



# Exit Interview

Students Who Receive  
Special Education Services



## Interviewer Instructions:

Exit Interviews can be conducted anytime throughout the school year. Sections A and C do not require a signed agreement to participate form if the school or district already has the information. Section B can only be filled out if the Student or Parent/Guardian signs the participation agreement.

## Section A: Pre-Interview Summary Information

This section must be completed before interviewing the student.

1. Student Name: First: \_\_\_\_\_ Last: \_\_\_\_\_
2. Birth Date:     /    /
3. Gender:      Male        Female      Non-Binary
4. \*SSID: \_\_\_\_\_
5. Attending School ID: \_\_\_\_\_
6. Interviewer Name: \_\_\_\_\_
7. Anticipated Method of Exit (or actual for students in transition programs):
 

<input type="checkbox"/> Regular diploma	<input type="checkbox"/> Extended diploma	<input type="checkbox"/> Reach maximum age
<input type="checkbox"/> Modified diploma	<input type="checkbox"/> Certificate/GED	<input type="checkbox"/> Dropout
8. What measurable Post-Secondary Goals for high school are included in the student's IEP? (Check all that apply)
 

<input type="checkbox"/> Education: school/training	<input type="checkbox"/> Employment: work or job
<input type="checkbox"/> Independent Living	<input type="checkbox"/> N/A (No Answer)
9. Check all of the programs the student was served through:
 

<input type="checkbox"/> High school program	<input type="checkbox"/> YTP program	<input type="checkbox"/> ESD program
<input type="checkbox"/> 18-21 Transition program	<input type="checkbox"/> Other _____	
10. Does the student have a Person Centered Plan?    Yes        No
11. Does the student have a one-page profile?        Yes        No
12. Does the student or parent/guardian agree to participate? (Signed form REQUIRED)    Yes    No
13. Emergency Contact for student contact log:

13. Name	14. Relationship	15. Contact Information

## Section B: Exit Interview

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You must have a signed agreement to participate form on file before this section can be completed.

0. Interview Completed By:

Student/Family

Teacher/Specialist

YTP

Aide/Secretary/Clerical

1. Student Goals: What would you like to do after leaving school? (School, work, career, etc.)

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2. In the next 12 months, do you plan to go on to a training program or college?

Yes       No

2a. Have you submitted any applications?       Yes       No

2b. Have you visited any campuses?       Yes       No

3. In the next 12 months, do you plan to work?

Yes       No

3a. What kind of work do you want to do?

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4. Do you currently have a paid job?

Yes       No

4a. What do you currently do for your job?

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5. Have you had any work experience as part of your schooling?

Yes       No

5a. Number of classroom-based experiences       0       1-2       3 or more

5b. Number of school-based experiences       0       1-2       3 or more

5c. Number of community-based experiences       0       1-2       3 or more

5d. Number of experiences during summer       0       1-2       3 or more

6. Are you considering serving in the military?

Yes       No

6a. Have you talked with a recruiter?       Yes       No

## Section B: Exit Interview - Continued

7. Where do you plan to live in the fall?

- Family                       Campus/Base  
 Apartment                 Other \_\_\_\_\_

8. What was the most helpful part of being in school?

\_\_\_\_\_

\_\_\_\_\_

9. What do you wish you would have had more of?

\_\_\_\_\_

\_\_\_\_\_

10. Thinking about the classes you took in school, did you take any classes where you talked about your choices for a career and the types of skills or education you would need to get a job in that career?

- Yes             Maybe/Not Sure             No

11. Think about the classes you took in school. In any of your high school classes did you go in to the community to learn how to use community services as part of your regular class time (for example, did you learn to grocery shop, or to use public transportation?)

- Yes             Maybe/Not Sure             No

12. I am going to read through a list of agencies and ask you if you have received or plan to receive any assistance from any of them after school, and if you know how to contact someone for the assistance.

For each Agency, do you:	Get, or plan to get assistance? (1)	Know who to contact for this service? (2)
12a. Social Security (SSI, SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12b. County Case Management: Brokerages	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12c. Vocational Rehabilitation (OVRs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12d. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12e. Oregon Trail Card, Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12f. College Disability Services at a college or training program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12g. Financial Aid, FAFSA, loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section C: Contact Information

You may enter in any contact details the school/district already has without a signed agreement to participate.  
You must have a signed agreement to participate in order to ask for new or updated information.

**Name of Preferred Follow-Up Interviewer:** \_\_\_\_\_

*Please enter information for each contact (as many as needed):*

	Name	Cell Phone Number	Home Phone Number	E-Mail/Facebook/other
Student:				
Parent/guardian:				
Parent/relative:				
Friend:				

**Address to send a reminder card next spring:**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Thank you for your participation. The interview is done.

For technical assistance or questions, contact:

Email PSO Team at: [psu@uoregon.edu](mailto:psu@uoregon.edu)

Charlotte Alverson at [calverso@uoregon.edu](mailto:calverso@uoregon.edu) or,  
Shava Feinstein at [Shava.Feinstein@ode.oregon.edu](mailto:Shava.Feinstein@ode.oregon.edu)