

Indicator 14: Post-School Outcome Survey
Appendix B Survey Questions
Collected by Black Hills State University

Mail Survey: Part 1

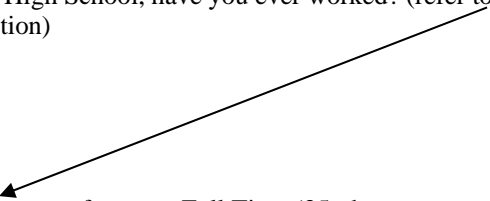
- 1) High School Graduate/exiter name _____
- 2) High School last attended _____
- 3) Person completing this survey _____ Graduate/exiter _____ Family member
_____ Other

Post-Secondary Questions: Part 2

- 4) *If you dropped out of High School during last year, did you return to High School this year?*
_____ Yes _____ No
- 5) *If you answered "No" to #4 which of the following are reasons you chose not to return to school:*
_____ Academic difficulty
_____ Economic e.g., needed to work
_____ Social/Interpersonal difficulties
_____ Health reasons
_____ Independent living
_____ Other
- 6) *At any time since leaving High School have you ever attended any type of School, Job Training or education program?*
_____ Yes
_____ No
_____ Don't know
- 7) *Did you complete the entire term?*
_____ Yes
_____ No
- 8) Post-secondary school name: _____
- 9) Enrollment Status:
_____ Full Time (12+ credit hours)
_____ Part Time (fewer than 12 credit hours)
_____ Don't know
- 10) Type of School
_____ University/College (e.g., 2-4 year college)
_____ Vocational/technical college/Community (e.g., less than a 2 year program)
_____ Military (Branch of military) _____
_____ Vocational training program
_____ Certificate program (GED)
_____ Union apprenticeship
_____ Employment/Job training (Job Corps)
_____ Don't know

- _____ Other _____
- 11) What do you believe to be the reason that you have not enrolled in post-secondary education since high school? (Check up to 3 reasons)
- _____ Lack of post-secondary opportunities in the immediate area
- _____ Lack the necessary skills/qualifications to enter post-secondary education
- _____ Lack of transportation
- _____ Have not received necessary services from community agencies
- _____ Student is working
- _____ Have personal/family obligations that preclude going to post-secondary education
- _____ Did not want to go to post-secondary education
- _____ Have a health problem that precludes going to post-secondary education
- _____ Cannot afford post-secondary education
- _____ Other _____
- 12) Have you made any contact with an adult service agency such as, Division of Vocational Rehabilitation, Division of Developmental Disabilities, etc?
- _____ Yes
- _____ No
- _____ Don't know
- (If "yes" to #12 mark agencies contacted in #13. NOTE: this does not necessarily mean that you are receiving services, only that you have contacted the agency)
- 13) Agency Type:
- _____ Division of Vocational Rehabilitation
- _____ Division of Developmental Disabilities
- _____ Student Services (college)
- _____ Mental Health
- _____ Yes, but don't know agencies name
- _____ Other _____

Employment Questions: Part 3

- 14) At any time since leaving High School, have you ever worked? (refer to *Type of work for pay??* below to answer this question)
- ☐ Yes
☐ No
☐ Don't know
- Type of work for pay??* 
- ☐ Competitive Employment for pay-- Full Time (35+ hours per week)
☐ Competitive Employment for pay--Part Time (less than 35 hours per week)
☐ In the Military (Branch) _____
☐ Family member's business
☐ Sheltered Employment for workers with Developmental Disabilities
☐ Supported Employment program in community for workers with Developmental Disabilities
☐ Working while incarcerated
☐ Competitive Employment as a volunteer or in a training capacity
☐ Work Study--College
☐ Are you working more than one job? ☐ Yes ☐ No
☐ Other
- 15) Since leaving high school, have you worked for a total of 3 months (about 90 days). (These days do not have to be in a row)
- ☐ Yes
☐ No
☐ Don't know
- 16) Did you work on average 20 or more hours per week (or about half-time of a 40 hour week?)
- ☐ Yes
☐ No
☐ Don't know
- 17) Were you paid at least minimum wage? (\$7.25 per hour)
- ☐ Yes
☐ No
- 18) *Employer/Employer's name:* _____
- 19) *Number of hours worked per week:*
- ☐ Less than 10 hours
☐ 10-19 hours per week
☐ 20-29 hours per week
☐ 30-39 hours per week
☐ More than 40 hours per week
- 20) *How long have you been with this employer??*
- ☐ Less than 1 month
☐ 1-3 months
☐ 3-6 months
☐ 6-9 months
☐ 9-12 months
☐ More than 12 months
- 21) *Is this the only employer you have had since graduation?*
- ☐ Yes

_____ No

22) Wage amount hourly _____

23) You said you have not worked since high school. Why not? (Check up to 3 reasons. If more than 3 reasons are indicated, pick the 3 most important ones)

- _____ Lack of employment opportunities in the immediate area
- _____ Lack of necessary employment skills
- _____ Lack of transportation
- _____ Have not received necessary services from community agencies (e.g., VR)
- _____ Enrolled in school
- _____ Have family obligations
- _____ Do not want to work
- _____ Feel I would lose benefits if employed (e.g., SSI/disability/etc.)
- _____ Health issues that keep student from working
- _____ Other

24) Do you currently live with your family?

- _____ Yes
- _____ No

25) Are you covered by your families' health insurance?

- _____ Yes
- _____ No
- _____ Don't know

26) Are you covered by any other insurance (unemployment, Medicaid, SSI, etc.)

- _____ Yes
- _____ No
- _____ Don't know

27) Type of Insurance _____

28) Below is a list of areas that young people sometimes have a problem. Usually there are programs and services in every community that can help. Indicate if you want more information about how to contact them (check one option per service).

| | | |
|--------------------------|--------------------|-------------------|
| Employment: | _____ No _____ Yes | _____ Yes, Crisis |
| Living in the Community: | _____ No _____ Yes | _____ Yes, Crisis |
| Education: | _____ No _____ Yes | _____ Yes, Crisis |
| Finances: | _____ No _____ Yes | _____ Yes, Crisis |
| Medical Care: | _____ No _____ Yes | _____ Yes, Crisis |
| Transportation: | _____ No _____ Yes | _____ Yes, Crisis |
| Legal: | _____ No _____ Yes | _____ Yes, Crisis |
| Social/Leisure: | _____ No _____ Yes | _____ Yes, Crisis |
| Other _____: | _____ No _____ Yes | _____ Yes, Crisis |

29) Please provide any additional comments below or on back: