

YOUTH SURVEY

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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 NLTS2 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 birth date 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 (NLTS2)
333 Ravenswood Avenue, BS135, Menlo Park, CA 94025

Need help? Have questions?

Please contact us at nlts2@sri.com or call us toll-free at 1-866-269-7274, or TTY 1 800-664-3875.

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IMPORTANT NOTE:

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

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES, INTERESTS, HEALTH, AND HOUSEHOLD ARRANGEMENTS DURING THE 2006-2007 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 |



NOTE:

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

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"/>



7 **During the last 12 months, have you ...**
Please mark (X) ONE Box on EACH line.

	Yes	No
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 non school 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

9a **During the last 2 years, have you been ...**
Please mark (X) ONE Box on EACH line.

	Yes	No
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"/>

9b **Have you ever been ...**
PLEASE MARK (X) ONE BOX ON EACH LINE.

	Yes	No
a. Arrested?	<input type="checkbox"/>	<input type="checkbox"/>
b. On probation of parole?	<input type="checkbox"/>	<input type="checkbox"/>

Keep up the good work!



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 ...	Yes	No
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 ...	Yes	No
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 | |



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 SKIP TO QUESTION 14 NEXT PAGE.*
- Yes ► *PLEASE CONTINUE WITH QUESTION 13b BELOW.*

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 SKIP TO QUESTION 14 NEXT PAGE.*
- No ► *PLEASE CONTINUE WITH QUESTION 13c BELOW.*
- Yes ► *PLEASE CONTINUE WITH QUESTION 13c BELOW.*

13c

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

- No ► *PLEASE SKIP TO QUESTION 14 NEXT PAGE.*
- Yes ► *PLEASE CONTINUE WITH QUESTION 13d BELOW.*

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



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.

	A lot	A fair amount	Just some	Not too much	Not applicable
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.

	Never or rarely	Sometimes	A lot of the time	Most or all of the time
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"/>



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.

	Not at all	Very little	Some-what	Quite a bit	Very much
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.

	Not at all like you	A little like you	Very much like you
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!



ABOUT YOUR HOUSEHOLD

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

18 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): |

19 Do you usually feel safe in your neighborhood?

Please mark (X) ONE Box.

- No
 Yes

20 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? | |

21 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.





- - -



THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES IN HIGH SCHOOL DURING THE 2006-2007 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 pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

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



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 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!



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.

	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"/>

7 Have you had any of the following things happen during this school year? Please mark (X) ONE box on EACH line.

Have you ...	Yes	No
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"/>



8a

Do you have an IEP (Individualized Education Program) for special education services at school? Please mark (X) ONE box.

- No
- Yes
- Don't know

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? Please mark (X) ONE box.

Do you feel you ...

- 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.

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.

Yes No

- | | | |
|---|--------------------------|--------------------------|
| a. Been invited to friends' 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

11

Are you in high school now?

- No ► *PLEASE CONTINUE WITH QUESTION 12 BELOW.*
- Yes ► *PLEASE SKIP TO NEXT SECTION.*

12

Are you not in school now because you:

Please mark (X) ONE box.

- Are on school vacation
- Graduated with a regular diploma
- Graduated with a certificate of completion
- Took a test for a diploma without taking all of your high school classes
- Dropped out or stopped going
- Were suspended or expelled
- Are older than the school age limit
- Some other reason, please specify:

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





- - -



THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES WHILE YOU WERE IN HIGH SCHOOL DURING THE 2006-2007 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:

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Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

1

How much did you enjoy school?

Please mark (X) ONE box.

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

2

How much did you feel you were part of the school?

Please mark (X) ONE box.

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



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"/>

4**How hard was school for you?***Please mark (X) ONE box.*

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

5**How safe did you feel at school?***Please mark (X) ONE box.*

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

6**While 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"/>



7

Did you have any of the following things happen during this past school year?

Please mark (X) ONE box on EACH line.

Did you ...	Yes	No
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
- Yes
- Don't know

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 had an IEP or transition plan.

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



8e

How do you feel about your part in the decisions about your IEP or transition plan?

Please mark (X) ONE box.

Do you feel you ...

- 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.

	Yes	No
a. Been invited to friends' 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

Are you in high school now?

- No ► *PLEASE CONTINUE WITH QUESTION 11 NEXT PAGE.*
- Yes ► *PLEASE SKIP TO NEXT SECTION.*



11

Are you not in school now because you:

Please mark (X) ONE box.

- Are on school vacation
- Graduated with a regular diploma
- Graduated with a certificate of completion
- Took a test for a diploma without taking all of your high school classes
- Dropped out or stopped going
- Were suspended or expelled
- Are older than the school age limit
- Some other reason, please specify:

12

When did you leave high school?

Month

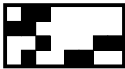
Year

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





- - -



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

YOUR HEALTH



IMPORTANT NOTE:

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

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

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



3a

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

No

Yes



3b

If "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

5a

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

No

Yes



5b

If "Yes", does your spouse or partner have a paid job now?

No

Yes

6a

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

No

Yes



6b

If "Yes", are you getting money from TANF now?

No

Yes

7a

During the last 2 years, have you received Food Stamps for your own needs?

No

Yes



7b

If "Yes", are you getting Food Stamps now?

No

Yes



7c

During the last 2 years, have you received food and information on healthy food and health care from the WIC program (The Special Supplement Nutrition Program for Women, Infants, and Children)?

No

Yes



7d

If "Yes", are you getting this food and information now?

No

Yes

7e

During the last 2 years, have you received money or benefits from SSI (Supplemental Security Income)?

No

Yes



7f

If "Yes", are you receiving benefits from SSI now?

No

Yes

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.

None

\$5,000 or less

\$5,001 to \$10,000

\$10,001 to \$15,000

\$15,001 to \$20,000

\$20,001 to \$25,000

\$25,001 to \$30,000

\$30,001 to \$35,000

\$35,001 to \$40,000

\$40,001 to \$45,000

\$45,001 to \$50,000

Over \$50,001

Don't know

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 go to the next section.





- - -



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 pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and **CIRCLE** it.

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 in a day in the boxes below or mark (X) Don't know OR Does not apply.

Number of cigarettes in a day.

OR

Don't know

OR

Does not apply. I do not smoke cigarettes.



4a Have you ever had sexual intercourse?

No ► PLEASE SKIP TO QUESTION 5 NEXT PAGE.

Yes ► **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 Have you ever had or fathered any children?

No

Yes ► **4f** If "Yes", 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 or mark (X) No children in the past 2 years.

Number of children in past 2 years

OR

No children in the past 2 years



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 4 or 5 days
 1 day 6 days or more
 2 or 3 days

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 free base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 During the last 30 days, how often have you used 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? Please write the number of times in the boxes below or mark (X) Never OR Don't know.

Number of times.

OR

Never

OR

Don't know

8 Do you belong to a gang?

- No
 Yes

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





- - -



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

SCHOOL-SPONSORED WORK



IMPORTANT NOTE:

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

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

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 SKIP TO QUESTION 5 NEXT PAGE.

Yes ► PLEASE CONTINUE WITH QUESTION 2 BELOW.

2 Did you get credit for that work?

No

Yes

3 Did you get paid for that work?

No

Yes

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 baby sitting or working for a neighbor.

- No ► PLEASE SKIP TO NEXT SECTION.
- Yes ► PLEASE CONTINUE WITH QUESTION 6a BELOW.

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

- No
- Yes ► **6b** If "Yes", about how many hours a week did you usually work during the summer?

--	--

 Hours a week usually worked

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

- No
- Yes ► **7b** If "Yes", about how many hours a week did you usually work during the school year?

--	--

 Hours a week usually worked

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

- No ► PLEASE SKIP TO QUESTION 15 NEXT PAGE.
- Yes ► PLEASE CONTINUE WITH QUESTION 9 BELOW.

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

12a What is your job title 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 enter your job title.

12b What are your main job duties at this job? Please describe.



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 SKIP TO QUESTION 1 NEXT SECTION.

▶ **IF YOU DON'T HAVE A PAID JOB NOW,**
PLEASE CONTINUE WITH QUESTION 16 NEXT PAGE.

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



YOUR MOST RECENT JOB IF YOU ARE NOT WORKING NOW

16a Please think of the last job you had--the one you had most recently, other than any school-sponsored job. What was your job title at your last job? *Please enter your job title.*

16b What are your main job duties at that job? Please describe.

17 About how much are you paid per hour at that job? *Please write amount in the boxes below.*

\$. Pay per hour

18 How do 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
- Car pooled
- 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.





- - -



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



IMPORTANT NOTE:

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

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

1 Did you graduate from high school?

- No ► PLEASE CONTINUE WITH QUESTION 2 BELOW.
- Yes ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

2 Why did you leave high school?

3a Since leaving high school have you taken classes or tests to earn a high school diploma or certificate, such as a GED course?

No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

Yes ► **3b** If "Yes", did you get a high school diploma or certificate from this work?

No

Yes



4

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

5

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.



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 pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

1 Since leaving high school, have you taken classes from a 2-year, junior or community college?

- No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.
 Yes ► PLEASE CONTINUE WITH QUESTION 2 BELOW.

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

- No
 Yes

3 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 OR mark "Don't know".

Number of weeks Don't know

OR

Number of months

OR

Number of years



4a Are you going to a 2-year or community college now?

Yes

No

4b If "No", are you not going because you... Please mark (X) ONE box.

- are on vacation.
- graduated or completed the program.
- (some other reason)

4c If "some other reason", why did you stop going to a 2-year or community college? Please print your answer in the box below.

5a Have you gotten a diploma, certificate, or license from a 2-year or community college?

Yes

No

5b If "No", are you working toward a diploma, certificate, or license?

- Yes
- No

6a Have you been enrolled in a 2-year college continuously 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 2-year college now, please answer the remaining questions about the time when you did go to a 2-year college.) Please mark (X) ONE box.

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

6b How many total credits have you earned at a 2-year or community college?

Total number of semester credits

Total number of quarter credits

7 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



8a 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
- Mostly academic courses
- Both academic and vocational courses
- Neither, classes are for personal interest

8b What is/was your major or primary course of study in a 2-year or community college?

Enter major:

OR

- Undecided

9 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

10a Have you received help at this school to get your school work done?

- No

Yes ▶ **10b** If "Yes", what help? Please mark (X) ALL that apply.

- Tutoring
- Attending study centers
- Attending writing centers

11a Have you had any special arrangements from the school for testing?

- No

Yes ▶ **11b** If "Yes", what special arrangements? 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



12a

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

No

Yes



12b

If "Yes", what accommodations? Please mark (X) ALL that apply.

More time to finish assignments

Different assignments

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

13a

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

No

Yes



13b

If "Yes", what kind of person? 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

14a

Have you received any therapies from the school?

No

Yes



14b

If "Yes", what kinds of therapies? Please mark (X) ALL that apply.

Psychological or mental health services or counseling

Social work services

Occupational therapy or life skills training

15a

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

No

Yes



15b

If "Yes", what kinds of technology? 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 for students with disabilities

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

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

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



16a Have there been any adaptations or changes to your classrooms?

No

Yes



16b

If "Yes", what adaptations or changes? Please mark (X) ALL that apply.

Physical changes to the classroom, special desks

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

17a Have there been any supports from the school for you outside of class?

No

Yes



17b

If "Yes", what supports? 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

18a Have you had any services or supports from the school to help you live, or get around at school?

No

Yes



18b

If "Yes", what services or supports? 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

19a Has your school provided any other supports?

No

Yes



19b

If "Yes", what other supports? Please mark (X) ALL that apply.

Service coordination or case management

Child care

Other



20

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

21

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

22

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

23

Would it have been helpful to you to have any other services, accommodations, or help with school work?

- No
- Yes

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



**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 pens and pencil cannot be read by our scanners.
When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

1 Since leaving high school, have you taken any classes from post secondary vocational, business, or technical school?

No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

Yes ► PLEASE CONTINUE WITH QUESTION 2 BELOW.

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

No

Yes

3 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 OR mark "Don't know".

Number of weeks

Don't know

OR

Number of months

OR

Number of years



4a Are you going to a post secondary vocational, business, or technical school now?

Yes

No



4b

If "No", are you not going because you... Please mark (X) ONE box.

are on vacation.

graduated or completed the program.

(some other reason)

4c

If "some other reason", why did you stop going to a post secondary vocational, business, or technical school? Please print your answer in the box below.

5a Have you gotten a diploma, certificate, or license from a vocational, business, or technical school?

No



5b

If "No", are you working toward a diploma, certificate, or license?

Yes

No

Yes



5c

If "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 OR mark "Don't know".

--	--

Number of weeks

Don't know

OR

--	--

Number of months

OR

--	--

Number of years



6a

Have you attended school continuously 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.

Enrolled continuously during the school year

Enrolled off and on

6b

Have you attended school 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)

7

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

Type of job(s):

8

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



9a Have you ever received help at this school to get your school work done?

No

Yes

9b

If "Yes", what help? Please mark (X) ALL that apply.

Tutoring

Attending study centers

Attending writing centers

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

No

Yes

10b

If "Yes", what special arrangements? 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

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

No

Yes

11b

If "Yes", what accommodations? Please mark (X) ALL that apply.

More time to finish assignments

Different assignments

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

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

No

Yes

12b

If "Yes", what kind of person? 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



13a Have you received any therapies from the school?

No

Yes ► **13b** If "Yes", what kinds of therapies? Please mark (X) ALL that apply.

Psychological or mental health services or counseling

Social work services

Occupational therapy or life skills training

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

No

Yes ► **14b** If "Yes", what kinds of technology? 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 to your needs
(like an alternative keyboard, switch interface)

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

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

No

Yes ► **15b** If "Yes", what adaptations or changes? 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 II! Continue the good work!



16a

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

No

Yes



16b

If "Yes", what supports? 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

17a

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

No

Yes



17b

If "Yes", what services or supports? 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

18a

Has your school provided any other supports?

No

Yes



18b

If "Yes", what other supports? 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 in school?

No

Yes



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

22

Would it have been helpful to you to have any other services, accommodations, or help with school work?

- No
- Yes

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





- - -



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 pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and **CIRCLE** it.

1

Since leaving high school, have you taken any classes from a 4-year college or university?

- No ▶ *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*
 Yes ▶ *PLEASE CONTINUE WITH QUESTION 2 BELOW.*

2

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

- No
 Yes

3

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 OR mark "Don't know".*

Number of weeks

Don't know

OR

Number of months

OR

Number of years



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

Yes

No

4b

If "No", are you not going because you... Please mark (X) ONE box.

are on vacation.

graduated or completed the program.

(some other reason)

4c

If "some other reason", why did you stop going to a 4-year college or university? Please print your answer in the box below.

5a Have you gotten a diploma, certificate, or license from a 4-year college or university?

Yes

No

5b

If "No", are you working toward a diploma, certificate, or license?

Yes

No

6a Have you been enrolled in a 4-year college or university continuously 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 or university.) Please mark (X) ONE box.

Enrolled continuously during the school year

Enrolled off and on

6b How many total credits have you earned at a 4-year college or university?

--	--	--

Total number of semester credits

--	--	--

Total number of quarter credits

7 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



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

Enter major:

OR

Don't know; no major declared yet

9 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

10a Have you received help at this school to get your school work done?

No

Yes ▶ **10b** If "Yes", what help? Please mark (X) ALL that apply.

- Tutoring
- Attending study centers
- Attending writing centers

11a Have you had any special arrangements from the school for testing?

No

Yes ▶ **11b** If "Yes", what special arrangements? 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

12a Have you received any accommodations in how your class assignments are provided?

No

Yes ▶ **12b** If "Yes", what accommodations? Please mark (X) ALL that apply.

- More time to finish assignments
- Different assignments
(like shorter assignments or different lab assignments in a science class)



13a

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

No

Yes ▶

13b

If "Yes", what kind of person? 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

14a

Have you received any therapies from the school?

No

Yes ▶

14b

If "Yes", what kinds of therapies? Please mark (X) ALL that apply.

Psychological or mental health services or counseling

Social work services

Occupational therapy or life skills training

15a

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

No

Yes ▶

15b

If "Yes", what kinds of technology? 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 for students with disabilities

Computer hardware adapted to your needs

(like an alternative keyboard, switch interface)

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

16a

Have there been any adaptations or changes to your classrooms?

No

Yes ▶

16b

If "Yes", what adaptations or changes? 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!



17a

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

No

Yes

17b

If "Yes", what supports? 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

18a

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

No

Yes

18b

If "Yes", what services or supports? 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

19a

Has your school provided any other supports?

No

Yes

19b

If "Yes", what other supports? Please mark (X) ALL that apply.

Service coordination or case management

Child care

Other



20

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

21

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

22

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

23

Would it have been helpful to you to have any other services, accommodations, or help with school work?

- No
- Yes

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



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 pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample: Right Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

1a Have you ever had a job other than work around the house?

No ► PLEASE SKIP TO QUESTION 59a PAGE 16.

Yes ► **1b** If "Yes", have you ever been fired from a job?

No

Yes

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

No ► PLEASE SKIP TO QUESTION 59a PAGE 16.

Yes ► **2b** If "Yes", have you ever been fired from a job any time during the past 2 years?

No

Yes

3 How many paid jobs have you had altogether during the past 2 years?

Number of paid jobs during the past 2 years



4 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 OR mark "Don't know".

Number of weeks Don't know

OR

Number of months

OR

Number of years

5 How many paid jobs have you had since leaving high school?

Please write a number in the boxes OR mark "None".

Number of paid jobs since leaving high school

None ► PLEASE SKIP TO QUESTION 7 BELOW.

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 OR mark "Don't know".

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 SKIP TO QUESTION 33a PAGE 10.

Yes ► PLEASE CONTINUE WITH QUESTION 8 BELOW.

8 How many different paid jobs do you have now?

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



10a

What is your job title at 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 enter your job title.

Two empty rectangular boxes for entering the job title.

10b

What are your main job duties at this job? Please describe.

Four empty rectangular boxes for describing job duties.

11

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

Two empty boxes followed by the text "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 OR mark "Don't know".

Two empty boxes followed by "Number of weeks" and a checkbox followed by "Don't know".

OR

Two empty boxes followed by "Number of months".

OR

Two empty boxes followed by "Number of years".

13

About how much are you paid per hour at this job? Please write amount in the boxes below.

A dollar sign followed by two empty boxes, a decimal point, two empty boxes, and the text "Pay per hour".

14

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

Two checkboxes labeled "No" and "Yes".



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.

	Yes	No
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.

	Yes	No
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. 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



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 OR mark "Don't know" or "Not applicable".

Number of weeks

Don't know

OR

Number of months

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

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).



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. ► PLEASE SKIP TO QUESTION 27 PAGE 8.
- No ► PLEASE SKIP TO QUESTION 27 PAGE 8.
- Yes ► PLEASE CONTINUE WITH QUESTION 26a1 BELOW.

26a1 Are there any accommodations in your work assignments or supervision?

- No ► PLEASE CONTINUE WITH QUESTION 26b1 BELOW.
- Yes ► **26a2** If "Yes", what accommodations? 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)

26b1 Are there any accommodations in your work schedule because of a disability?

- No
- Yes ► **26b2** If "Yes", what accommodations? 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.

26c1 Is any person assigned to help you at this job?

- No
- Yes ► **26c2** If "Yes", what person? Please mark (X) ALL that apply.
 - Reader or interpreter
 - Job coach
 - Personal aide



26d1

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

No

Yes



26d2

If "Yes", what adaptations? *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

26e1

Are there any adaptations to your workplace?

No

Yes



26e2

If "Yes", what adaptations? *Please mark (X) ALL that apply.*

Different furniture arrangement

Changes to building (like widened doors, restrooms made accessible)

26f1

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

No

Yes



26f2

If "Yes", what services or supports? *Please mark (X) ALL that apply.*

Transportation help to get around at work

Special parking close by

Emergency/evacuation plans tailored for you

26f3

Do you have any other type of help at work?

No

Yes



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?

- No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.
- Yes ► PLEASE CONTINUE WITH QUESTION 28 BELOW.

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



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.

	Yes	No
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"/>

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.

► **IF YOU HAVE A PAID JOB NOW,**
PLEASE SKIP TO QUESTION 1 NEXT SECTION.



YOUR MOST RECENT JOB IF YOU ARE NOT WORKING NOW

33a Please think about the last job you had -- the job you had most recently. What was your job title at that job? *Please enter your job title.*

33b What were your main job duties at that job? Please describe.

34 About how many hours a week did you usually work at that job?

Number of hours a week usually worked

35 About how long did you have that job?

Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks Don't know

OR

Number of months

OR

Number of years

36 When you left your last job, about how much are you paid per hour?

Please write amount in the boxes below.

\$. Pay per hour

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

- No
 Yes



38

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

- No
- Yes

39

As part of your last job, did you get ...
Please mark (X) ONE Box on EACH line.

	Yes	No
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"/>

40

At that job, did you think ...
Please mark (X) ONE Box on EACH line.

	Yes	No
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"/>

41

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

42

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



43

How much did you usually like your job? *Please mark (X) ONE box.*

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

44

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
- Car pooled
- Took public transportation (e.g., bus, train, taxi)
- Transportation was provided by a service agency
- Used dial-a-van service
- Other

45

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).

46

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



47

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. ▶ PLEASE SKIP TO QUESTION 58 PAGE 15.
- No ▶ PLEASE SKIP TO QUESTION 58 PAGE 15.
- Yes ▶ PLEASE CONTINUE WITH QUESTION 48a BELOW.

48a

Were there any accommodations in your work assignments or supervision?

- No
- Yes ▶ **48b** If "Yes", what accommodations? 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,

49a

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

- No
- Yes ▶ **49b** If "Yes", what accommodations? 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.

50a

Was any person assigned to help you at this job?

- No
- Yes ▶ **50b** If "Yes", what person? Please mark (X) ALL that apply.
 - Reader or interpreter
 - Job coach
 - Personal aide



51a Were there any adaptations to the equipment you used at work?

No

Yes



51b If "Yes", what adaptations? 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 used on the job
- TTY or TTD
- Adapted workstation

52a Were there any adaptations to your workplace?

No

Yes



52b If "Yes", What adaptations? Please mark (X) ALL that apply.

- Different furniture arrangement
- Changes to building (like widened doors, restrooms made accessible)

53a Did you have any services or supports to help you get around at work?

No

Yes



53b If "Yes", what services or supports? Please mark (X) ALL that apply.

- Transportation help to get around at work
- Special parking close by
- Emergency/evacuation plans tailored for you

54 Did you have any other type of help at work?

No

Yes



55

How useful were these accommodations in helping you keep that job and do your best there? *Please mark (X) ONE box.*

- Not applicable, I did not receive any accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

56

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

- Not applicable, I did not receive any accommodations.
- No
- Yes

57

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

- No
- Yes

58

How did you leave your last job?

Please mark (X) ONE box.

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



59a

Are you looking for a paid job now?

No ► *PLEASE SKIP TO QUESTION 60 NEXT PAGE.*

Yes ►

59b

If "Yes", about how long have you been looking for work?

Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks

Don't know

OR

Number of months

OR

Number of years

59c

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 on-line

Checked with an employer

Placed or answered ads

Applied for jobs

Nothing

Other

► **IF YOU HAVE BEEN LOOKING FOR WORK,
PLEASE SKIP TO QUESTION 1 NEXT SECTION.**



60

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 waiting to hear about a job or about to start a job.
- Other.

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





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



IMPORTANT NOTE:

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

Sample: Right Wrong

Use block printing when you complete any text or numeric responses. If you wish to change a response, please mark the correct response and CIRCLE it.

1 Are you enrolled in high school now?

- No ► PLEASE CONTINUE WITH QUESTION 2 BELOW.
- Yes ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

2 Are you not in high school now because you:

Mark (X) one box.

- Are on school vacation
- Graduated with a regular diploma
- Graduated with a certificate of completion
- Took a test for a diploma without taking all of your high school classes
- Dropped out or stopped going
- Were suspended
- Were expelled
- Older than the age limit
- Some other reason, please specify:

3 When did you leave high school?

		/				
month			year			

4 What was the name and address of the high school you were last enrolled in?

School Name					
Street Address					
City					
	State	Zip Code			



5 Did you graduate from high school?

No ► PLEASE CONTINUE WITH QUESTION 6a BELOW.

Yes ► PLEASE SKIP TO QUESTION 8a BELOW.

6a Since leaving high school, have you taken classes or tests to earn a high school diploma or certificate, such as a GED course?

No ► PLEASE SKIP TO QUESTION 8a BELOW.

Yes ► **6b** If "Yes", did you get a high school diploma or certificate for this work?

No

Yes

7a In the past 2 years, have you taken classes or tests to earn a high school diploma or certificate?

No ► PLEASE SKIP TO QUESTION 8a BELOW.

Yes ► **7b** If "Yes", are you taking classes to earn a high school diploma or certificate now?

No

Yes

8a Since leaving high school, have you received any services or help other than from family members or friends? (Note: This could include services from agencies, schools, therapists, health care providers, or other professionals. Types of services could include help finding a job, training in or help with things like managing money or cooking, counseling, therapy, etc.)

No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

Yes ► **8b** If "Yes", what services have you received?

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





SECTION N

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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