

SAMPLE

Postsecondary Outcomes Survey

	You can use a pen or pencil.	Li	ke this: Not like this: 🕢 🛇 🔿				
	I am: (Please FILL IN ONE circle)	000	The former student A parent, guardian, or caregiver of the former student Other (please specify):				
Po	Postsecondary School Section						
1.	At any time since leaving high school, have you ever attended any school, job training, or education program? (Please FILL IN ONE circle)	0	Yes (Go to question 2) No (Go to question 4)				
2.	Did you complete an entire term? (Please FILL IN ONE circle)	0	Yes				
		0	No				
			High school completion document or certificate (Adult Basic Education, GED)				
3.	Describe the kind of school or job training program you attended. (Please FILL IN ALL squares that apply)		Short-term education or employment training program (Job Corps, Michigan Works, Summer Employment Program, etc.)				
			Vocational Technical School – less than 2-year degree program				
			Community or Technical College to obtain a 2 year degree				
			College or University to earn a 4 or more year degree				
			On a mission, in the Peace Corps, VISTA, etc.				
			Enrolled in studies while incarcerated in jail or prison				
			Other (please specify):				
<u>En</u>	Employment Section						
4.	At any time since leaving high school, have you ever worked? (Please FILL IN ONE circle)	0	Yes (Go to question 5)				
		0	No (End of survey, Thank you)				
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For questions 5 through 12 please fill in <u>ONE</u> circle:						
5.	Since leaving high school, have you worked at any time for a total of 3 months (about 90 days)?	Yes	No O			
6.	Did you work on average 20 or more hours per week (or about half time of a 40-hour week)?	Yes	No O			
7.	Were you paid at least minimum wage (\$9.65 an hour if you are age 18 or older; \$8.20 an hour if you are age 17 or younger; or \$3.67 an hour if you worked in a job where you earned regular tips such as wait staff in a restaurant)?	Yes	No O			
8.	Were you paid the same as other people who work in a similar job with the same sills, experience, and training?	Yes	No O			
9.	Did you receive benefits comparable to those of employees without disabilities in a similar position (for example, health insurance)?	Yes	No O			
10. When doing your job, did you interact with other employees without disabilities?			No O			
11	In this job, were you eligible for (or could you get) a pay raise or promotion?	Yes	No O			
12. Where was your most recent job?						
	O In a company, business, or service typically found in the community with people without disabilities	with and	i			
	O In the military					
	O In supported employment (paid work with services and wage support to the employer)					
	O Self-employed					
	O In your family's business (e.g., farm, store, fishing, ranching, catering)					
	O In sheltered employment (where most workers have disabilities)					
	O Employed while in jail or prison					
	Other (please specify):					

Thank you for taking the time to complete this questionnaire.

Please return it to us in the self-addressed envelope or to:

Dr. Lyke Thompson, Post-School Survey Wayne State University/Center for Urban Studies 5700 Cass Avenue, 2207 A/AB Detroit MI 48202