| d. Found on own | _____ |
| e. Other | _____ |
| Specify: _____ | |

16. Did you choose your current job?

- | | |
|--------------|-------|
| a. Yes | _____ |
| b. No | _____ |

OLTS Follow-Up Survey

Follow-Up Instructions. This page must be completed by **ALL** graduates (exiters). All surveys are **DUE** to be entered online by **August 31, 2020**.

17. Do you currently have: (Mark all that apply)

- a. Registration to vote
 - b. Medical benefits through employer (same as others doing the same job)
 - c. Medical benefits through family
 - d. A driver's license
 - e. A car
 - f. A bus pass
 - g. Someone who provides transportation
 - h. A computer at work/home/school
 - i. A mobile phone
 - j. Assistive technology (e.g., wheelchair, communication device)
 - k. Pay raises and/or promotions
 - l. Paid sick days and/or vacation days
 - m. Other
- Specify: _____

18. How are you currently paying for things you need? (Mark all that apply)

- | | Have | Need Help |
|---|--------------------------|--------------------------|
| a. Competitive Work (minimum wage or above) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Work Incentives (PASS; IRWE) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work below minimum wage | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid for health expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Family members help | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Disability benefits (such as SSI) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Food stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Aid in paying rent | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Scholarships | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Student loans | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Specify: _____

19. What are your current living arrangements? (Mark one)

- a. Living with parents or relatives
 - b. Living alone
 - c. Living with friend or friends
 - d. Living with husband/wife/partner
 - e. Living with children
 - f. Living with foster family
 - g. Living in group home
 - h. Living on a college campus
 - i. Other
- Specify: _____

20. Please rate how satisfied you are with the following:

	Satisfied	Neutral	Not Satisfied	N/A
a. Your current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your postsecondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your current residence ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your current contact with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your transportation arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your contact/interactions at work with coworkers (with and without disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

21. In retrospect, was there any service or experience that was particularly helpful in preparing for your goals?

Specify: _____

22. Are you experiencing any problems currently that require assistance?

- a. Yes
- b. No
- c. Specify if possible: _____

COMMENTS: _____
