**One Year After High School Survey**

Please answer the questions below. Please note questions are listed on the front and back of these pages. Thank you very much for taking the time to complete this.

|  |  |  |
| --- | --- | --- |
| **GRADUATE NAME** |  |  |
| **HIGH SCHOOL LAST ATTENDED** |  |  |
|  |  |
| **PERSON COMPLETING THIS SURVEY** |  | **CHECK APPROPRIATE BOX** |
|  | **GRADUATE**  |  |
|  | **FAMILY MEMBER** |  |
|  | **OTHER** |  |

**If you left high school early, which of the following are reasons you did not return to school? Please check the appropriate boxes.**

|  |  |
| --- | --- |
| **Yes** |  |
|  | School is too hard |
|  | Needed to work (earn money) |
|  | Social/Interpersonal Difficulty |
|  | Health Issues |
|  | Not living with parent(s) or guardian |
|  | Other |

**At any time since leaving high school, have you ever attended any type of school, job training or education programs? Please check the appropriate box.**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Don’t Know** |  |

**If you answered yes, did you complete an entire term?**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Don’t Know** |  |

**Please list the name of the school or training program you attended:**

|  |
| --- |
|  |

**Enrollment Status – please check the appropriate box.**

|  |  |
| --- | --- |
| **Full-Time (12+ credit hours)** |  |
| **Part-Time (less than 12 credit hours)** |  |
| **Don’t Know** |  |

**Type of School – please check the appropriate box.**

|  |  |
| --- | --- |
| **University/College (2-4 year college)** |  |
| **Technical/Community College (less than a 2 year college)** |  |
| **Military – Please list branch of military:** |  |
| **Vocational Training Program** |  |
| **Certification Program (GED)** |  |
| **Apprenticeship** |  |
| **Employment/Job Training (e.g. Job Corps)** |  |
| **Don’t Know** |  |
| **Other – Please describe:** |  |

**Please check the appropriate items as reasons why you have not enrolled in a college/university or job training since you left high school. Check up to 3.**

|  |  |
| --- | --- |
| **Yes** |  |
|  | There aren’t any post-secondary opportunities in the immediate area. |
|  | I don’t have the necessary skills/qualifications to enter college or job training. |
|  | I don’t have transportation. |
|  | I have not received the necessary services from community agencies. |
|  | I am working. |
|  | I have personal/family obligations that prevent me from going to college or job training. |
|  | I did not want to go to college or job training. |
|  | I have health problems that prevent me from going to college or job training. |
|  | I cannot afford to pay for college or job training. |
|  | Other – please describe: |

**Since leaving high school, have you made contact with any of the adult service agencies listed below?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Don’t Know** |  |
|  |  |  | Vocational Rehabilitation |
|  |  |  | Division of Developmental Disabilities |
|  |  |  | Disability Services (at College) |
|  |  |  | Mental Health |
|  |  |  | Technology Services (such as DakotaLink) |
|  |  |  | Department of Labor |
|  |  |  | Benefits Counseling |
|  |  |  | Yes, but I don’t know the name of the agency. |
|  |  |  | Other – Please describe: |

**At any time since leaving high school, have you ever worked? \_\_\_ yes \_\_\_ no**

**If you answered yes, please mark the appropriate box below to indicate the type of work you did.**

|  |  |
| --- | --- |
| **Yes** |  |
|  | I was paid to work full time (35+ hours each week). |
|  | I was paid to work part time (less than 35 hours each week). |
|  | I was in the military. Please list the branch of military: |
|  | I worked for a family member’s business. |
|  | I worked in sheltered employment for workers with developmental disabilities. |
|  | I worked in a supported employment program in the community for workers with disabilities. |
|  | I worked while I was in jail or prison.  |
|  | I worked in a training capacity (such as an apprenticeship or internship). |
|  | I worked as a work study student in college. |
|  | I worked more than one job. |
|  | I worked in a competitive integrated employment job. (such as job that was developed to fit needs of employee but benefited company) |
|  | Other – please describe: |

**Please check the appropriate boxes below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Don’t Know** | **Since leaving high school…** |
|  |  |  | I have worked for a total of 3 months (or about 90 days). These days do not have to be in a row. |
|  |  |  | I have worked on average 20 or more hours per week (or about half time of a 40 hour work week). |
|  |  |  | I was paid at least minimum wage. ($9.30 per hour). |

**Please list the name of your employer:**

|  |
| --- |
|  |

**How many hours did you work each week? Please check the appropriate box.**

|  |  |
| --- | --- |
|  | **I worked less than 10 hours each week.** |
|  | **I worked 10-19 hours each week.** |
|  | **I worked 20-29 hours each week.** |
|  | **I worked 30-39 hours each week.** |
|  | **I worked more than 40 hours each week.** |

**How long have you worked for this employer?**

|  |  |
| --- | --- |
|  | **I have worked for this employer less than 1 month.** |
|  | **I have worked for this employer 1-3 months.** |
|  | **I have worked for this employer 3-6 months.** |
|  | **I have worked for this employer 6-9 months.** |
|  | **I have worked for this employer 9-12 months.** |
|  | **I have worked for this employer more than 12 months.** |

**Is the employer you listed above the only employer you’ve had since high school? \_\_\_ yes \_\_\_ no**

**Please list the amount you were paid per hour. $\_\_\_\_\_\_\_\_\_\_**

**Please check the appropriate items as reasons why you have not worked since you left high school. Check up to 3.**

|  |  |
| --- | --- |
| **Yes** |  |
|  | There aren’t any job opportunities in the immediate area. |
|  | I don’t have the necessary employment skills. |
|  | I don’t have transportation. |
|  | I have not received the necessary services from community agencies. |
|  | I am enrolled in school (college/university). |
|  | I have personal/family obligations that prevent me from going to college or job training. |
|  | I do not want to work. |
|  | I have health problems that prevent me from having a job. |
|  | I feel I will lose benefits (e.g. SSI, disability, etc.) if I’m employed. |
|  | Other – please describe: |

**Please check the appropriate box.**

|  |  |
| --- | --- |
| **Yes** |  |
|  | I currently live with my family. |
|  | I am covered by my family’s health insurance. |
|  | I am covered by other insurance (e.g. unemployment, Medicaid, SSI, etc.)List other insurance type: |
|  | I currently live on my own. |
|  | I currently have insurance through my place of work. |

**If you are having problems in any of the areas listed below, please check the box to receive more information about support you can receive.**

|  |  |
| --- | --- |
| **Yes** |  |
|  | Employment |
|  | Living in the Community |
|  | Education |
|  | Finances |
|  | Medical Care |
|  | Transportation |
|  | Legal |
|  | Social/Leisure |
|  | Other – please describe: |

**The COVID-19 pandemic affected me in the following way(s). Please mark all that are applicable:**

|  |  |
| --- | --- |
| **Yes** |  |
|  | The place I work requires periodic COVID 19 testing. |
|  | The place I work stayed open, but I worked fewer hours than normal. |
|  | Due to required COVID 19 testing, I sometimes am unable to work. |
|  | I was not comfortable going to work due to health reasons related to COVID 19. |
|  | I couldn’t afford to attend school or any training. |
|  | My school/college sometimes enforces mandator quarantine when students test positive, however online learning is an option. |
|  | I am doing online learning rather than face-to-face. |
|  | The COVID-19 pandemic did not affect me. |
|  | Other: |

**Please provide additional comments below:**

If you’d prefer to answer these questions over the phone or take the survey electronically, please email Dr. Faye LaDuke-Pelster (faye.laduke@bhsu.edu).