

# EXIT SURVEY 2010-2011

The West Virginia Department of Education is gathering information from exiting students during the 2010-2011 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.

This survey may also be completed online at <http://wvde.state.wv.us/osp/Transition/surveys.html>.

First Name	MI	Last Name
Birth date: ____ / ____ / ____	WVEIS #: _____	
High school: _____	Eligibility: _____	
County: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

**Reason for exit:**

**Graduated: Standard Diploma**

**Graduated: Modified Diploma**

**Dropped Out** - Complete the Dropout Supplement Form (included) and submit it with this survey.

**1. Career Pathway**

- Skilled       Professional

**2. Career Cluster**

- Business/Marketing     Engineering/Technical  
 Arts and Humanities    Health Science Education  
 Human Services         Agriculture/Science/Natural Resources

**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. Career Plans**

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

\_\_\_\_\_

**5. Job Experience While in High School**

- Work-based learning experience    Part-time work  
 Summer Job       None  
 Other: \_\_\_\_\_

**6. Extracurricular Activities While in High School**

- Clubs    Performing Arts    Volunteer Activities  
 Sports    None

**7. General Information**

I have a current driver's license. *(Not a learner's permit)*  
 Yes    No

My special education services helped me 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 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**

I plan to request supports under the Americans with Disabilities Act (ADA) or Section 504.  
 Yes    No  
 I plan to obtain Rehabilitation Services support.  
 Yes    No

**10. Future Plans (Education)**

**YES**, I plan to continue my education at this time with: (mark ONLY one)

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

**NO**, I do NOT plan to continue my education at this time because I: (mark all that apply)

<input type="checkbox"/> Have a job	<input type="checkbox"/> Need a break from school	<input type="checkbox"/> Have poor grades or am not ready
<input type="checkbox"/> Need to work	<input type="checkbox"/> Am joining the military	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Am getting married	<input type="checkbox"/> Find it is too expensive	
<input type="checkbox"/> Am unsure of my plans	<input type="checkbox"/> Don't need more education for my job	

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

Level of School Support Mark the box which 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, 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					

Person completing form (if other than the student): \_\_\_\_\_

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

Please return this survey by May 3 , 201 to

\_\_\_\_\_ (County contact person)

Return form to: \_\_\_\_\_

\_\_\_\_\_ [Place return mailing label here]

Or mail to: .....

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