



# Post-Secondary Follow-Up Interview

Students Who Received  
Special Education Services



## Interviewer Instructions:

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The script for interviewers is available on [www.transitionoregon.org](http://www.transitionoregon.org) Questions marked with an asterisk "\*" are required. Questions marked with a cross "†" are conditionally required, meaning if the respondent answered **Yes** to a required question, then this question must also be answered. Text within parentheses "(") indicates interviewer instructions or clarifying remarks. Text within brackets "["] indicates language to be used depending on previous questions. Text between braces "{}" indicates question skip logic.

## Pre-Interview

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\*Student's SSID (District Use Only): \_\_\_\_\_

A. \*Is this student eligible to take the Follow-Up Interview? (For a student to be eligible they must: 1) leave special education; 2) be 14 years of age or older when they left; 3) not return to regular education or return for special education services.)

- Yes (skip to B.)
- No (If "No", this student is not eligible to take the survey, please answer why in A1.)

A1. Why is this student ineligible for the survey?

- Student returned to school
- Student is still in school
- Student has been out of school less than one year
- Student is deceased

## Interview

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(ANSWERS TO QUESTIONS WITH "\*" ARE REQUIRED FOR THE INTERVIEW TO BE CONSIDERED COMPLETE.)

B. \*Are you willing to answer a few questions about your education, jobs, and life in general following High School? (This question determines a refusal status.)

- No {→ thank them, end the survey, and go to question A on page 5}
- Yes {→ go to next question}

## Post-Secondary Education

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**NOTE:** A Yes or No answer is required for Q1 and Q4 to determine if the student has been engaged. If "Not sure" is answered for both questions, submit the interview, but it will not be included as successfully completed.

1. \*In the 12 months after leaving high school, did you *ever* attend any school, job training, or educational program?

- Yes {continue with questions 2. and 3.}
- No {→ go to question 4.}
- Not sure {→ go to question 4.}

2. †Did you complete an entire term/semester, or complete a short-term program?

(This can be any complete term including Quarter, Semester, Inter-Session, Summer, On-line, etc.)

- Yes
- No
- Not sure

## Post-Secondary Education (continued)

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3. †What type of training, program, or school was it? (Wait for answer, check box below, and read the option you selected if it helps to be sure it was the best choice.)
- College/University to earn a 4 or more year degree
  - Community/Tech College to obtain a 2-year degree
  - Vocational Tech School – less than 2-year program
  - Short-term education or employment training program
  - High School completion program (e.g. GED)
  - On a mission, AmeriCorps, in the Peace Corps, etc.
  - Don't know/No answer

**NOTE:** A Yes or No answer is required for Q1 and Q4 to determine if the student has been engaged. If 'Not sure' is answered for both questions then go ahead and submit the interview, but it will not be included as successfully completed.

## Employment

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4. \*In the 12 months after leaving high school did you *ever* work?
- Yes {→ go to 5. and continue}
  - No {→ go to 4a. and then question 10.}
  - Not sure {→ go to 4a. and then question 10.}
- 4a. †Why haven't you worked since leaving school? (Wait for answer, then check best option from list below. If **Other** is selected, you must enter details.)
- |                                                   |                                              |                                               |
|---------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Have not found a job.    | <input type="checkbox"/> Medical reason      | <input type="checkbox"/> Incarceration        |
| <input type="checkbox"/> Don't want or need to    | <input type="checkbox"/> Disability          | <input type="checkbox"/> Baby/Family          |
| <input type="checkbox"/> Drugs/Alcohol            | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Not Old Enough       |
| <input type="checkbox"/> Need Skills/Help, Trying | <input type="checkbox"/> In School           | <input type="checkbox"/> Don't Know/No Answer |
| <input type="checkbox"/> Other _____              |                                              |                                               |
5. †Where is/was the job? (Wait for answer, check box below, and read the option you selected if it helps to be sure you marked the best choice.) **If more than 1 job, answer for the job they held 3 months or more, at minimum wage.**
- Employer **in your community** with people with and without disabilities  
In the military
  - Small group (in community with 2-8 individuals and paid minimum wage)
  - In supported employment (wage support to employer)
  - Self-Employed
  - Family Business (e.g. farm, store)
  - In sheltered employment (most workers have disabilities)
  - Employed while in jail or prison
  - Don't know/No answer
6. †What is/was the **name of the business or company** you work/worked for? (Enter the name of the company(e.g., Walmart, Fred Meyer, etc.). If unknown, enter **Don't know/No answer.**)

## Employment (continued)

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7. †During the 12 months after leaving high school, did you work for a total of 3 months (about 90 days)?  
(NOTE: Days do not need to be in a row) <sup>□</sup>

- Yes  
 No  
 Not sure

8. †Did you work, on average, at least 20 or more hours per week? (Hours may vary week to week)

- Yes  
 No  
 Not sure

9. †What City/Town did you work in? (Use the City/Town drop-down list with minimum wage provided, use the minimum wage listed to assist with answering the question 9b.; (if *OTHER*, answer 9a.)

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9a. †What *OTHER* City/Town and State do you work in? (Only enter information here if the City or Town is not in the drop-down list in the previous question.)

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9b. †Are you making at least minimum wage? (Select the answer to this question based on the response to 9. and 9a.)

- Yes  
 No  
 Don't Know

## Additional Data

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➤ We are almost done; the next questions ask you about events before and after you left high school.

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

- Yes  
 No  
 Not sure

11. While you were in school, did you learn to: [Check all the boxes where the students answer *Yes*.]

- Make Choices?  
 Speak up for yourself?  
 Solve Problems?  
 Set Goals?

12. Do you have a driver's license?

- Yes  
 Learner's Permit  
 No  
 Don't know/No answer

## Additional Data (continued)

13. Where are you currently living?

- |                                               |                                                  |                                                         |
|-----------------------------------------------|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> With Family          | <input type="checkbox"/> Campus or Military Base | <input type="checkbox"/> Independently or with a friend |
| <input type="checkbox"/> Homeless             | <input type="checkbox"/> Foster place/Group home | <input type="checkbox"/> Jail                           |
| <input type="checkbox"/> Don't know/No answer | <input type="checkbox"/> Other _____             |                                                         |

*I am going to read a list of agencies and ask if you have received assistance from any of them since you left school.*

Agency	Have you Received Assistance?		
14. (SSI) Supplemental Security Income (SSDI) Social Security Disability Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure
15. County Case Management, Brokerage Service	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure
16. (OVRs) Office of Vocational Rehabilitation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure
17. (TANF) Temporary Assistance for Needy Families	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure
18. Oregon Trail Card – (SNAP) Supplemental Nutrition Assistance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure
19. College Disability Services at a College or Training Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure
20. Loans, Financial Aid	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure

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

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22. If you could tell your school one thing, what would you tell them? (Make a suggestion to help better prepare current students for life after high school.) (Prompt: What was most helpful or could have been done better?)

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

REMEMBER: A Yes or No answer is required for Q1 and/or Q4 to determine if the student has been engaged. If 'Not Sure' is answered for both questions then go ahead and submit the interview, but it will not be included as successfully completed.

# Post-Interview

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- A. \*Are you entering data for this interview from a paper copy?     Yes     No  
{If you answered **Yes** to A., please continue with B. below} {If you answered **No**, skip to G.}
- B. \*Enter the date when the first attempt to contact the student was made. \_\_\_\_\_
- C. \*Enter the date when the last attempt to contact the student was made. \_\_\_\_\_
- D. \*How many total attempts to contact the student were made? \_\_\_\_\_
- E. \*Enter the name of person entering this data \_\_\_\_\_
- F. \*Enter the position of the person entering these data:  
 Teacher/Specialist                       Administrator                       YTP  
 Paraprofessional/Educational Assistant     Secretary/Clerical     Other \_\_\_\_\_
- G. \*Interviewer Name: \_\_\_\_\_
- H. \*Interviewer Position:  
 Teacher/Specialist                       Administrator                       YTP  
 Paraprofessional/Educational Assistant     Secretary/Clerical     Other \_\_\_\_\_
- I. \*Person Interviewed: [If **Other** is selected, you must enter the person's relationship to the student.  
(i.e., Co-Worker, Case Manager, Roommate, etc.)]  
 Student                       Family Member/Guardian                       No person interviewed  
 Other \_\_\_\_\_
- J. Add notes or comments here: Include information about who you spoke to, how a question was re-worded (if at all), what probing questions were used (if any), and general impressions about the interview. Keep your note brief.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

