Exit Survey - Annual Exit Year: 2023-2024



The West Virginia Department of Education is gathering information from exiting students during the current 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/.

First Name MI	Last Name Local Educational Agency (LEA)
	•
Birth Date: WVEIS # _	
High School: Elig	ibility: O Graduated: Regular Diploma O Graduated: Alternate Diploma
Race/Ethnicity: O HI - Hispanic or Latino O AM - American Indian	/Alaskan Native O AS - Asian O Dropped Out
O BL - Black or African American O PI - Native Haw	
This survey was completed by: O Student O Parent O Local I	
Please contact the student's case manager for additional informat	ion to answer any of the questions below:
1. Career Cluster	8. Future Plans (Living)
	My plan immediately after high school is to live:
2. Cluster Concentration	 At home with parents or other family Independently in my own place or with friends
3. Career and Technical Education Programs I have completed the required courses and earned my certificate i Career and Technical program concentration.	O In group home/supervised shared apartment
O Yes O No	O. Future Plans for Adult Connect
I have earned the industry credential for my Career and Technical concentration area.	9. Future Plans for Adult Support I plan to request supports under the Americans with Disabilities Act (ADA) or Section 504.
O Yes O No	Yes No O Need more information
4. Job Experience While in High School O Work-based learning experience O Part-time work	I plan to obtain Rehabilitation Services support. ○ Yes ○ No Need more information
O Summer job O None O Other:	10. Future Plans (Choose A or B)
5. Extracurricular Activities While in High School O Clubs O Performing Arts O Volunteer Activities O Sports O None O Other:	 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, Adult Basic Education, etc.)
6. Career Plans	O Career & Technical Education/Vocational Training
The job or occupation I plan to have after high school:	College (4 Year)Community & Technical College (2 Year)
7. General Information	B. No, I do NOT plan to continue my education.
I have a current driver's license. (Not a learner's permit) ○ Yes ○ No	(Please provide more information by choosing all that apply) O Have a job
My special education services helped me to be successful in gene education classes.	ral O Need to work O Am getting married
○ Yes ○ No ○ I am not in general education classes	Am unsure of my plansNeed a break from school
My ideas and suggestions were considered and included at my morecent IEP meeting.	O Find education too expensive
O Yes O No O I don't know	Do not need more education for my jobHave poor grades
I am comfortable discussing my special needs and asking for help	O Are readily

Mark only ONE box for each			
Not at All	Some	A Lot	
	I		

	Mark all that apply					
Helpful School Supports Mark all the boxes that identify which school experiences most helped to prepare you for the following:	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.

Please return this survey by June 30, 2024.

Local Educational Agency (LEA) Contact: ___

Place return mailing label here
