

Exit Survey – One Year Follow-Up

Exit Year: 2018-2019 (collected 2020)



The West Virginia Department of Education is gathering information from former students who exited last school year about current education, training, work, and housing (or living status) to improve transition services for school-age students. Please mark your response in the boxes below and fill-in the blanks where applicable.

This survey may also be completed online at <http://wvde.us/special-education/surveys/>.

First Name _____ MI _____ Last Name _____ Maiden Name _____

Birth Date _____ WVEIS # _____

High School Attended _____

County _____ Eligibility/Exceptionality _____

Person Completing Form (if other than student) _____

Reason for exit:

Graduated: Standard Diploma

Graduated: Modified Diploma

Dropped out

Reached Maximum Age of 21

Modified: Returned for Services

I am currently (or have for at least 3 months this year):

Attending college (4 year)

Attending community & technical college (2 year)

In a short-term education or employment training program (e.g., Job Corps, Division of Rehabilitation Services, short-term job training, or apprenticeship program)

None of these

Are you in the military?

Yes

No

Are you currently working (or have for at least 3 months this year)?

Yes

No

If yes to the above question, are you working over 20 hours per week at \$8.75 per hour or more?

Yes

No

When doing your job, do you talk with employees without a disability to get your job done?

Yes

No

In your job, can you get a pay raise or promotion?

Yes

No

If you are not working or going to school, or in the military, mark all the reasons for this.

Unable to work because of disability

Unable to get accepted into a school or training program

Unable to afford school or training

Do not need to work/parents support me

Unable to find work

Need to help family at home

Do not know what I want to do

Transportation not available

Other: _____

Have you received support from any agency?

Yes

No

If yes, what agency? _____

If yes, what type of support was provided?

Educational

Work

Independent living

Other: _____

I am currently:

Living at home with parents or other family

Independently in my own place or with friends

In group home/supervised shared apartment

In a dormitory or on a military base

Other: _____

Rate the skills or training you received while in school.	Needed more	Just enough	Too much
Specific career/vocational skills to prepare me for my current job/education program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job seeking and job keeping skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific work experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing this survey. Please return this survey by **August 31, 2020** (no extension allowed).

County Contact: _____