



52899



NATIONAL LONGITUDINAL
TRANSITION STUDY 2
YOUTH SURVEY

Section A

Johnny Jones

7/03/85

Sponsored by the U.S. Department of Education

You can help!

Thousands of young people are participating in interviews and surveys. Your answers will be combined with theirs in reports that can change the future of youth.

Thank you!

Your support of this study is important. As a token of our appreciation for completing this NLT2 survey, you will receive a check for \$20 in the mail approximately one month after we have received your completed questionnaire.

Directions

✓ Check the name and birthdate in the upper right hand corner. If any information is wrong, please cross it out and write in the correct information.



Use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. Also, please print neatly when writing words or numbers in boxes.



Fill out the following sections, which were selected for you based on the information your parents gave us in a telephone interview:



Mail the completed questionnaire in the postage-paid envelope to:

The National Longitudinal Transition Study-2 (NLT2)
333 Ravenswood Avenue, BS135
Menlo Park, CA 94025

Need help? Have questions?

Please contact us at nlt2@sri.com or call us toll-free at 1-866-269-7274, or TTY 1 800-664-3875.

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 18 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.



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IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES, INTERESTS, HEALTH, AND HOUSEHOLD ARRANGMENTS DURING THE 2004-2005 SCHOOL YEAR.

SOCIAL AND LEISURE TIME ACTIVITIES

The questions in this section are about what you do in your spare time.

1 During the last few weeks, how have you spent most of your time when you weren't doing things like working or going to school? **PLEASE MARK (X) ALL THAT APPLY.**

- | | |
|---|---|
| <input type="checkbox"/> Spending time with family members | <input type="checkbox"/> Playing electronic games |
| <input type="checkbox"/> Spending time with friends or going on dates | <input type="checkbox"/> Using a computer |
| <input type="checkbox"/> Doing homework or chores | <input type="checkbox"/> Watching TV, videos, or DVDs |
| <input type="checkbox"/> Reading for pleasure or doing hobbies | <input type="checkbox"/> Listening to music |
| <input type="checkbox"/> Talking on the phone with friends | <input type="checkbox"/> Playing sports, jogging, swimming, biking, skating |
| <input type="checkbox"/> Participating in organized activities | <input type="checkbox"/> Shopping, hanging out, driving around, doing nothing |
| <input type="checkbox"/> Attending entertainment events, movies, concerts | <input type="checkbox"/> Looking for a job or applying for college |

2 During the last 12 months, about how many days a week have you usually gotten together with friends, outside of time you might spend at school and outside of organized activities or groups? **PLEASE MARK (X) ONE BOX.**

- | | |
|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> 4 or 5 days a week |
| <input type="checkbox"/> Sometimes, but not every week | <input type="checkbox"/> 6 or 7 days a week |
| <input type="checkbox"/> 1 day a week | |
| <input type="checkbox"/> 2 or 3 days a week | |

3 During the last 12 months, about how often have friends called you on the phone? **PLEASE MARK (X) ONE BOX.**

- | | |
|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> About once a week |
| <input type="checkbox"/> Rarely/less than once a month | <input type="checkbox"/> Several days a week |
| <input type="checkbox"/> A few times a month, but not every week | <input type="checkbox"/> Every day |



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Note: When asked to mark boxes, make an "X" through the box. Sample:

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4

How many times did you do each of the following activities during the last week?
PLEASE MARK (X) ONE BOX ON EACH LINE.

	Not at all	1 or 2 times	3 or 4 times	5 or more times
a. Work around the house, such as cleaning, cooking, laundry, yard work, or caring for a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hobbies, such as collecting baseball cards, playing a musical instrument, reading, or doing arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Just hang out with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Buy a few things you need at the store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5

About how many hours a week do you usually watch TV, videos, or DVDs?
PLEASE WRITE NUMBER OF HOURS IN THE BOXES OR MARK (X) DON'T KNOW.

Number of hours a week: OR Don't know

6

Do you have ... PLEASE MARK (X) ONE BOX ON EACH LINE.

	Yes	No
a. A driver's license or learner's permit?	<input type="checkbox"/>	<input type="checkbox"/>
b. An allowance or other money that you can decide how to spend (this could include money earned from a job)?	<input type="checkbox"/>	<input type="checkbox"/>
c. A savings account?	<input type="checkbox"/>	<input type="checkbox"/>
d. A checking account where you write checks?	<input type="checkbox"/>	<input type="checkbox"/>
e. A credit card or charge account in your own name?	<input type="checkbox"/>	<input type="checkbox"/>



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7 During the last 12 months, have you ... PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Yes</u>	<u>No</u>
a. Done any volunteer or community service activity (this could include something that was part of a school class or other group activity)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Taken lessons or classes in things like art, music, dance, a foreign language, religion, or computer skills, that were not school classes?	<input type="checkbox"/>	<input type="checkbox"/>
c. Gotten in a physical fight?	<input type="checkbox"/>	<input type="checkbox"/>

8a During the last 12 months, have you taken part in any group activities outside of school, such as scouting, church or temple youth group, or nonschool team sports like soccer or softball?

- No
- Yes

8b How many of the groups that you take part in include only youth with special needs? PLEASE MARK (X) **ONE BOX.**

- None of them
- Some of them
- All of them
- Don't know

9 During the last 2 years, have you been ... PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Yes</u>	<u>No</u>
a. Arrested?	<input type="checkbox"/>	<input type="checkbox"/>
b. In jail overnight?	<input type="checkbox"/>	<input type="checkbox"/>
c. On probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
d. Stopped and questioned by the police for something other than a traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>

Keep up the good work!



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10a

Please indicate whether you know how to use a computer for each activity listed below.
PLEASE MARK (X) **ONE BOX ON EACH LINE.**

Know how to use computer for ...

	<u>Yes</u>	<u>No</u>
a. Homework and school assignments	<input type="checkbox"/>	<input type="checkbox"/>
b. Playing games	<input type="checkbox"/>	<input type="checkbox"/>
c. The Internet	<input type="checkbox"/>	<input type="checkbox"/>
d. E-mail or instant messaging	<input type="checkbox"/>	<input type="checkbox"/>
e. Taking part in chat rooms	<input type="checkbox"/>	<input type="checkbox"/>

10b

Please indicate whether you actually do use a computer for each activity.
PLEASE MARK (X) **ONE BOX ON EACH LINE.**

Use computer for ...

	<u>Yes</u>	<u>No</u>
a. Homework and school assignments	<input type="checkbox"/>	<input type="checkbox"/>
b. Playing games	<input type="checkbox"/>	<input type="checkbox"/>
c. The Internet	<input type="checkbox"/>	<input type="checkbox"/>

10c

How often do you use e-mail, instant messaging, or take part in chat rooms?
PLEASE MARK (X) **ONE BOX.**

- | | |
|---|--|
| <input type="checkbox"/> Several times a day | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Once a day | <input type="checkbox"/> Less than once a week |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Never |

YOUR HEALTH

11

Which of the following best describes your general health?
PLEASE MARK (X) **ONE BOX.**

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |



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12

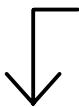
In the last month, how often did a health or emotional problem cause you to miss a social or recreational activity? PLEASE MARK (X) ONE BOX.

- Never
- Just a few times
- About once a week
- Almost every day
- Every day

13a

Some people have a disability or special need that makes it hard for them to do some things. Do you consider yourself to have any kind of disability or special need?

- No → PLEASE GO TO QUESTION 14 ON THE NEXT PAGE. →
- Yes PLEASE CONTINUE WITH 13b.



13b

Do you think you know what services you need to help you deal with your disability? PLEASE MARK (X) ONE BOX.

- Doesn't apply. I don't need services for my disability. } PLEASE GO TO QUESTION 14 ON THE NEXT PAGE. →

- { No } PLEASE CONTINUE WITH 13c.
- { Yes }



13c

Do you get any services or therapies from any school, agency, or professionals because of your disability?

- No → PLEASE GO TO QUESTION 14 ON THE NEXT PAGE. →
- Yes PLEASE CONTINUE WITH 13d.



13d

How often do you tell professionals what you think about the services they provide you? PLEASE MARK (X) ONE BOX.

- Hardly ever
- Sometimes
- Often



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14 Listed below are kinds of people that someone might turn to when making important decisions or having problems. Do you rely on this type of person a lot, a fair amount, just some, or not too much? PLEASE MARK (X) **ONE BOX ON EACH LINE**.

	<u>A lot</u>	<u>A fair amount</u>	<u>Just some</u>	<u>Not too much</u>	<u>Not applicable</u>
a. Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parents or guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A girlfriend or boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Brothers or sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A priest, minister, or rabbi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Guidance counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your boss or supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Some other adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 How often did you feel each of the following during the last week?
PLEASE MARK (X) **ONE BOX ON EACH LINE**.

	<u>Never or rarely</u>	<u>Some-times</u>	<u>A lot of the time</u>	<u>Most or all of the time</u>
a. You enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You felt that people disliked you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You were hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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- 16** How much do you feel that each of the following statements is true? Would you say not at all, very little, somewhat, quite a bit, or very much?
PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Not at all</u>	<u>Very little</u>	<u>Some- what</u>	<u>Quite a bit</u>	<u>Very much</u>
a. Adults care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your parents care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your friends care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your family pays attention to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 17** How much is each statement below like you? Is each one not at all like you, a little like you, or very much like you? PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Not at all like you</u>	<u>A little like you</u>	<u>Very much like you</u>
a. You are proud of who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You are a nice person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You can make friends easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You can tell other people your age how you feel when they upset you or hurt your feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You feel useful and important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You feel your life is full of interesting things to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You can handle most things that come your way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You know how to get the information you need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You can get school staff and other adults to listen to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You're almost finished with Section A! Keep up the good work!



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18

How likely do you think it is that you will do each of the following things? For each, please indicate if you think you definitely will, probably will, probably won't, definitely won't, or don't know. If you have already done something, MARK (X) UNDER DEFINITELY WILL. PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Definitely will</u>	<u>Probably will</u>	<u>Probably won't</u>	<u>Definitely won't</u>	<u>Don't know</u>
a. Graduate from a 2-year community or junior college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Graduate from a 4-year college or university.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Get a driver's license.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Live away from home on your own without supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Live away from home on your own with supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Get a paid job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Support yourself financially, without help from family members or government benefit programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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ABOUT YOUR HOUSEHOLD

19 The following questions are about your living situation and your household.

Where do you live now? PLEASE MARK (X) **ALL** THAT APPLY.

- | | |
|---|---|
| <input type="checkbox"/> With a parent or foster parent | <input type="checkbox"/> In a college dorm or military housing |
| <input type="checkbox"/> Alone or with a spouse or roommate | <input type="checkbox"/> In a group home or other supervised living arrangement |
| <input type="checkbox"/> With an adult family member who is not a parent | <input type="checkbox"/> In a medical or mental health facility |
| <input type="checkbox"/> With a legal guardian who is not a family member | <input type="checkbox"/> In a correctional facility or youth detention center |
| <input type="checkbox"/> In a residential or boarding school other than a college | <input type="checkbox"/> Other (Specify, please print): |

20 Do you usually feel safe in your neighborhood? PLEASE MARK (X) **ONE** BOX.

- No
 Yes

21 Are you ... PLEASE MARK (X) **ONE** BOX.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Engaged? | <input type="checkbox"/> Divorced? |
| <input type="checkbox"/> Single, never married? | <input type="checkbox"/> Separated? |
| <input type="checkbox"/> Married? | <input type="checkbox"/> Widowed? |
| <input type="checkbox"/> In a marriage-like relationship? | |

22 Thinking about your household transportation, how difficult is it for you to get where you need to go? PLEASE MARK (X) **ONE** BOX.

- Very difficult
 Somewhat difficult
 Somewhat easy
 Very easy



Great job! You're finished with Section A! Please continue to the next section.



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Section B
Johnny Jones
7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES IN HIGH SCHOOL DURING THE 2004-2005 SCHOOL YEAR. SCHOOL CAN BE ANY PLACE YOU RECEIVE INSTRUCTION IN SCHOOL SUBJECTS. FOR SOME STUDENTS, THIS IS A REGULAR SCHOOL; OTHER STUDENTS ARE SCHOOLED AT HOME OR IN A HOSPITAL OR SOME OTHER KIND OF PLACE.

HIGH SCHOOL EXPERIENCES

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

1

How much do you enjoy school?
PLEASE MARK (X) **ONE** BOX.

- A lot
- Pretty much
- A little
- Not at all

2

How much do you feel you are part of the school?
PLEASE MARK (X) **ONE** BOX.

- A lot
- Pretty much
- A little
- Not at all



29708

- - -

3

Please show how much you agree with each statement below.

PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Agree a lot</u>	<u>Agree a little</u>	<u>Disagree a little</u>	<u>Disagree a lot</u>
a. There is an adult at school who I feel close to and who cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am getting the support and services from the school that I need to do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4

How hard is school for you? PLEASE MARK (X) **ONE BOX.**

- Very hard
- Pretty hard
- Not very hard
- Not hard at all

5

How safe do you feel at school? PLEASE MARK (X) **ONE BOX.**

- Very safe
- Pretty safe
- Not very safe
- Not safe at all

You're almost finished with this section, keep up the great work!



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- - -

6 Since school started this year, how often have you had trouble with each of the following activities? PLEASE MARK (X) **ONE BOX ON EACH LINE**.

	<u>Never had trouble</u>	<u>Just a few times</u>	<u>About once a week</u>	<u>Almost every day</u>	<u>Every day</u>
a. Getting along with your teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paying attention in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting your homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting along with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Have you had any of the following things happen during this school year? Have you ... PLEASE MARK (X) **ONE BOX ON EACH LINE**.

	<u>Yes</u>	<u>No</u>
a. Had things stolen from your locker, desk, or other places at school?	<input type="checkbox"/>	<input type="checkbox"/>
b. Been bullied or picked on by other students or made to do things like give them money at school or on the way to or from school?	<input type="checkbox"/>	<input type="checkbox"/>
c. Bullied or picked on other students?	<input type="checkbox"/>	<input type="checkbox"/>
d. Been teased or called names at school?	<input type="checkbox"/>	<input type="checkbox"/>
e. Been physically attacked or in fights at school or on the way to or from school?	<input type="checkbox"/>	<input type="checkbox"/>



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8a

Do you have an IEP (Individualized Education Program) for special education services at school? PLEASE MARK (X) **ONE BOX**.

- No
- Don't know
- Yes

8b

During this school year or the last school year, did you go to a meeting at school about an Individualized Education Plan, or IEP, for special education programs or services?

- No
- Yes

8c

Did you meet with adults at school to set goals for what you will do after high school and make a plan for how to achieve them? Sometimes this is called a transition plan.

- No
- Yes

8d

How much choice did you have about the goals in your IEP or transition plan? PLEASE MARK (X) **ONE BOX**.

- Almost no choice
- Some choice
- A lot of choice
- Does not apply. I don't think I have an IEP or transition plan.

8e

How do you feel about your part in the decisions about your IEP or transition plan? Do you feel you ... PLEASE MARK (X) **ONE BOX**.

- Wanted to be more involved?
- Were involved about the right amount?
- Wanted to be less involved?
- Does not apply. I don't think I have an IEP or transition plan.



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8f

How much do you think your IEP or transition goals are ...
PLEASE MARK (X) ONE BOX.

- Very challenging and right for you?
- Pretty challenging and right for you?
- Not very challenging and right for you?
- Not at all challenging and right for you?
- Does not apply. I don't think I have an IEP or transition plan.

9

During the past 12 months, have you ... PLEASE MARK (X) ONE BOX ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Been invited to other kids' social activities, like over to their home or to a party?	<input type="checkbox"/>	<input type="checkbox"/>
b. Taken part in any school activities outside of class, such as a sports team, band or chorus, a school club, or student government?	<input type="checkbox"/>	<input type="checkbox"/>

10

When you were in school, during a typical month, how often did a health or emotional problem cause you to miss a day of school? PLEASE MARK (X) ONE BOX.

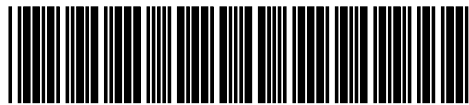
- Never
- Just a few times
- About once a week
- Almost every day
- Every day

Congratulations! You are finished with section B! Please go to the next section.



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Section C

Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES WHILE YOU WERE IN HIGH SCHOOL DURING THE 2004-2005 SCHOOL YEAR. SCHOOL CAN BE ANY PLACE YOU RECEIVE INSTRUCTIONS IN SCHOOL SUBJECTS. FOR SOME STUDENTS, THIS IS A REGULAR SCHOOL; OTHER STUDENTS ARE SCHOOLED AT HOME OR IN A HOSPITAL OR SOME OTHER KIND OF PLACE.

PAST HIGH SCHOOL EXPERIENCES

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

1 How much did you enjoy school? PLEASE MARK (X) **ONE** BOX.

- A lot
- Pretty much
- A little
- Not at all

2 How much do you feel you were part of the school? PLEASE MARK (X) **ONE** BOX.

- A lot
- Pretty much
- A little
- Not at all



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- - -

3

Please show how much you agree with each statement below.

PLEASE MARK (X) **ONE** BOX ON **EACH** LINE.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a. There was an adult at school who I felt close to and who cared about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I got the support and services from the school that I needed to do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4How hard was school for you? PLEASE MARK (X) **ONE** BOX.

- Very hard
- Pretty hard
- A little hard
- Not hard at all

5How safe did you feel at school? PLEASE MARK (X) **ONE** BOX.

- Very safe
- Pretty safe
- Not very safe
- Not safe at all

6While you were in school this past year, how often did you have trouble with each of the following activities? PLEASE MARK (X) **ONE** BOX ON **EACH** LINE.

	Never had trouble	Just a few times	About once a week	Almost every day	Every day
a. Getting along with your teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paying attention in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting your homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting along with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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7 Did you have any of the following things happen during this past school year? Did you...
PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Yes</u>	<u>No</u>
a. Have things stolen from your locker, desk, or other places at school?	<input type="checkbox"/>	<input type="checkbox"/>
b. Get bullied or picked on by other students or made to do things like give them money at school or on the way to or from school?	<input type="checkbox"/>	<input type="checkbox"/>
c. Bully or pick on other students?	<input type="checkbox"/>	<input type="checkbox"/>
d. Get teased or called names at school?	<input type="checkbox"/>	<input type="checkbox"/>
e. Get physically attacked or in fights at school or on the way to or from school?	<input type="checkbox"/>	<input type="checkbox"/>

8a Did you have an IEP (Individualized Education Program) for special education services at school? PLEASE MARK (X) **ONE BOX.**

- No
- Don't know
- Yes

8b During this school year or the last school year, did you go to a meeting at school about an Individualized Education Plan, or IEP, for special education program or services?

- No
- Yes

8c Did you meet with adults at school to set goals for what you will do after high school or make a plan for how to achieve them? Sometimes this is called a transition plan.

- No
- Yes

You're almost finished with Section C! Continue the good work!



61379

- - -

8d

How much choice did you have about the goals on your IEP or transition plan?
PLEASE MARK (X) ONE BOX.

- Almost no choice
- Some choice
- A lot of choice
- Does not apply. I don't think I had an IEP or transition plan.

8e

How do you feel about your part in the decisions about your IEP or transition plan?
Do you feel you ... PLEASE MARK (X) ONE BOX.

- Wanted to be more involved?
- Were involved about the right amount?
- Wanted to be less involved?
- Does not apply. I don't think I had an IEP or transition plan.

8f

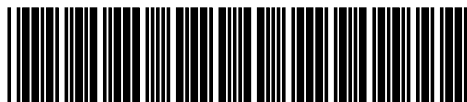
How much do you think your IEP or transition goals were ...
PLEASE MARK (X) ONE BOX.

- Very challenging and right for you?
- Pretty challenging and right for you?
- Not very challenging and right for you?
- Not at all challenging and right for you?
- Does not apply. I don't think I had an IEP or transition plan.

9

During the past 12 months, have you ... PLEASE MARK (X) ONE BOX ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Been invited to other kids' social activities, like over to their home or to a party?	<input type="checkbox"/>	<input type="checkbox"/>
b. Taken part in any school activities outside of class, such as a sports team, band or chorus, a school club, or student government?	<input type="checkbox"/>	<input type="checkbox"/>



Congratulations! You are finished with section C! Please go to the next section.



42435

**Section D**

Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY HAS ASOME MORE QUESTIONS ABOUT YOUR HEALTH AND HOUSEHOLD ARRANGEMENTS.

YOUR HEALTH**IMPORTANT NOTE:**

Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

1

Are you now covered by any of the following kinds of health insurance?
PLEASE MARK (X) **ONE** BOX ON **EACH** LINE.

	Yes	No	Don't know
a. Private health insurance that you or a family member buys or gets as a benefit from a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Government-assisted or public health insurance, like Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Insurance that is managed care or with a health maintenance organization (HMO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Insurance for dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Insurance for vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Insurance that covers prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2

Are you now taking any prescription medicine for a condition or problem related to a disability?

No

Yes



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- - -

3 Are you taking any prescription medicine that controls your behavior or changes your mood, such as Ritalin or an antidepressant?

- No
 Yes → What is the name of the medicine?

ABOUT YOUR HOUSEHOLD

4 Are you happy with your current living arrangement, or would you like to change where you live or who you live with? PLEASE MARK (X) ONE BOX.

- Happy with living arrangement
 Want to change living arrangement
 Mixed feelings

5 Do you have a partner or spouse living with you now?

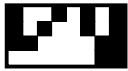
- No
 Yes → Does your spouse or partner have a paid job now? → No Yes

6 During the last 2 years, have you received benefits from TANF (Temporary Assistance to Needy Families) or the state welfare program?

- No
 Yes → Are you getting money from TANF now? → No Yes

7 During the last 2 years, have you received Food Stamps?

- No
 Yes → Are you getting Food Stamps now? → No Yes



42435

- - -

8 Which of the incomes below best describes your total income in the last tax year, including salaries or other earnings, money from public assistance, and so on, before taxes. (Please include income both for you and your spouse, if you have one.)

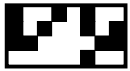
PLEASE MARK (X) **ONE** BOX.

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> \$30,001 to \$35,000 |
| <input type="checkbox"/> \$5,000 or less | <input type="checkbox"/> \$35,001 to \$40,000 |
| <input type="checkbox"/> \$5,001 to \$10,000 | <input type="checkbox"/> \$40,001 to \$45,000 |
| <input type="checkbox"/> \$10,001 to \$15,000 | <input type="checkbox"/> \$45,001 to \$50,000 |
| <input type="checkbox"/> \$15,001 to \$20,000 | <input type="checkbox"/> Over \$50,001 |
| <input type="checkbox"/> \$20,001 to \$25,000 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> \$25,001 to \$30,000 | |

9 Has there been any time during the last 12 months that you didn't have phone service where you live for more than a few days?

- No
 Yes

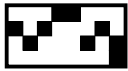
Great job! You're finished with Section D! Please continue to the next section.



42435

- - -





41541

**Section E**

Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT THINGS SOME YOUNG PEOPLE DO.**PERSONAL INTERESTS AND ACTIVITIES****IMPORTANT NOTE:**Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.**Sample:** **Right** **Wrong**

Please print neatly when you complete any word or number responses.

1 Are you registered to vote?

- No
 Yes

2 During the past 30 days, on how many days did you do each of the following things? PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	Never	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have at least one drink of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 On the days you smoke, about how many cigarettes do you smoke in a day? PLEASE WRITE THE NUMBER OF CIGARETTES YOU SMOKE A DAY IN THE BOXES BELOW **OR** MARK (X) **DON'T KNOW OR DOES NOT APPLY.**

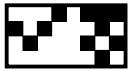
-
- Does not apply. I do not smoke cigarettes.

OR

Number of cigarettes in a day.

OR

-
- Don't know



41541

4a

Have you ever had sexual intercourse?

- No → **PLEASE GO TO QUESTION 5 ON THE NEXT PAGE** →
- Yes **PLEASE CONTINUE WITH 4b.**

4b

Have you had sexual intercourse in the last 3 months?

- No
- Yes

4c

The last time you had sexual intercourse, did you or your partner use a condom?

- No
- Yes

4d

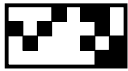
The last time you had sexual intercourse, did you or your partner use or do anything else to keep from getting pregnant?

- No
- Yes

4e

During the last 2 years, how many children have you had or fathered? **PLEASE WRITE NUMBER OF CHILDREN IN THE PAST TWO YEARS IN THE BOX BELOW. FOR NONE WRITE "0" IN THE BOX.**

Number of children in past 2 years



41541

- - -

5

During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club? PLEASE MARK (X) **ONE** BOX.

- Never
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 days or more

6

During the last 30 days, how many times did you do each of the following? PLEASE MARK (X) **ONE** BOX ON **EACH** LINE.

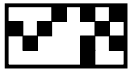
	Never	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 times or more
a. Use marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use any form of cocaine, including powder, crack, or freebase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use any other kind of illegal drugs, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills that you took without a doctor's prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7

Do you belong to a gang?

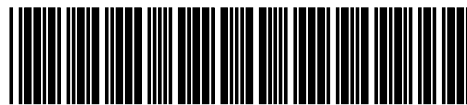
- No
- Yes

Congratulations! You are finished with section E! Please go to the next section.



41541

- - -





62832



Section F

Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT THE WORK EXPERIENCES YOU HAD WHILE YOU WERE IN HIGH SCHOOL.

SCHOOL-SPONSORED WORK

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

1 During the past 12 months, have you taken part in any school-sponsored work activities, like a work-study job, an internship, or a school-based business?

No → **PLEASE GO TO QUESTION 5 ON THE NEXT PAGE.** →

Yes **PLEASE CONTINUE WITH QUESTION 2.**



2 Did you get **credit** for that work?

No

Yes

3 Did you get **paid** for that work?

No

Yes



62832

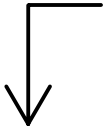
- - -

4 What kind of work have you done for your school-sponsored job? PLEASE DESCRIBE THE KIND OF WORK AND THE KIND OF PLACE WHERE YOU WORKED. FOR EXAMPLE, "A CASHIER AT A GROCERY STORE."

PAID WORK DURING THE LAST 2 YEARS

5 At any time during the last 2 years, did you do any work for pay, other than work around the house or a school-sponsored job? This could include babysitting or working for a neighbor.

- No → PLEASE GO TO QUESTION 1 IN THE NEXT SECTION. →
- Yes PLEASE CONTINUE WITH QUESTION 6.



6 Did you do this work during the summer (June, July, or August)?

- No
- Yes → About how many hours a week did you Hours a week usually worked usually work during the summer?

7 Did you do this work during the school year (between September and May)?

- No
- Yes → About how many hours a week did you Hours a week usually worked usually work during the school year?



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- - -

8 Do you have a paid job now, other than work around the house or a school-sponsored job?

No → **PLEASE GO TO QUESTION 15 ON THE NEXT PAGE.** →

Yes **PLEASE CONTINUE WITH QUESTION 9.**



9 How many different paid jobs do you have now?
PLEASE WRITE NUMBER OF JOBS BELOW.

Number of jobs held now

10 Thinking about all the jobs you have now, not counting any school-sponsored job, about how many hours a week do you usually work?
PLEASE WRITE NUMBER OF HOURS BELOW.

Number of hours usually worked a week

11 Taking all your paid jobs together, do you usually work full-time (at least 35 hours a week) or part-time (less than 35 hours a week)?

Full-time

Part-time

12 What kind of work do you do at this job? (If you have more than one paid job now, please answer the rest of the questions about the job where you spend the most time.)
PLEASE DESCRIBE THE KIND OF WORK YOU DO AND THE KIND OF PLACE WHERE YOU DO IT. FOR EXAMPLE "A CASHIER AT A GROCERY STORE."



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- - -

13

About how much are you paid **per hour** at this job?
PLEASE WRITE AMOUNT IN THE BOXES BELOW.

\$. Pay per hour

14

How do you usually get to work? PLEASE MARK (X) **ONE** BOX.

- Walk or ride a bike
- Drive yourself
- Get a ride from a family member
- Get a ride from a friend or coworker
- Carpool
- Take public transportation (e.g., bus, train, taxi)
- Transportation is provided by a service agency
- Use dial-a-van service
- Other

15

Have you been fired from a job at any time during the past 2 years?
PLEASE MARK (X) **ONE** BOX.

- No
- Yes

IF YOU HAVE A PAID JOB NOW, PLEASE GO TO QUESTION 1 IN THE NEXT SECTION. →

IF YOU DON'T HAVE A PAID JOB NOW, PLEASE GO TO QUESTION 16. →

You're almost finished with Section F! Continue the good work!



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YOUR MOST RECENT JOB IF YOU ARE NOT WORKING NOW

- 16** Please think of the last job you had--the one you had most recently, other than any school-sponsored job. What kind of work did you do at your last job? PLEASE DESCRIBE THE KIND OF WORK AND THE KIND OF PLACE WHERE YOU DID IT. FOR EXAMPLE, "A CASHIER AT A GROCERY STORE."

--

- 17** About how much were you paid **per hour** at that job? PLEASE WRITE AMOUNT IN THE BOXES BELOW.

\$

--	--

 .

--	--

 Pay per hour

- 18** How did you usually get to work? PLEASE MARK (X) **ONE** BOX.

- Walked or rode a bike
- Drove yourself
- Got a ride from a family member
- Got a ride from a friend or coworker
- Carpooled
- Took public transportation (e.g., bus, train, taxi)
- Transportation was provided by a service agency
- Used dial-a-van service
- Other

- 19** About how many hours did you work per week when you had that job, including all the jobs you might have had at the same time? PLEASE WRITE NUMBER OF HOURS BELOW.

--	--

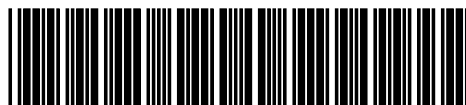
 Number of hours usually worked per week

Great job! You're finished with Section F! Please continue to the next section.



62832

- - -





11664



Section G


Johnny Jones

7/03/85

THIS PORTION OF THE NLTS2 SURVEY IS ABOUT LEAVING HIGH SCHOOL.

LEAVING HIGH SCHOOL

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

1 Did you graduate from high school?

No **PLEASE CONTINUE WITH QUESTION 2.**

Yes → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →

2 Why did you leave high school?

3 In the past 2 years, have you taken classes or tests to earn a high school diploma or certificate, such as a GED course?

No

Yes → Did you get a high school diploma or certificate from this work? → No Yes

4 Are you taking classes to earn a high school diploma or certificate now?

No

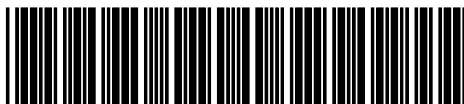
Yes

Great job! You're finished with Section G! Please continue to the next section.



11664

- - -





52983




Section H

Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES ATTENDING:

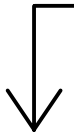
2-YEAR JUNIOR OR COMMUNITY COLLEGE

IMPORTANT NOTE:
 Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.
Sample: **Right** **Wrong**
Please print neatly when you complete any word or number responses.

1

During the last 2 years, have you taken any classes from a 2-year, junior, or community college?

- No → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →
- Yes **PLEASE CONTINUE WITH QUESTION 2.**



2

About how long after leaving high school was it before you started going to a 2-year college? **PLEASE WRITE A NUMBER IN ONE OF THE SETS OF BOXES.**

Number of weeks Don't know

OR

Number of months

OR

Number of years

3

Are you going to a 2-year or community college now?

- No → Why did you stop going to a 2-year college?
PLEASE PRINT YOUR ANSWER IN THE BOX BELOW.

Yes



52983

- - -

4

Have you gotten a diploma, certificate, or license from a 2-year or community college

- No → Are you working toward a diploma, certificate, or license? → No Yes
- Yes

5

Have you been enrolled in a 2-year college steadily during the school year, or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are tempt going to a 2-year college now, please anser the remaining questions about the time when you did go to a 2-year college.)

PLEASE MARK (X) ONE BOX.

- Enrolled steadily during the school year
- Enrolled off and on

6

Have you attended a 2-year or community college full-time or part-time?

PLEASE MARK (X) ONE BOX.

- Full-time (in class 12 hours or more a week)
- Part-time (in class fewer than 12 hours a week)
- Both, sometimes one, sometimes the other

7

Have you taken mostly vocational courses to train for a job, like computer or business courses, or have you taken mostly academic courses, like English or science?

PLEASE MARK (X) ONE BOX.

- Mostly vocational courses
- Both academic and vocational courses
- Mostly academic courses
- Neither, classes are for personal interest



What kind of job are the vocational courses training you for?



52983

- - -

8 If you have any kind of learning problem, disability, or special need, was the 2-year or community college aware that you had a disability? PLEASE MARK (X) **ONE** BOX.

- Not applicable. I don't have a learning problem, disability, or special need.
- No
- Yes

9 Have you gone to a tutor, study center, or writing center at this school to get help with your school work?

- No
- Yes

10 Have you had any special arrangements from the school for testing?

- No
- Yes → PLEASE MARK (X) **ALL** THAT APPLY.
 - More time for taking tests
 - Having tests and other materials read to you
 - Different tests
 - Different grading standards
 - Different settings (like another room) to take tests
 - Instructions given to you in sign language or manual communication
 - A scribe (person) records your answers for you

11 Have you received any accommodations in how your class assignments are provided?

- No
- Yes → PLEASE MARK (X) **ALL** THAT APPLY.
 - More time to finish assignments
 - Different assignments (like shorter assignments or different lab assignments in a science class)



52983

12 Has there been any person assigned to help you in class?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

A reader or interpreter

Tutor

Note taker in class

Support person (like a counselor)

A personal aide or instructional assistant to help you in class

who monitors your academic progress and helps you manage your academic workload

13 Have you received any therapies from the school?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Psychological or mental health services or counseling

Social work services

Occupational therapy or life skills training

14 Have you been allowed to use any different kinds of technology in class?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Large print or Braille materials or large print computer

Computer hardware adapted for your needs (like an alternative keyboard, switch interface)

Books on tape

Use of computer or spell checker in class or during test taking

Special use of calculator (like when other students don't get to use one)

Computer software designed for students with disabilities

15 Have there been any adaptations or changes to your classrooms?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Physical changes to the classroom, special desks

Changes to equipment (like different lab equipment in a science class)

You're almost finished with Section H! Continue the good work!



52983

16

Have there been any supports from the school for you outside of class?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - A behavior management program
 - Help with learning strategies or study skills (like a writing center)
 - Support group for students with disabilities
 - Early registration

17

Have you had any services or supports from the school to help you live, or get around at school?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Transportation assistance (to get to classes)
 - Housing assistance (like modified living arrangements)
 - Orientation and mobility services
 - Social activities for students with disabilities
 - Food service arrangements or accommodations
 - Medical supports

18

Has your school provided any other supports?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Service coordination or case management
 - Child care
 - Other

19

Besides what the school had available, have you gotten any services or help on your own while you have been at a 2-year college?

- No
- Yes



52983

- - -

20

How useful have all the services, accommodations, and help with school work been in helping you stay in school and do your best there? PLEASE MARK (X) **ONE** BOX.

- Does not apply. I have not received any services or accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

21

Do you think you have received enough services, accommodations, and help with school work to do your best there? PLEASE MARK (X) **ONE** BOX.

- Does not apply. I do not need services or accommodations.
- Definitely getting enough
- Probably getting enough
- Probably not getting enough
- Definitely not getting enough



Congratulations! You are finished with section H! Please go to the next section.



28181



Section I


Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES AFTER HIGH SCHOOL ATTENDING:

VOCATIONAL, BUSINESS, OR TECHNICAL SCHOOL

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

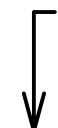
Please print neatly when you complete any word or number responses.

1

During the last 2 years, have you taken any classes from a postsecondary vocational, business, or technical school?

No → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →

Yes **PLEASE CONTINUE WITH QUESTION 2.**



2

About how long after leaving high school was it before you started going to a vocational, business, or technical school? PLEASE WRITE A NUMBER IN ONE OF THE SETS OF BOXES.

Number of weeks

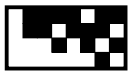
Don't know

OR

Number of months

OR

Number of years



28181

3a

Are you going to a postsecondary vocational, business, or technical school now?

Yes **PLEASE GO TO QUESTION 4.**

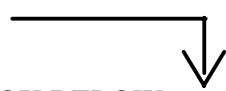
No →

3b

Are you not going because you **PLEASE MARK (X) ONE BOX.**

are on vacation.

graduated or completed the program.

Some other reason. Why did you stop going? 

3c

PLEASE PRINT YOUR ANSWER IN THE BOX BELOW.

4

Have you gotten a diploma, certificate, or license from a vocational, business, or technical school?

No → Are you working toward a diploma, certificate, or license?

No

Yes

Yes → How long was the program that you took that led to this diploma, certificate, or license? **PLEASE WRITE A NUMBER IN ONE OF THE SETS OF BOXES.**

Number of weeks

Don't know

OR

Number of months

OR

Number of years



28181

- - -

5a Have you attended school steadily during the school year, or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a vocational, business, or technical school now, please answer the remaining questions about the time when you did go to such a school.)

PLEASE MARK (X) **ONE** BOX.

- Steadily
- Off and on

5b Have you attended school full-time or part-time? PLEASE MARK (X) **ONE** BOX.

- Full-time (in class at least 12 hours or more a week)
- Part-time (in class fewer than 12 hours a week)

6 What kind of job(s) have your vocational courses trained you for?

Type of job(s):

7 If you have any kind of learning problem, disability, or special need, was the vocational, business, or technical school aware that you had a disability? PLEASE MARK (X) **ONE** BOX.

- Not applicable. I don't have a learning problem, disability, or special need.
- No
- Yes



28181

- - -

8 Have you ever gone to a tutor, study center, or writing center at this school to get help with your school work?

- No
- Yes

9 Have you had any special arrangements from the school for testing?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - More time for taking tests
 - Having tests and other materials read to you
 - Different tests
 - Different grading standards
 - Different settings (like another room) to take tests
 - Instructions given to you in sign language or manual communication
 - A scribe (person) records your answers for you

10 Have you received any accommodations in how your class assignments are provided?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - More time to finish assignments
 - Different assignments (like shorter assignments or different lab assignments in a science class)

11 Has there been any person assigned to help you in class?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - A reader or interpreter
 - Note taker in class
 - A personal aide or instructional assistant to help you in class
 - Tutor
 - Support person (like a counselor) who monitors your academic progress and helps you manage your academic workload



12 Have you received any therapies from the school?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
- Psychological or mental health services or counseling
 - Social work services
 - Occupational therapy or life skills training

13 Have you been allowed to use any different kinds of technology in class?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
- Large print or Braille materials or large print computer
 - Books on tape
 - Use of computer or spell checker in class or during test taking
 - Computer software designed to meet your needs
 - Computer hardware adapted for your needs (like an alternative keyboard, switch interface)
 - Special use of calculator (like when other students don't get to use one)

14 Have there been any adaptations or changes to your classrooms?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
- Physical changes to the classroom, special desks
 - Changes to equipment (like different lab equipment in a science class)



28181

- - -

15

Have there been any supports from the school for you outside of class?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - A behavior management program
 - Help with learning strategies or study skills (like a writing center)
 - Support group for students with disabilities
 - Early registration

16

Have you had any services or supports from the school to help you live, or get around at school?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Transportation assistance (to get to classes)
 - Housing assistance (like modified living arrangements)
 - Orientation and mobility services
 - Social activities for students with disabilities
 - Food service arrangements or accommodations
 - Medical supports

17

Has your school provided any other supports?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Service coordination or case management
 - Child care
 - Other

18

Besides what the school had available, have you gotten any services or help on your own to help you do your best in school?

- No
- Yes



28181

- - -

19

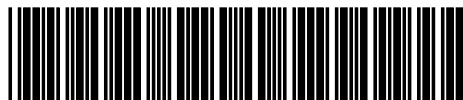
How useful have the services, accommodations, and help with school work been in helping you stay in school and do your best there? PLEASE MARK (X) ONE BOX.

- Does not apply. I have not received any services or accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

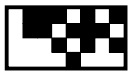
20

Do you think you have received enough services, accommodations, and help with school work to do your best there?

- Does not apply. I do not need services or accommodations.
- Definitely getting enough
- Probably getting enough
- Probably not getting enough
- Definitely not getting enough



Congratulations! You are finished with section I! Please go to the next section.



28181

- - -





57448




Section J

Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES ATTENDING: 4-YEAR COLLEGE OR UNIVERSITY

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.
Sample: Right Wrong

Please print neatly when you complete any word or number responses.

1

During the last 2 years, have you taken any classes from a 4-year college or university?

No → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →

Yes **PLEASE CONTINUE WITH QUESTION 2.**



2

About how long after leaving high school was it before you started going to a 4-year college or university? **PLEASE WRITE A NUMBER IN ONE OF THE SETS OF BOXES.**

Number of weeks

Don't know

OR

Number of months

OR

Number of years



57448

- - -

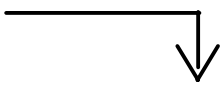
3a Are you going to a 4 year college or university now?

Yes **PLEASE GO TO QUESTION 4.**

No → **3b** Are you not going because you **PLEASE MARK (X) ONE BOX.**

are on vacation.

graduated or completed the program.

Some other reason. Why did you stop going? 

3c

PLEASE PRINT YOUR ANSWER IN THE BOX BELOW.

4 Have you gotten a diploma, certificate, or license from a 4-year college or university?

No → **Are you working toward a diploma, certificate, or license?**
 No
 Yes

Yes

5 Have you been enrolled in a 4-year college or university steadily during the school year, or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a 4-year college or university now, please answer the remaining questions about the time when you did go to a 4-year college college or university.)

Enrolled steadily during the school year

Enrolled off and on

6 Have you attended a 4-year college or university full-time or part-time?
PLEASE MARK (X) ONE BOX.

Full-time (in class 12 hours or more a week)

Part-time (in class fewer than 12 hours a week)

Both, sometimes one, sometimes the other



57448

7 What is/was your major or your primary course of study in a 4-year college or university?

College major:

Don't know; no major declared yet.

8 If you have any kind of learning problem, disability, or special need, was the 4-year college or university aware that you had a disability? **PLEASE MARK (X) ONE BOX.**

Not applicable. I don't have a learning problem, disability, or special need.

No

Yes

9 Have you ever gone to a tutor, study center, or writing center at school to get help with your school work?

No

Yes

10 Have you had any special arrangements from the school for testing?

No

Yes → **PLEASE MARK (X) ALL THAT APPLY.**

More time for taking tests

Different settings (like another room) to take tests

Having tests and other materials read to you

Instructions given to you in sign language or manual communication

Different tests

Different grading standards

A scribe (person) records your answers for you

11 Have you received any accommodations in how your class assignments are provided?

No

Yes → **PLEASE MARK (X) ALL THAT APPLY.**

More time to finish assignments

Different assignments (like shorter assignments or different lab assignments in a science class)



57448

- - -

12 Has there been any person assigned to help you in class?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

A reader or interpreter

Tutor

Note taker in class

Support person (like a counselor) who monitors your academic progress and helps you manage your academic workload

A personal aide or instructional assistant to help you in class

13 Have you received any therapies from the school?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Psychological or mental health services or counseling

Social work services

Occupational therapy or life skills training

14 Have you been allowed to use any different kinds of technology in class?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Large print or Braille materials or large print computer

Computer hardware adapted for your needs (like an alternative keyboard, switch interface)

Books on tape

Use of computer or spell checker in class or during test taking

Special use of calculator (like when other students don't get to use one)

Computer software designed to meet your needs

15 Have there been any adaptations or changes to your classrooms?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Physical changes to the classroom, special desks

Changes to equipment (like different lab equipment in a science class)

You're almost finished with Section J! Continue the good work!



57448

- - -

16

Have there been any supports from the school for you outside of class?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - A behavior management program
 - Help with learning strategies or study skills (like a writing center)
 - Support group for students with disabilities
 - Early registration

17

Have you had any services or supports from the school to help you live, or get around at school?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Transportation assistance (to get to classes)
 - Social activities for students with disabilities
 - Housing assistance (like modified living arrangements)
 - Food service arrangements or accommodations
 - Orientation and mobility services
 - Medical supports

18

Has your school provided any other supports?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Service coordination or case management
 - Child care
 - Other

19

Besides what the school had available, have you gotten any services or help on your own to help you do your best at school?

- No
- Yes



57448

20 How useful have the services, accommodations, and help with school work been in helping you stay in school and do your best there? **PLEASE MARK (X) ONE BOX.**

- Does not apply. I have not received any services or accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

21 Do you think you have received enough services, accommodations, and help with schoolwork to do your best there? **PLEASE MARK (X) ONE BOX.**

- Does not apply. I do not need services or accommodations.
- Definitely getting enough
- Probably getting enough
- Probably not getting enough
- Definitely not getting enough



Great job! You're finished with Section J! Please continue to the next section.



8805



Section K


Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR WORK EXPERIENCES.

JOBS DURING THE LAST 2 YEARS

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.
Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

1 Have you had any paid jobs during the past 2 years other than work around the house?

No → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →

Yes **PLEASE CONTINUE WITH QUESTION 2.**

2 How many paid jobs have you had altogether during the past 2 years? □
PLEASE WRITE NUMBER IN BOXES BELOW.

Number of paid jobs during the past 2 years

3 What is the longest time you have worked at a particular job during the past 2 years?
PLEASE WRITE A NUMBER IN **ONE** OF THE SETS OF BOXES.

Number of weeks Don't know

OR

Number of months

OR

Number of years

4 Have you been fired from a job any time during the past 2 years?

No
 Yes



8805

JOBS SINCE LEAVING HIGH SCHOOL

5 How many paid jobs have you had since leaving high school?
PLEASE WRITE NUMBER IN BOXES BELOW OR MARK (X) FOR NONE.

Number of paid jobs since leaving high school

None **→ GO TO QUESTION 27 ON PAGE 8.**

6 What is the longest amount of time you have worked at a particular job since leaving high school?
PLEASE WRITE A NUMBER IN ONE OF THE SETS OF BOXES.

Number of weeks Don't know

OR

Number of months

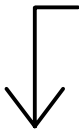
OR

Number of years

JOBS HELD NOW

7 Do you have a paid job **now**, other than work around the house?
 No **→ PLEASE GO TO QUESTION 27 ON PAGE 8.** **→**

Yes **PLEASE CONTINUE WITH QUESTION 8.**



8 How many different paid jobs do you have now? PLEASE WRITE NUMBER IN BOXES BELOW.

Number of paid jobs now

9 Thinking about all the jobs you have, about how many hours a week do you usually work?

Number of hours a week usually worked



8805

- - -

10 What kind of work do you do for this job (where you spend the most time)? (If you have more than one paid job now, please answer the next questions about the job where you spend the most time.)

PLEASE DESCRIBE THE KIND OF WORK YOU DO AND THE KIND OF PLACE WHERE YOU DO IT. FOR EXAMPLE, "CASHIER AT A GROCERY STORE."

11 About how many hours a week do you usually work at this job?

Number of hours a week usually worked

12 About how long have you had this job?
PLEASE WRITE A NUMBER IN **ONE** OF THE SETS OF BOXES.

Number of weeks Don't know

OR

Number of months

OR

Number of years

13 About how much are you paid **per hour** at this job?
PLEASE WRITE AMOUNT IN BOXES BELOW.

\$. Pay per hour

14 Are you paid more now than when you started this job?

- No
- Yes



8805

- - -

15 Have you been promoted or taken on more responsibility since you started this job?

- No
- Yes

16 As part of this job, do you get ... PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Yes</u>	<u>No</u>
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>

17 At this job, do you think ... PLEASE MARK (X) **ONE BOX ON EACH LINE.**

	<u>Yes</u>	<u>No</u>
a. You are pretty well paid for your work?	<input type="checkbox"/>	<input type="checkbox"/>
b. You are treated pretty well by others at your job?	<input type="checkbox"/>	<input type="checkbox"/>
c. In your job, you have lots of chances to work your way up?	<input type="checkbox"/>	<input type="checkbox"/>
d. You put your education and training to good use?	<input type="checkbox"/>	<input type="checkbox"/>

18 How well do you get along with coworkers? PLEASE MARK (X) **ONE BOX.**

- Very well
- Pretty well
- Not very well
- Not at all well

19 How well do you get along with your boss? PLEASE MARK (X) **ONE BOX.**

- Very well
- Pretty well
- Not very well
- Not at all well



8805

- - -

20

How much do you usually like your job? PLEASE MARK (X) ONE BOX.

- Very much
- Fairly well
- Not much
- Not at all

21

How do you usually get to work? PLEASE MARK (X) ONE BOX.

- Walk or ride a bike
- Drive yourself
- Get a ride from a family member
- Get a ride from a friend or coworker
- Carpool
- Take public transportation (e.g., bus, train, taxi)
- Transportation is provided by a service agency
- Use dial-a-van service
- Other

22

About how long did you look for a job before you found the one you have now?
PLEASE WRITE A NUMBER IN ONE OF THE SETS OF BOXES.

Number of weeks

- Not applicable, didn't really look for this job.

OR

Number of months

- Don't know

OR

Number of years

23

How did you find this job? PLEASE MARK (X) ALL THAT APPLY.

- You got the job yourself.
- You used an employment agency or other service program.
- Someone at school helped you.
- A family member helped you.
- A friend or someone else you know helped you (e.g., a neighbor, a friend of a family member).



8805

- - -

24

Has someone from an agency or program stayed in touch with you to check on how you are doing on the job?

- No
- Yes

25

If you have any kind of learning problem, disability, or special need, is your employer aware of it? PLEASE MARK (X) ONE BOX.

- Does not apply. I don't have a learning problem, disability, or special need.
- No →



PLEASE GO TO QUESTION 27 ON PAGE 8.



- Yes **PLEASE CONTINUE WITH QUESTION 26a.**



26a

Are there any accommodations in your work assignments or supervision?

- No
- Yes → **PLEASE MARK (X) ALL THAT APPLY.**
 - More training or training tailored to your needs
 - More or different supervision or mentoring
 - Different expectations for productivity or performance
 - Instructions given to you in a different form (like pictures, sign language, or verbally instead of, or in addition to, written instructions)

26b

Are there any accommodations in your work schedule because of a disability?

- No
- Yes → **PLEASE MARK (X) ALL THAT APPLY.**
 - Flexible times for arriving at and leaving work
 - Slower pace for getting the job done
 - More breaks, longer breaks
 - More paid sick leave or paid time off for medical needs, therapy appointments, etc.



8805

26c

Is any person assigned to help you at this job?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Reader or interpreter
 - Job coach
 - Personal aide



26d

Are there any adaptations to the equipment you use at work?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Large print, Braille, or large print computer
 - Written materials on audio or videotape
 - Computer software or hardware adapted for your needs (like special keyboard, switch interface, peripherals or voice recognition)
 - Headset for hands-free phone use or sound magnification
 - Different equipment (other than a computer) or changes to equipment you use on the job
 - TTY or TTD
 - Adapted workstation

26e

Are there any adaptations to your workplace?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Different furniture arrangement
 - Changes to building (like widened doors, restrooms made accessible)

26f

Do you have any services or supports to help you get around at work?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Transportation help to get around at work
 - Special parking close by
 - Emergency/evacuation plans tailored for you
 - Other

You're almost finished with Section K! Continue the good work!



8805

26g

How useful have these accommodations been in helping you keep your job and do your best there? PLEASE MARK (X) **ONE** BOX.

- Not applicable, I have not received any accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

26h

Do you think you are getting enough accommodations or other help at your job?

- Not applicable, I have not received any accommodations.
- No
- Yes

26i

At your job, do most of the workers have disabilities?

- No
- Yes

YOUR PREVIOUS JOB

27

Did you have a paid job **before** the one you have now, other than work around the house or a school-sponsored job?

- Does not apply. I do not have a paid job now.
- No
- Yes

} **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →

PLEASE CONTINUE WITH QUESTION 28.



28

At your last job, did you usually work ... PLEASE MARK (X) **ONE** BOX.

- More hours per week than at the job you have now
- About the same number of hours as the job you have now
- Fewer hours than at the job you have now



8805

- - -

29 When you left that job was your pay ... PLEASE MARK (X) ONE BOX.

- More than you get right now
- Less than you get right now
- About the same as you get right now

30 At that job, did you get ... PLEASE MARK (X) ONE BOX ON EACH LINE.

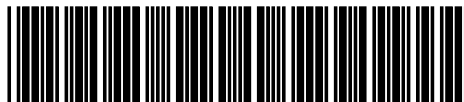
	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 At that job, did most of the other workers have disabilities?

- No
- Yes

32 How did you leave that job? PLEASE MARK (X) ONE BOX.

- You quit.
- You were fired.
- You were laid off.
- It was a temporary job that ended.



Great job! You're done with Section K! Please continue to the next section.



8805

- - -





13570



Section L


Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT THE WORK EXPERIENCES YOU HAVE HAD IN THE PAST.

JOBS DURING THE PAST 2 YEARS

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please use block printing when you complete any word or number responses.

- 1** Have you had any paid jobs during the past 2 years other than work around the house?
- No → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →
- Yes **PLEASE CONTINUE WITH QUESTION 2.**



- 2** How many paid jobs have you had altogether during the past 2 years?
PLEASE WRITE NUMBER IN BOXES BELOW.

Number of paid jobs in the past 2 years

- 3** What is the longest time you have worked at a particular job during the past 2 years?
PLEASE WRITE A NUMBER IN **ONE** OF THE SETS OF BOXES.

Number of weeks Don't know

OR

Number of months

OR

Number of years



13570

- - -

4 Have you been fired from a job any time during the past 2 years?

- No
- Yes

JOBS SINCE LEAVING HIGH SCHOOL

5 How many paid jobs have you had since leaving high school?
PLEASE WRITE NUMBER IN BOXES BELOW OR MARK (X) FOR NONE.

Number of paid jobs since leaving high school

None **→ GO TO QUESTION 7.**

6 What is the longest amount of time you have worked at a particular job since leaving high school?
PLEASE WRITE A NUMBER IN **ONE** OF THE SETS OF BOXES.

Number of weeks Don't know

OR

Number of months

OR

Number of years

YOUR MOST RECENT JOB

7 Please think about the **last** job you had--the job you had most recently. What kind of work did you do at that job?

PLEASE DESCRIBE THE KIND OF WORK YOU DID AND THE KIND OF PLACE WHERE YOU DID IT. FOR EXAMPLE, "A CASHIER AT A GROCERY STORE."



13570

8

About how many hours a week did you usually work at that job?
PLEASE WRITE NUMBER IN BOXES BELOW.

Number of hours a week usually worked

9

About how long did you have that job?
PLEASE WRITE A NUMBER IN **ONE** OF THE SETS OF BOXES.

Number of weeks

Don't know

OR

Number of months

OR

Number of years

10

When you left your last job, about how much were you being paid **per hour**?
PLEASE WRITE NUMBER IN BOXES BELOW.

\$.

Pay per hour

11

Were you being paid more when you left that job than when you started it?

No

Yes

12

Were you promoted or did you take on more responsibility while you had that job?

No

Yes



13570

- - -

13 As part of your last job, did you get ... PLEASE MARK (X) **ONE BOX ON EACH LINE.**

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. Paid vacation or sick leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Retirement benefits, like a 401(k)? | <input type="checkbox"/> | <input type="checkbox"/> |

14 At that job, did you think ... PLEASE MARK (X) **ONE BOX ON EACH LINE.**

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. You were pretty well paid for your work? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You were treated pretty well by others at your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You had lots of chances to work your way up? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You put your education and training to good use? | <input type="checkbox"/> | <input type="checkbox"/> |

15 At your last job, how well did you get along with your coworkers?
PLEASE MARK (X) **ONE BOX.**

- Very well
- Pretty well
- Not very well
- Not at all well

16 At that job, how well did you get along with your boss? PLEASE MARK (X) **ONE BOX.**

- Very well
- Pretty well
- Not very well
- Not at all well

17 How much did you usually like your last job? PLEASE MARK (X) **ONE BOX.**

- Very much
- Fairly well
- Not much
- Not at all



13570

- - -

18 How did you usually get to your last job? PLEASE MARK (X) **ONE** BOX.

- Walked or rode a bike
- Drove yourself
- Got a ride from a family member
- Got a ride from a friend or coworker
- Carpooled
- Took public transportation (e.g., bus, train, taxi)
- Transportation was provided by a service agency
- Used dial-a-van service
- Other

19 How did you find your last job? PLEASE MARK (X) **ALL** THAT APPLY.

- You got the job yourself.
- You used an employment agency or other service program.
- Someone at school helped you.
- A family member helped you.
- A friend or someone else you know helped you (e.g., a neighbor, a friend of a family member).

20 Did someone from an agency or program stay in touch with you to check on how you were doing on your last job?

- No
- Yes



13570

- - -

21

If you have any kind of learning problem, disability, or special need, was your employer aware of it? PLEASE MARK (X) ONE BOX.

Does not apply. I don't have a learning problem, disability, or special need.

No →

} PLEASE GO TO QUESTION 23
ON PAGE 8. →

Yes PLEASE CONTINUE WITH QUESTION 22a.



22a

Were there any accommodations in your work assignments or supervision?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

More training or training tailored to your needs

More or different supervision or mentoring

Different expectations for productivity or performance

Instructions given to you in a different form (like pictures, sign language, or verbally instead of, or in addition to, written instructions)

22b

Were there any accommodations in your work schedule because of a disability?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Flexible times for arriving at and leaving work

Slower pace for getting the job done

More breaks, longer breaks

More paid sick leave or paid time off for medical needs, therapy appointments, etc.

22c

Was any person assigned to help you at this job?

No

Yes → PLEASE MARK (X) ALL THAT APPLY.

Reader or interpreter

Job coach

Personal aide



13570

22d

Were there any adaptations to the equipment you use at work?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Large print, Braille, or large print computer
 - Headset for hands-free phone use or sound magnification
 - Written materials on audio or videotape
 - Different equipment (other than a computer) or changes to equipment you use on the job
 - Computer software or hardware adapted for your needs (like special keyboard, switch interface, peripherals or voice recognition)
 - TTY or TTD
 - Adapted workstation

22e

Were there any adaptations to your workplace?

- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Different furniture arrangement
 - Changes to building (like widened doors, restrooms made accessible)

22f

Did you have any services or supports to help you get around at work?

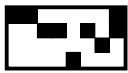
- No
- Yes → PLEASE MARK (X) ALL THAT APPLY.
 - Transportation help to get around at work
 - Special parking close by
 - Emergency/evacuation plans tailored for you
 - Other

22g

How useful were these accommodations in helping you keep that job and do your best there? PLEASE MARK (X) ONE BOX.

- Does not apply. I did not receive any accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

You're almost finished with this section, keep up the great work!



13570

22h

Do you think you got enough accommodations or other help at that job?

- Does not apply. I did not receive any accommodations.
- No
- Yes

22i

At that job, did most of the other workers have disabilities?

- No
- Yes

23

How did you leave your last job? PLEASE MARK (X) **ONE** BOX.

- I quit.
- I was fired.
- I was laid off.
- It was a temporary job that ended.



13570

- - -

24

Are you looking for a paid job now?

- No → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →
- Yes **PLEASE CONTINUE WITH QUESTION 24a.**

24a

→ About how long have you been looking for work?
PLEASE WRITE A NUMBER IN **ONE** OF THE SETS OF BOXES.

Number of weeks

Don't know

OR

Number of months

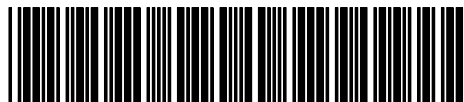
OR

Number of years

24b

→ What have you done in the past month to find a job?
PLEASE MARK (X) **ALL** THAT APPLY.

- Checked with state, private, or school-based employment agencies
- Checked with a military recruiter
- Checked with family and friends
- Checked job listings in newspapers or online
- Checked with an employer
- Placed or answered ads
- Applied for jobs
- Nothing



Great job! You're finished with Section L! Please continue to the next section.



13570

- - -





29196



Section M

Johnny Jones

7/03/85

THIS PART OF THE NLTS2 SURVEY IS ABOUT HOW YOUNG PEOPLE LOOK FOR WORK.

IMPORTANT NOTE:



Please use a **BLACK** pen. Blue or red pen and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: **Right** **Wrong**

Please print neatly when you complete any word or number responses.

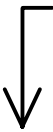
1 Have you had any paid jobs during the past 2 years other than work around the house?

- No → **PLEASE GO TO QUESTION 1 IN THE NEXT SECTION.** →
- Yes **PLEASE CONTINUE WITH QUESTION 2a.**



2a Are you looking for a paid job now?

- No → **PLEASE GO TO QUESTION 3 ON THE NEXT PAGE.** →
- Yes **PLEASE CONTINUE WITH QUESTION 2b.**



2b About how long have you been looking for work?
PLEASE WRITE A NUMBER IN **ONE** OF THE SETS OF BOXES.

Number of weeks Don't know

OR

Number of months

OR

Number of years



29196

- - -

2c

What have you been doing, in the past month, to look for work?
PLEASE MARK (X) ALL THAT APPLY.

- Checked with state, private, or school-based employment agencies
- Checked with a military recruiter
- Checked with family and friends
- Checked job listings in newspapers or online
- Checked with an employer
- Placed or answered ads
- Applied for jobs
- Nothing

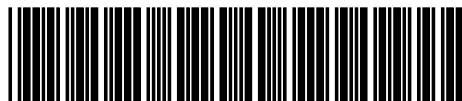
**IF YOU HAVE BEEN LOOKING FOR WORK, PLEASE GO TO QUESTION 1
IN THE NEXT SECTION. →**

IF YOU HAVE NOT BEEN LOOKING FOR WORK, PLEASE GO TO QUESTION 3 BELOW.

3

Why have you decided not to look for work right now?
PLEASE MARK (X) ALL THAT APPLY.

- I just don't want to look for work right now.
- I am raising children and choose not to work right now.
- I am going to school or am in a training program.
- I don't need or don't want a job right now.
- I don't know how to find a job.
- I am not interested in the kinds of jobs I could get.
- I gave up looking; no one would hire me when I tried to find a job.
- There aren't any jobs available.
- My family doesn't want me to work.
- I don't have any way to get to a job.
- I would lose government benefits if I worked (such as SSI).
- I am taking time off between jobs or before starting school.
- Other.



Great job! You're finished with Section M! Please continue to the next section.



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Section N

Johnny Jones

7/03/85

1 We are planning to send your \$20 reward to the address below:

If the printed address above is incorrect, please provide the correct address below:
(PLEASE PRINT NEATLY).

Telephone number (area code first): () -

E-mail address:

Street address:

City State Zip -

2 The study would like to contact you again in 2 years to see how you are doing then. We want to be sure we don't lose track of you. Please give the name and address of someone, other than your parent/guardian, who is likely to know where you are if you move.

Name: First Last

Telephone number (area code first): () -

E-mail address:

Street address:

City State Zip -

**THANK YOU VERY MUCH FOR YOUR TIME IN TAKING
PART IN THIS IMPORTANT STUDY.**

Please return the completed questionnaire in the postage-paid envelope to:

The National Longitudinal Transition Study-2 (NLTS2)
333 Ravenswood Avenue, BS135
Menlo Park, CA 94025



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