

Exit Survey 2020-2021



The West Virginia Department of Education is gathering information from exiting students during the 2020-2021 school year to improve transition services that prepare students for education or training, work, and living after high school.

Please mark your response in the boxes and fill-in the blanks where applicable or complete online at:
<http://wvde.us/special-education/surveys/>.

_____	_____	_____	Reason for exit: <input type="radio"/> Graduated: Standard Diploma <input type="radio"/> Graduated: Modified Diploma <input type="radio"/> Dropped out <input type="radio"/> Reached Maximum Age of 21 <input type="radio"/> Modified: Returned for Services
First Name	MI	Last Name	
Birth Date: _____	WVEIS # _____		
High School: _____	Eligibility: _____		
County: _____	Gender: <input type="radio"/> Female <input type="radio"/> Male	Race: _____	

1. Career Cluster _____

2. Cluster Concentration _____

3. Career and Technical Education Programs

I have completed the required courses and earned my certificate in a Career and Technical program concentration.

Yes No

I have earned the industry credential for my Career and Technical concentration area.

Yes No

4. Job Experience While in High School

Work-based learning experience Part-time work
 Summer job None Other: _____

5. Extracurricular Activities While in High School

Clubs Performing Arts Volunteer Activities
 Sports None Other: _____

6. Career Plans

The job or occupation I plan to have as an adult:

7. General Information

I have a current driver's license. (Not a learner's permit)

Yes No

My special education services helped me to be successful in general education classes.

Yes No

I am not in general education classes

My ideas and suggestions were considered and included at my most recent IEP meeting.

Yes No I don't know

I am comfortable discussing my special needs and asking for help.

Yes No

8. Future Plans (Living)

My plan immediately after high school is to live:

- 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: _____

9. Future Plans for Adult Support

My plan is to request supports under the Americans with Disabilities Act (ADA) or Section 504.

Yes No Need more information

I plan to obtain Rehabilitation Services support.

Yes No Need more information

10. Future Plans (Choose A or B)

____ **A.** Yes, I plan to continue my education.

(Please provide more information by choosing one below)

- Apprenticeship/On-the-Job Training
- Adult Education (Skill Building, ABE, GED)
- Career & Technical Education/Vocational Training
- College (4 Year)
- Community & Technical College (2 Year)
- Day training or supervised setting (sheltered workshop)

____ **B.** No, I do NOT plan to continue my education.

(Please provide more information by choosing one below)

- Have a job
- Need to work
- Am getting married
- Am unsure of my plans
- Need a break from school
- Am joining the military
- Find it is too expensive
- Do not need more education for my job
- Have poor grades or am not ready
- Other: _____

***Note: Please continue survey on next page**

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Level of Staff Support

Mark the box that best describes how much school staff helped you with the following.

	Mark only one box for each		
	Not at All	Some	A Lot
a. Plan for a career			
b. Connect to a job			
c. Connect to further education or training opportunities (Examples: college, career technical education, apprenticeship, and adult education)			
d. Connect with adult support agencies (Examples: Rehabilitation Services, Social Security, and Independent Living)			
e. Develop work related skills (Examples: self-responsibility, getting along with others, and use of technology)			
f. Have confidence to continue my education after high school			
g. Talk about my disability			
h. Ask for the supports I need to be successful in work, training, and education programs			

Helpful School Supports

Mark all the boxes that identify which school experiences most helped to prepare you for the following.

	Mark all that apply				
	Academic Classes	Career Technical/ Vocational Classes	Career Activities at School	IEP Participation	Special Education Supports
a. Plan for a career					
b. Connect to a job					
c. Connect to further education or training opportunities (Examples: college, technical education, and apprenticeship)					
d. Connect with adult support agencies (Examples: Vocational Rehabilitation and Social Security)					
e. Develop work related skills (Examples: self-responsibility, getting along with others, and use of technology)					
f. Have confidence to continue my education after high school					
g. Talk about my disability					
h. Ask for the supports I need to be successful in work, training, and education programs					

Thank you for completing this survey. Additional comments may be written on the back of this form.

Please return this survey by May 31, 2021.

County Contact: _____

Place return mailing label here: