

**SECTION A**

JOHN S.

9/9/1999

## YOUNG ADULT QUESTIONNAIRE

Sponsored by the U.S. Department of Education




### You can help!

Thousands of young people are participating in interviews and surveys. Your answers will be combined with theirs in reports that can change the future of youth.

### Thank you!

Your support of this study is important. As a token of our appreciation for completing this NLTS2 survey, **you will receive a check for \$20 in the mail** approximately one month after we have received your completed questionnaire.

### Directions

- ✓ Check the name and birth date in the upper right hand corner. If any information is wrong, please cross it out and write in the correct information.
-  Use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. Also, please print neatly when writing words or numbers in boxes.
-  Fill out the following sections, which were selected for you based on the information your parents gave us in a telephone interview: A, D, E, H, I, K, N.
-  Mail the completed questionnaire in the postage-paid envelope to:  
The National Longitudinal Transition Study-2 (NLTS2)  
333 Ravenswood Avenue, BS135, Menlo Park, CA 94025

### Need help? Have questions?

Please contact us at [nlts2@sri.com](mailto:nlts2@sri.com) or call us toll-free at 1-866-269-7274, or TTY 1 800-664-3875.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0815. The time required to complete this information collection is estimated to average 18 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: David Malouf, U.S. Department of Education, 555 New Jersey Ave., NW--Room 508H Washington DC 20208-5550



**IMPORTANT NOTE:**

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

## THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES, INTERESTS, HEALTH, AND HOUSEHOLD ARRANGEMENTS DURING THE 2007-2008 SCHOOL YEAR.

### SOCIAL AND LEISURE TIME ACTIVITIES

The questions in this section are about what you do in your spare time.

**1** During the last few weeks, how have you spent most of your time when you weren't doing things like working or going to school? Please Mark (X) ALL that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Spending time with family members                | <input type="checkbox"/> Playing electronic games                             |
| <input type="checkbox"/> Spending time with friends or going on dates     | <input type="checkbox"/> Using a computer                                     |
| <input type="checkbox"/> Doing homework or chores                         | <input type="checkbox"/> Watching TV, videos, or DVDs                         |
| <input type="checkbox"/> Reading for pleasure or doing hobbies            | <input type="checkbox"/> Listening to music                                   |
| <input type="checkbox"/> Talking on the phone with friends                | <input type="checkbox"/> Playing sports, jogging, swimming, biking, skating   |
| <input type="checkbox"/> Participating in organized activities            | <input type="checkbox"/> Shopping, hanging out, driving around, doing nothing |
| <input type="checkbox"/> Attending entertainment events, movies, concerts | <input type="checkbox"/> Looking for a job or applying for college            |

**2** During the last 12 months, about how many days a week have you usually gotten together with friends, outside of time you might spend at school and outside of organized activities or groups? Please mark (X) ONE box.

- |  |   |
|--|---|
| <input type="checkbox"/> Never                         | <input type="checkbox"/> 4 or 5 days a week |
| <input type="checkbox"/> Sometimes, but not every week | <input type="checkbox"/> 6 or 7 days a week |
| <input type="checkbox"/> 1 day a week                  |   |
| <input type="checkbox"/> 2 or 3 days a week            |   |

**3** During the last 12 months, about how often have friends called you on the phone? Please mark (X) ONE Box.

- |  |  |
|--|--|
| <input type="checkbox"/> Never                                   | <input type="checkbox"/> About once a week   |
| <input type="checkbox"/> Rarely/less than once a month           | <input type="checkbox"/> Several days a week |
| <input type="checkbox"/> A few times a month, but not every week | <input type="checkbox"/> Every day           |



**NOTE:**

When asked to mark boxes,  
make an "X" through the box. Sample:

**4** How many times did you do each of the following activities during the last week?

Please mark (X) ONE Box on EACH line.

	Not at all	1 or 2 times	3 or 4 times	5 or more times
a. Work around the house, such as cleaning, cooking, laundry, yard work, or caring for a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hobbies, such as collecting baseball cards, playing a musical instrument, reading, or doing arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Just hang out with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Buy a few things you need at the store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5** About how many hours a week do you usually watch TV, videos, or DVDs?

Please write number of hours in the boxes or mark (X) Don't know.

Number of hours a week:   OR  Don't know

**6** Do you have ...

Please mark (X) ONE Box on EACH line.

	Yes	No
a. A driver's license or learner's permit?	<input type="checkbox"/>	<input type="checkbox"/>
b. An allowance or other money that you can decide how to spend (this could include money earned from a job)?	<input type="checkbox"/>	<input type="checkbox"/>
c. A savings account?	<input type="checkbox"/>	<input type="checkbox"/>
d. A checking account where you write checks?	<input type="checkbox"/>	<input type="checkbox"/>
e. A credit card or charge account in your own name?	<input type="checkbox"/>	<input type="checkbox"/>



**7**

**During the last 12 months, have you ...**

*Please mark (X) ONE Box on EACH line.*

	Yes	No
a. Done any volunteer or community service activity (this could include something that was part of a school class or other group activity)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Taken lessons or classes in things like art, music, dance, a foreign language, religion, or computer skills, that were not school classes?	<input type="checkbox"/>	<input type="checkbox"/>
c. Gotten in a physical fight?	<input type="checkbox"/>	<input type="checkbox"/>

**8a**

**During the last 12 months, have you taken part in any group activities outside of school, such as scouting, church or temple youth group, or non school team sports like soccer or softball?**

No

Yes



**8b**

**If yes, do any of the groups you belong to include only youth with special needs?**

No

Yes

**9a**

**During the last 2 years, have you been ...**

*Please mark (X) ONE Box on EACH line.*

	Yes	No
a. Arrested?	<input type="checkbox"/>	<input type="checkbox"/>
b. In jail overnight?	<input type="checkbox"/>	<input type="checkbox"/>
c. On probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
d. Stopped and questioned by the police for something other than a traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>

**9b**

**Have you ever been arrested since leaving high school?**

Not applicable, still in high school

No

Yes

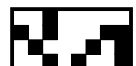
**9c**

**Have you ever been ...**

*PLEASE MARK (X) ONE BOX ON EACH LINE.*

	Yes	No
a. Arrested?	<input type="checkbox"/>	<input type="checkbox"/>
b. On probation of parole?	<input type="checkbox"/>	<input type="checkbox"/>

**Keep up the good work!**



**10 How often do you use e-mail, instant messaging, or take part in chat rooms?***Please mark (X) ONE Box.*

- Several times a day       Once a week  
 Once a day       Less than once a week  
 Several times a week       Never

**YOUR HEALTH****11 Which of the following best describes your general health?***Please mark (X) ONE Box.*

- Excellent       Fair  
 Very good       Poor  
 Good

**12 In the last month, how often did a health or emotional problem cause you to miss a social or recreational activity? Please mark (X) ONE Box.**

- Never  
 Just a few times  
 About once a week  
 Almost every day  
 Every day

**13a Some people have a disability or special need that makes it hard for them to do some things. Do you consider yourself to have any kind of disability or special need?**

- No ► *PLEASE SKIP TO QUESTION 14 NEXT PAGE.*  
 Yes ► *PLEASE CONTINUE WITH QUESTION 13b BELOW.*

**13b Do you think you know what services you need to help you deal with your disability?***Please mark (X) ONE Box.*

- Doesn't apply. I don't need services for my disability. ► *PLEASE SKIP TO QUESTION 14 NEXT PAGE.*  
 No ► *PLEASE CONTINUE WITH QUESTION 13c NEXT PAGE.*  
 Yes ► *PLEASE CONTINUE WITH QUESTION 13c NEXT PAGE.*



**13c**

**Do you get any services or therapies from any school, agency, or professionals because of your disability?**

- No ► *PLEASE SKIP TO QUESTION 14 BELOW.*
- Yes ► *PLEASE CONTINUE WITH QUESTION 13d BELOW.*

**13d**

**How often do you tell professionals what you think about the services they provide you?**  
Please mark (X) ONE Box.

- Hardly ever
- Sometimes
- Often

**14**

**How often did you feel each of the following during the last week?**  
Please mark (X) ONE Box on EACH line.

	Never or rarely	Sometimes	A lot of the time	Most or all of the time
a. You enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You felt that people disliked you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You were hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15**

**How much do you feel that each of the following statements is true? Would you say not at all, very little, somewhat, quite a bit, or very much?** Please mark (X) ONE Box on EACH line.

	Not at all	Very little	Somewhat	Quite a bit	Very much
a. Adults care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your parents care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your friends care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your family pays attention to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



16

**How much is each statement below like you? Is each one not at all like you, a little like you, or very much like you? Please mark (X) ONE Box on EACH line.**

	Not at all like you	A little like you	Very much like you
a. You are proud of who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You are a nice person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You can make friends easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You can tell other people your age how you feel when they upset you or hurt your feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You feel useful and important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You feel your life is full of interesting things to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You can handle most things that come your way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You know how to get the information you need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You can get school staff and other adults to listen to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT YOUR HOUSEHOLD

The following questions are about your living situation and your household.

17

**Where do you live now?**

*Please mark (X) ALL that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> With a parent or foster parent                           | <input type="checkbox"/> In a college dorm or military housing                  |
| <input type="checkbox"/> Alone or with a spouse or roommate                       | <input type="checkbox"/> In a group home or other supervised living arrangement |
| <input type="checkbox"/> With an adult family member who is not a parent          | <input type="checkbox"/> In a medical or mental health facility                 |
| <input type="checkbox"/> With a legal guardian who is not a family member         | <input type="checkbox"/> In a correctional facility or youth detention center   |
| <input type="checkbox"/> In a residential or boarding school other than a college | <input type="checkbox"/> Other (Specify, please print):                         |
|   | <div style="border: 1px solid black; height: 30px; width: 100%;"></div>         |

**You're almost finished with Section A! Keep up the good work!**



**18 Do you usually feel safe in your neighborhood?**

*Please mark (X) ONE Box.*

No

Yes

**19 Are you ...**

*Please mark (X) ONE Box.*

Engaged?

Single, never married?

Married?

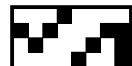
In a marriage-like relationship?

Divorced?

Separated?

Widowed?

**Great job! You're finished with Section A! Please continue to the next section.**





**THIS PART OF THE NLTS2 SURVEY HAS SOME MORE QUESTIONS ABOUT YOUR HEALTH AND HOUSEHOLD ARRANGEMENTS.**

**YOUR HEALTH**



**IMPORTANT NOTE:**

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Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**1**

**Are you now covered by any of the following kinds of health insurance?**

*Please mark (X) ONE box on EACH line.*

	Yes	No	Don't know
a. Private health insurance that you or a family member buys or gets as a benefit from a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Government-assisted or public health insurance, like Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Insurance for dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Insurance for vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Insurance that covers prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2**

**Are you now taking any prescription medicine for a condition or problem related to a disability?**

- No  
 Yes



**3a** Are you taking any prescription medicine that controls your behavior or changes your mood, such as Ritalin or an antidepressant?

No

Yes ▶ **3b** If "Yes", was the medication prescribed to control...  
Please mark all that apply.

Attention, behavior, or activity level

Emotions, such as depression or anxiety

Mood

Something else

## ABOUT YOUR HOUSEHOLD

**4** Are you happy with your current living arrangement, or would you like to change where you live or who you live with? Please mark (X) ONE box.

Happy with living arrangement

Want to change living arrangement

Mixed feelings

**5a** Do you have a partner or spouse living with you now?

No

Yes ▶ **5b** If "Yes", does your spouse or partner have a paid job now?

No

Yes

**6a** During the last 2 years, have you received benefits from TANF (Temporary Assistance to Needy Families) or the state welfare program?

No

Yes ▶ **6b** If "Yes", are you getting money from TANF now?

No

Yes

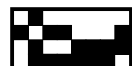
**7a** During the last 2 years, have you received Food Stamps for your own needs?

No

Yes ▶ **7b** If "Yes", are you getting Food Stamps now?

No

Yes



**7c**

During the last 2 years, have you received food and information on healthy food and health care from the WIC program (The Special Supplement Nutrition Program for Women, Infants, and Children)?

No

Yes ► **7d** If "Yes", are you getting this food and information now?

No

Yes

**7e**

During the last 2 years, have you received money or benefits from SSI (Supplemental Security Income)?

No

Yes ► **7f** If "Yes", are you receiving benefits from SSI now?

No

Yes

**8**

Which of the incomes below best describes your total income in the last tax year, including salaries or other earnings, money from public assistance, and so on, before taxes. (Please include income both for you and your spouse, if you have one.)

*Please mark (X) ONE box.*

None

\$30,001 to \$35,000

\$5,000 or less

\$35,001 to \$40,000

\$5,001 to \$10,000

\$40,001 to \$45,000

\$10,001 to \$15,000

\$45,001 to \$50,000

\$15,001 to \$20,000

Over \$50,001

\$20,001 to \$25,000

Don't know


\$25,001 to \$30,000

**Great job! You're finished with section D! Please go to the next section.**



**THIS PART OF THE NLTS2 SURVEY IS ABOUT THINGS SOME YOUNG PEOPLE DO.**

**PERSONAL INTERESTS AND ACTIVITIES**



**IMPORTANT NOTE:**  
Please use a **BLACK** pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.  
Sample:  Right       Wrong

Use block printing when you complete any text or numeric responses.  
If you wish to change a response, please mark the correct response and **CIRCLE** it.

**1**

**Are you registered to vote?**

- No  
 Yes

**2**

**During the past 30 days, on how many days did you do each of the following things?**

*Please mark (X) ONE box on EACH line.*

	Never	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have at least one drink of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3**

**On the days you smoke, about how many cigarettes do you smoke in a day?** *Please write the number of cigarettes you smoke in a day in the boxes below or mark (X) Don't know OR Does not apply.*

Number of cigarettes in a day.

**OR**

Don't know

**OR**

Does not apply. I do not smoke cigarettes.



**4a** Have you ever had sexual intercourse? No ► PLEASE SKIP TO QUESTION 5 NEXT PAGE. Yes ► **4b** Have you had sexual intercourse in the last 3 months? No Yes**4c** The last time you had sexual intercourse, did you or your partner use a condom? No Yes**4d** The last time you had sexual intercourse, did you or your partner use or do anything else to keep from getting pregnant? No Yes**4e** Have you ever had or fathered any children? No Yes ► **4f** If "Yes", during the last 2 years, how many children have you had or fathered? Please write number of children in the past two years in the box below or mark (X) No children in the past 2 years. Number of children in past 2 years**OR** No children in the past 2 years

**5** During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club? Please mark (X) ONE box.

- Never                       4 or 5 days  
 1 day                         6 days or more  
 2 or 3 days

**6** During the last 30 days, how many times did you do each of the following? Please mark (X) ONE box on EACH line.

	Never	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 times or more
a. Use marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use any form of cocaine, including powder, crack, or free base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7** During the last 30 days, how often have you used any other kind of illegal drugs, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills that you took without a doctor's prescription? Please write the number of times in the boxes below or mark (X) Never OR Don't know.

Number of times.

**OR**

Never

**OR**

Don't know

**8** Do you belong to a gang?

- No  
 Yes

**Congratulations! You are finished with section E! Please go to the next section.**







**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES ATTENDING:**

**2-YEAR JUNIOR OR COMMUNITY COLLEGE**



**IMPORTANT NOTE:**

Please use a **BLACK** pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and **CIRCLE** it.

**1** Since leaving high school, have you taken classes from a 2-year, junior or community college?

- No ► *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*
- Yes ► *PLEASE CONTINUE WITH QUESTION 2 BELOW.*

**2** During the last 2 years, have you taken any classes from a 2-year, junior, or community college?

- No
- Yes

**3** About how long after leaving high school was it before you started going to a 2-year college? Please write a number in **ONE** of the sets of boxes **OR** mark "Don't know".

Number of weeks  Don't know

**OR**

Number of months

**OR**

Number of years



**4a** Are you going to a 2-year or community college now? Yes No**4b**

If "No", are you not going because you... Please mark (X) ONE box.

 are on vacation. graduated or completed the program. some other reason**4c**

If "some other reason", why did you stop going to a 2-year or community college? Please print your answer in the box below.


**5a** Have you gotten a diploma, certificate, or license from a 2-year or community college? Yes No**5b**

If "No", are you working toward a diploma, certificate, or license?

 Yes No**6a** Have you been enrolled in a 2-year college continuously during the school year (not counting time off for vacations), or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a 2-year college now, please answer the remaining questions about the time when you did go to a 2-year college.) Please mark (X) ONE box. Enrolled continuously during the school year Enrolled off and on**6b** How many total credits have you earned at a 2-year or community college?

--	--	--

Total number of semester credits

--	--	--

Total number of quarter credits

**7** Have you attended a 2-year or community college full-time or part-time?

Please mark (X) ONE box.

 Full-time (in class 12 hours or more a week) Part-time (in class fewer than 12 hours a week) Both, sometimes one, sometimes the other

**8a** Have you taken mostly vocational courses to train for a job, like computer or business courses, or have you taken mostly academic courses, like English or science?

Please mark (X) ONE box.

- Mostly vocational courses
- Mostly academic courses
- Both academic and vocational courses
- Neither, classes are for personal interest

**8b** What is/was your major or primary course of study in a 2-year or community college?

Enter major:

OR

- Undecided

**9** If you have any kind of learning problem, disability, or special need, was the 2-year or community college aware that you had a disability? Please mark (X) ONE box.

- Not applicable. I don't have a learning problem, disability, or special need.
- School was aware before I enrolled there
- School was aware after I enrolled there
- School not aware

**10a** Have you received help at this school to get your school work done?

No

Yes



**10b** If "Yes", what help? Please mark (X) ALL that apply.

- Tutoring
- Attending study centers
- Attending writing centers

**11a** Have you had any special arrangements from the school for testing?

No

Yes



**11b** If "Yes", what special arrangements? Please mark (X) ALL that apply.

- More time for taking tests
- Having tests and other materials read to you
- Different tests
- Different grading standards
- Different settings (like another room) to take tests
- Instructions given to you in sign language or manual communication
- A scribe (person) records your answers for you



**12a** Have you received any accommodations in how your class assignments are provided? No Yes**12b** If "Yes", what accommodations? Please mark (X) ALL that apply. More time to finish assignments Different assignments

(like shorter assignments or different lab assignments in a science class)

**13a** Has there been any person assigned to help you in class? No Yes**13b** If "Yes", what kind of person? Please mark (X) ALL that apply. A reader or interpreter Note taker in class A personal aide or instructional assistant to help you in class Tutor Support person (like a counselor) who monitors your academic progress and helps you manage your academic workload**14a** Have you received any therapies from the school? No Yes**14b** If "Yes", what kinds of therapies? Please mark (X) ALL that apply. Psychological or mental health services or counseling Social work services Occupational therapy or life skills training**15a** Have you been allowed to use any different kinds of technology in class? No Yes**15b** If "Yes", what kinds of technology? Please mark (X) ALL that apply. Large print or Braille materials or large print computer Books on tape Use of computer or spell checker in class or during test taking Computer software designed for students with disabilities Computer hardware adapted to your needs

(like an alternative keyboard, switch interface)

 Special use of calculator (like when other students don't get to use one) Listening/recording devices, tape recorder Written materials (like copies of lectures, outlines, course notes)**You're almost finished with Section H! Continue the good work!**

**16a** Have there been any adaptations or changes to your classrooms? No Yes**16b**

If "Yes", what adaptations or changes? Please mark (X) ALL that apply.

 Physical changes to the classroom, special desks Changes to equipment (like different lab equipment in a science class)**17a** Have there been any supports from the school for you outside of class? No Yes**17b**

If "Yes", what supports? Please mark (X) ALL that apply.

 A behavior management program Help with learning strategies or study skills (like a writing center) Support group for students with disabilities Early registration**18a** Have you had any services or supports from the school to help you live, or get around at school? No Yes**18b**

If "Yes", what services or supports? Please mark (X) ALL that apply.

 Transportation assistance (to get to classes) Housing assistance (like modified living arrangements) Orientation and mobility services Social activities for students with disabilities Food service arrangements or accommodations Medical supports**19a** Has your school provided any other supports? No Yes**19b**

If "Yes", what other supports? Please mark (X) ALL that apply.

 Service coordination or case management Child care Other

**20** Besides what the school had available, have you gotten any services or help on your own while you have been at a 2-year college?

- No  
 Yes

**21** How useful have all the services, accommodations, and help with school work been in helping you stay in school and do your best there? *Please mark (X) ONE box.*

- Does not apply. I have not received any services or accommodations.  
 Very useful  
 Somewhat useful  
 Not very useful  
 Not at all useful

**22** Do you think you have received enough services, accommodations, and help with school work to do your best there? *Please mark (X) ONE box.*

- Does not apply. I do not need services or accommodations.  
 Definitely getting enough  
 Probably getting enough  
 Probably not getting enough  
 Definitely not getting enough

**23** If you did not receive any services, accommodations, or help with school work, would it have been helpful to you to have services, accommodations, or help? *Please mark (X) ONE box.*

- Does not apply, I received services, accommodations or help with school work  
 No  
 Yes

**Congratulations! You are finished with section H! Please go to the next section.**



**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES  
AFTER HIGH SCHOOL ATTENDING:**

**VOCATIONAL, BUSINESS, OR TECHNICAL SCHOOL**



**IMPORTANT NOTE:**

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners.  
When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**1** Since leaving high school, have you taken any classes from post secondary vocational, business, or technical school?

No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

Yes ► PLEASE CONTINUE WITH QUESTION 2 BELOW.

**2** During the last 2 years, have you taken any classes from a post secondary vocational, business, or technical school?

No

Yes

**3** About how long after leaving high school was it before you started going to a vocational, business, or technical school? Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks

Don't know

OR

Number of months

OR

Number of years



**4a** Are you going to a post secondary vocational, business, or technical school now?

Yes

No

**4b**

If "No", are you not going because you... Please mark (X) ONE box.

are on vacation.

graduated or completed the program.

some other reason

**4c**

If "some other reason", why did you stop going to a post secondary vocational, business, or technical school? Please print your answer in the box below.


**5a** Have you gotten a diploma, certificate, or license from a vocational, business, or technical school?

No

**5b**

If "No", are you working toward a diploma, certificate, or license?

Yes

No

Yes

**5c**

If "Yes", how long was the program that you took that led to this diploma, certificate, or license? Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks

Don't know

**OR**

Number of months

**OR**

Number of years





6a

Have you attended school continuously during the school year (not counting time off for vacations), or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a vocational, business, or technical school now, please answer the remaining questions about the time when you did go to such a school.) Please mark (X) ONE box.

- Enrolled continuously during the school year
- Enrolled off and on

6b

Have you attended school full-time or part-time?  
Please mark (X) ONE box.

- Full-time (in class 12 hours or more a week)
- Part-time (in class fewer than 12 hours a week)

7

What kind of job(s) have your vocational courses trained you for?

Type of job(s):


8

If you have any kind of learning problem, disability, or special need, was the vocational, business, or technical school aware that you had a disability? Please mark (X) ONE box.

- Not applicable. I don't have a learning problem, disability, or special need.
- School was aware before I enrolled there
- School was aware after I enrolled there
- School not aware



**9a** Have you ever received help at this school to get your school work done?

No

Yes

**9b**

If "Yes", what help? Please mark (X) ALL that apply.

- Tutoring
- Attending study centers
- Attending writing centers

**10a** Have you had any special arrangements from the school for testing?

No

Yes

**10b**

If "Yes", what special arrangements? Please mark (X) ALL that apply.

- More time for taking tests
- Having tests and other materials read to you
- Different tests
- Different grading standards
- Different settings (like another room) to take tests
- Instructions given to you in sign language or manual communication
- A scribe (person) records your answers for you

**11a** Have you received any accommodations in how your class assignments are provided?

No

Yes

**11b**

If "Yes", what accommodations? Please mark (X) ALL that apply.

- More time to finish assignments
- Different assignments  
(like shorter assignments or different lab assignments in a science class)

**12a** Has there been any person assigned to help you in class?

No

Yes

**12b**

If "Yes", what kind of person? Please mark (X) ALL that apply.

- A reader or interpreter
- Note taker in class
- A personal aide or instructional assistant to help you in class
- Tutor
- Support person (like a counselor) who monitors your academic progress and helps you manage your academic workload



**13a** Have you received any therapies from the school? No Yes ► **13b** If "Yes", what kinds of therapies? *Please mark (X) ALL that apply.* Psychological or mental health services or counseling Social work services Occupational therapy or life skills training**14a** Have you been allowed to use any different kinds of technology in class? No Yes ► **14b** If "Yes", what kinds of technology? *Please mark (X) ALL that apply.* Large print or Braille materials or large print computer Books on tape Use of computer or spell checker in class or during test taking Computer software designed to meet your needs Computer hardware adapted to your needs  
(like an alternative keyboard, switch interface) Special use of calculator (like when other students don't get to use one) Listening/recording devices, tape recorder Written materials (like copies of lectures, outlines, course notes)**15a** Have there been any adaptations or changes to your classrooms? No Yes ► **15b** If "Yes", what adaptations or changes? *Please mark (X) ALL that apply.* Physical changes to the classroom, special desks Changes to equipment (like different lab equipment in a science class)**You're almost finished with Section II! Continue the good work!**

**16a** Have there been any supports from the school for you outside of class? No Yes ► **16b** If "Yes", what supports? Please mark (X) ALL that apply.

- A behavior management program
- Help with learning strategies or study skills (like a writing center)
- Support group for students with disabilities
- Early registration

**17a** Have you had any services or supports from the school to help you live, or get around at school? No Yes ► **17b** If "Yes", what services or supports? Please mark (X) ALL that apply.

- Transportation assistance (to get to classes)
- Housing assistance (like modified living arrangements)
- Orientation and mobility services
- Social activities for students with disabilities
- Food service arrangements or accommodations
- Medical supports

**18a** Has your school provided any other supports? No Yes ► **18b** If "Yes", what other supports? Please mark (X) ALL that apply.

- Service coordination or case management
- Child care
- Other

**19** Besides what the school had available, have you gotten any services or help on your own to help you do your best in school? No Yes

20

**How useful have all the services, accommodations, and help with school work been in helping you stay in school and do your best there?** *Please mark (X) ONE box.*

- Does not apply. I have not received any services or accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

21

**Do you think you have received enough services, accommodations, and help with school work to do your best there?** *Please mark (X) ONE box.*

- Does not apply. I do not need services or accommodations.
- Definitely getting enough
- Probably getting enough
- Probably not getting enough
- Definitely not getting enough

22

**If you did not receive any services, accommodations, or help with school work, would it have been helpful to you to have services, accommodations, or help?** *Please mark (X) ONE box.*

- Does not apply, I received services, accommodations or help with school work
- No
- Yes

**Congratulations! You are finished with section II! Please go to the next section.**





**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES ATTENDING:**

**4-YEAR COLLEGE OR UNIVERSITY**



**IMPORTANT NOTE:**

Please use a **BLACK** pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right       Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and **CIRCLE** it.

**1**

**Since leaving high school, have you taken any classes from a 4-year college or university?**

- No    ▶ *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*  
 Yes    ▶ *PLEASE CONTINUE WITH QUESTION 2 BELOW.*

**2**

**During the last 2 years, have you taken any classes from a 4-year college or university?**

- No  
 Yes

**3**

**About how long after leaving high school was it before you started going to a 4-year college or university?** *Please write a number in ONE of the sets of boxes OR mark "Don't know".*

Number of weeks       Don't know

**OR**

Number of months

**OR**

Number of years



**4a** Are you going to a 4-year college or university now? Yes No**4b**

If "No", are you not going because you... Please mark (X) ONE box.

 are on vacation. graduated or completed the program. some other reason**4c**

If "some other reason", why did you stop going to a 4-year college or university? Please print your answer in the box below.


**5a** Have you gotten a diploma, certificate, or license from a 4-year college or university? Yes No**5b**

If "No", are you working toward a diploma, certificate, or license?

 Yes No**6a** Have you been enrolled in a 4-year college or university continuously during the school year (not counting time off for vacations), or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a 4-year college or university now, please answer the remaining questions about the time when you did go to a 4-year college or university.) Please mark (X) ONE box. Enrolled continuously during the school year Enrolled off and on**6b** How many total credits have you earned at a 4-year college or university?

--	--	--

Total number of semester credits

--	--	--

Total number of quarter credits

**7**

## Have you attended a 4-year college or university full-time or part-time?

Please mark (X) ONE box.

 Full-time (in class 12 hours or more a week) Part-time (in class fewer than 12 hours a week) Both, sometimes one, sometimes the other



**8** What is/was your major or primary course of study in a 4-year college or university?Enter major: **OR** Don't know; no major declared yet**9** If you have any kind of learning problem, disability, or special need, was the 4-year college or university aware that you had a disability? Please mark (X) ONE box. Not applicable. I don't have a learning problem, disability, or special need. School was aware before I enrolled there School was aware after I enrolled there School not aware**10a** Have you received help at this school to get your school work done? No Yes ► **10b** If "Yes", what help? Please mark (X) ALL that apply. Tutoring Attending study centers Attending writing centers**11a** Have you had any special arrangements from the school for testing? No Yes ► **11b** If "Yes", what special arrangements? Please mark (X) ALL that apply. More time for taking tests Having tests and other materials read to you Different tests Different grading standards Different settings (like another room) to take tests Instructions given to you in sign language or manual communication A scribe (person) records your answers for you**12a** Have you received any accommodations in how your class assignments are provided? No Yes ► **12b** If "Yes", what accommodations? Please mark (X) ALL that apply. More time to finish assignments Different assignments

(like shorter assignments or different lab assignments in a science class)



**13a** Has there been any person assigned to help you in class? No Yes**13b**

If "Yes", what kind of person? Please mark (X) ALL that apply.

 A reader or interpreter Note taker in class A personal aide or instructional assistant to help you in class Tutor Support person (like a counselor) who monitors your academic progress and helps you manage your academic workload**14a** Have you received any therapies from the school? No Yes**14b**

If "Yes", what kinds of therapies? Please mark (X) ALL that apply.

 Psychological or mental health services or counseling Social work services Occupational therapy or life skills training**15a** Have you been allowed to use any different kinds of technology in class? No Yes**15b**

If "Yes", what kinds of technology? Please mark (X) ALL that apply.

 Large print or Braille materials or large print computer Books on tape Use of computer or spell checker in class or during test taking Computer software designed for students with disabilities Computer hardware adapted to your needs

(like an alternative keyboard, switch interface)

 Special use of calculator (like when other students don't get to use one) Listening/recording devices, tape recorder Written materials (like copies of lectures, outlines, course notes)**16a** Have there been any adaptations or changes to your classrooms? No Yes**16b**

If "Yes", what adaptations or changes? Please mark (X) ALL that apply.

 Physical changes to the classroom, special desks Changes to equipment (like different lab equipment in a science class)**You're almost finished with Section J! Continue the good work!**

**17a** Have there been any supports from the school for you outside of class? No Yes**17b**

If "Yes", what supports? Please mark (X) ALL that apply.

 A behavior management program Help with learning strategies or study skills (like a writing center) Support group for students with disabilities Early registration**18a** Have you had any services or supports from the school to help you live, or get around at school? No Yes**18b**

If "Yes", what services or supports? Please mark (X) ALL that apply.

 Transportation assistance (to get to classes) Housing assistance (like modified living arrangements) Orientation and mobility services Social activities for students with disabilities Food service arrangements or accommodations Medical supports**19a** Has your school provided any other supports? No Yes**19b**

If "Yes", what other supports? Please mark (X) ALL that apply.

 Service coordination or case management Child care Other

**20** Besides what the school had available, have you gotten any services or help on your own to help you do your best at school?

- No  
 Yes

**21** How useful have the services, accommodations, and help with school work been in helping you stay in school and do your best there? *Please mark (X) ONE box.*

- Does not apply. I have not received any services or accommodations.  
 Very useful  
 Somewhat useful  
 Not very useful  
 Not at all useful

**22** Do you think you have received enough services, accommodations, and help with school work to do your best there? *Please mark (X) ONE box.*

- Does not apply. I do not need services or accommodations.  
 Definitely getting enough  
 Probably getting enough  
 Probably not getting enough  
 Definitely not getting enough

**23** If you did not receive any services, accommodations, or help with school work, would it have been helpful to you to have services, accommodations, or help? *Please mark (X) ONE box.*

- Does not apply, I received services, accommodations or help with school work  
 No  
 Yes

**Great job! You're finished with Section J! Please continue to the next section.**

**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR WORK EXPERIENCES.**

**JOBS DURING THE LAST 2 YEARS**



**IMPORTANT NOTE:**

Please use a **BLACK** pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and **CIRCLE** it.

**1a** Have you ever had a job other than work around the house?

No ► *PLEASE SKIP TO QUESTION 57a PAGE 16.*

Yes ► **1b** If "Yes", have you ever been fired from a job?

No

Yes

**2a** Have you had any paid jobs during the past 2 years other than work around the house?

No ► *PLEASE SKIP TO QUESTION 57a PAGE 16.*

Yes ► **2b** If "Yes", have you ever been fired from a job any time during the past 2 years?

No

Yes

**3** How many paid jobs have you had altogether during the past 2 years?

Number of paid jobs during the past 2 years



**4** What is the longest time you have worked at a particular job during the past 2 years?

Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks  Don't know

OR   Number of months

OR   Number of years

**5** Have you ever had a job other than work around the house any time since high school?

Does not apply, I am still in high school ► PLEASE SKIP TO QUESTION 7 BELOW.

No

Yes

**6a** How many paid jobs have you had since leaving high school?

Please write a number in the boxes.

Number of paid jobs since leaving high school

**6b** What is the longest amount of time you have worked at a particular job since leaving high school? Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks  Don't know

OR   Number of months

OR   Number of years

**6c** Have you ever been fired from a job any time since high school?

No

Yes

## JOBS HELD NOW

**7** Do you have a paid job NOW, other than work around the house?

No ► PLEASE SKIP TO QUESTION 32a PAGE 10.

Yes ► PLEASE CONTINUE WITH QUESTION 8 BELOW.

**8** How many different paid jobs do you have now?

Number of paid jobs now

**9** Thinking about all the jobs you have, about how many hours a week do you usually work?

Number of hours a week usually worked



10a

What is your job title at this job (where you spend the most time)? (If you have more than one paid job now, please answer the next questions about the job where you spend the most time.) *Please enter your job title.*


10b

What are your main job duties at this job? Please describe.


11

About how many hours a week do you usually work at this job?

Number of hours a week usually worked

12

About how long have you had this job?

*Please write a number in ONE of the sets of boxes OR mark "Don't know".*

Number of weeks  Don't know

OR

Number of months

OR

Number of years

13

About how much are you paid per hour at this job? *Please write amount in the boxes below.*

\$   .   Pay per hour

14

Are you paid more now than when you started this job?

No

Yes



**15** Have you been promoted or taken on more responsibility since you started this job?

- No  
 Yes

**16** As part of this job, do you get ...  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>

**17** At this job, do you think ...  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. You are pretty well paid for your work?	<input type="checkbox"/>	<input type="checkbox"/>
b. You are treated pretty well by others at your job?	<input type="checkbox"/>	<input type="checkbox"/>
c. You have lots of chances to work your way up?	<input type="checkbox"/>	<input type="checkbox"/>
d. You put your education and training to good use?	<input type="checkbox"/>	<input type="checkbox"/>

**18** How well do you get along with coworkers? Please mark (X) ONE box.

- Very well  
 Pretty well  
 Not very well  
 Not at all well

**19** How well do you get along with your boss? Please mark (X) ONE box.

- Very well  
 Pretty well  
 Not very well  
 Not at all well





**20** How much do you usually like your job? Please mark (X) ONE box.

- Very much
- Fairly well
- Not much
- Not at all

**21** About how long did you look for a job before you found the one you have now?  
Please write a number in ONE of the sets of boxes OR mark "Don't know" or "Not applicable".

Number of weeks  Don't know

**OR**

Number of months  Not applicable, didn't really look for this job.

**OR**

Number of years

**22** How did you find this job? Please mark (X) ALL that apply.

- You got the job yourself.
- You used an employment agency or other service program.
- Someone at school helped you.
- A family member helped you.
- A friend or someone else you know helped you (e.g., a neighbor, a friend of a family member).

**23** Has someone from an agency or program stayed in touch with you to check on how you are doing on the job?

- No
- Yes



**24** If you have any kind of learning problem, disability, or special need, is your employer aware of it? Please mark (X) ONE box.

- Does not apply. I don't have a learning problem, disability, or special need. ► PLEASE SKIP TO QUESTION 26 PAGE 8.
- No ► PLEASE SKIP TO QUESTION 26 PAGE 8.
- Yes ► PLEASE CONTINUE WITH QUESTION 25a1 BELOW.

**25a1** Are there any accommodations in your work assignments or supervision?

- No ► PLEASE CONTINUE WITH QUESTION 25b1 BELOW.
- Yes ► **25a2** If "Yes", what accommodations? Please mark (X) ALL that apply.
- More training or training tailored to your needs
  - More or different supervision or mentoring
  - Different expectations for productivity or performance
  - Instructions given to you in a different form (like pictures, sign language, or verbally instead of, or in addition to, written instructions)

**25b1** Are there any accommodations in your work schedule because of a disability?

- No
- Yes ► **25b2** If "Yes", what accommodations? Please mark (X) ALL that apply.
- Flexible times for arriving at and leaving work
  - Slower pace for getting the job done
  - More breaks, longer breaks
  - More paid sick leave or paid time off for medical needs, therapy appointments, etc.

**25c1** Is any person assigned to help you at this job?

- No
- Yes ► **25c2** If "Yes", what person? Please mark (X) ALL that apply.
- Reader or interpreter
  - Job coach
  - Personal aide



**25d1** Are there any adaptations to the equipment you use at work? No Yes**25d2**

If "Yes", what adaptations? Please mark (X) ALL that apply.

 Large print, Braille, or large print computer Written materials on audio or videotape Computer software or hardware adapted for your needs  
(like special keyboard, switch interface, peripherals or voice recognition) Headset for hands-free phone use or sound magnification Different equipment (other than a computer) or changes to equipment you use on the job TTY or TTD Adapted workstation**25e1** Are there any adaptations to your workplace? No Yes**25e2**

If "Yes", what adaptations? Please mark (X) ALL that apply.

 Different furniture arrangement Changes to building (like widened doors, restrooms made accessible)**25f1** Do you have any services or supports to help you get around at work? No Yes**25f2**

If "Yes", what services or supports? Please mark (X) ALL that apply.

 Transportation help to get around at work Special parking close by Emergency/evacuation plans tailored for you**25f3** Do you have any other type of help at work? No Yes

25g

**How useful have these accommodations been in helping you keep your job and do your best there?** Please mark (X) ONE box.

- Not applicable, I have not received any accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

25h

**Do you think you are getting enough accommodations or other help at your job?**

- Not applicable, I have not received any accommodations.
- No
- Yes

25i

**At your job, do most of the workers have disabilities?**

- No
- Yes

## YOUR PREVIOUS JOB

26

**Did you have a paid job before the one you have now, other than work around the house or a school-sponsored job?**

- No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.
- Yes ► PLEASE CONTINUE WITH QUESTION 27 BELOW.

27

**At your last job, did you usually work ...**

Please mark (X) ONE box.

- More hours per week than at the job you have now
- About the same number of hours as the job you have now
- Fewer hours than at the job you have now



**28** When you left that job was your pay ...*Please mark (X) ONE box.*

- More than you get right now
- Less than you get right now
- About the same as you get right now

**29** At that job, did you get ...*Please mark (X) ONE Box on EACH line.*

	Yes	No
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>

**30** At that job, did most of the other workers have disabilities?

- No
- Yes

**31** How did you leave that job?*Please mark (X) ONE box.*

- You quit.
- You were fired.
- You were laid off.
- It was a temporary job that ended.

► **IF YOU HAVE A PAID JOB NOW,**  
PLEASE SKIP TO QUESTION 1 NEXT SECTION.



## YOUR MOST RECENT JOB IF YOU ARE NOT WORKING NOW

**32a** Please think about the last job you had -- the job you had most recently. What was your job title at that job? *Please enter your job title.*


**32b** What were your main job duties at that job? Please describe.


**33** About how many hours a week did you usually work at that job?

Number of hours a week usually worked

**34** About how long did you have that job?

*Please write a number in ONE of the sets of boxes OR mark "Don't know".*

Number of weeks  Don't know

**OR**

Number of months

**OR**

Number of years

**35** When you left your last job, about how much are you paid per hour?

*Please write amount in the boxes below.*

\$   .   Pay per hour

**36** Were you being paid more when you left that job than when you started it?

No

Yes



**37** Were you promoted or did you take on more responsibility while you had that job?

- No  
 Yes

**38** As part of your last job, did you get ...  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>

**39** At that job, did you think ...  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. You were pretty well paid for your work?	<input type="checkbox"/>	<input type="checkbox"/>
b. You were treated pretty well by others at your job?	<input type="checkbox"/>	<input type="checkbox"/>
c. You had lots of chances to work your way up?	<input type="checkbox"/>	<input type="checkbox"/>
d. You put your education and training to good use?	<input type="checkbox"/>	<input type="checkbox"/>

**40** At your last job, how well did you get along with your coworkers?  
Please mark (X) ONE box.

- Very well  
 Pretty well  
 Not very well  
 Not at all well

**41** At that job, how well did you get along with your boss?  
Please mark (X) ONE box.

- Very well  
 Pretty well  
 Not very well  
 Not at all well



42

**How much did you usually like your job?** *Please mark (X) ONE box.*

- Very much
- Fairly well
- Not much
- Not at all

43

**How did you find your last job?** *Please mark (X) ALL that apply.*

- You got the job yourself.
- You used an employment agency or other service program.
- Someone at school helped you.
- A family member helped you.
- A friend or someone else you know helped you (e.g., a neighbor, a friend of a family member).

44

**Did someone from an agency or program stay in touch with you to check on how you were doing on your last job?**

- No
- Yes





**45**

**If you have any kind of learning problem, disability, or special need, was your employer aware of it? Please mark (X) ONE box.**

- Does not apply. I don't have a learning problem, disability, or special need. ► *PLEASE SKIP TO QUESTION 56 PAGE 15.*
- No ► *PLEASE SKIP TO QUESTION 56 PAGE 15.*
- Yes ► *PLEASE CONTINUE WITH QUESTION 46a BELOW.*

**46a**

**Were there any accommodations in your work assignments or supervision?**

- No
- Yes ► **46b** **If "Yes", what accommodations? Please mark (X) ALL that apply.**
- More training or training tailored to your needs
  - More or different supervision or mentoring
  - Different expectations for productivity or performance
  - Instructions given to you in a different form (like pictures, sign language,

**47a**

**Were there any accommodations in your work schedule because of a disability?**

- No
- Yes ► **47b** **If "Yes", what accommodations? Please mark (X) ALL that apply.**
- Flexible times for arriving at and leaving work
  - Slower pace for getting the job done
  - More breaks, longer breaks
  - More paid sick leave or paid time off for medical needs, therapy appointments, etc.

**48a**

**Was any person assigned to help you at this job?**

- No
- Yes ► **48b** **If "Yes", what person? Please mark (X) ALL that apply.**
- Reader or interpreter
  - Job coach
  - Personal aide



**49a** Were there any adaptations to the equipment you used at work? No Yes ▶ **49b** If "Yes", what adaptations? Please mark (X) ALL that apply. Large print, Braille, or large print computer Written materials on audio or videotape Computer software or hardware adapted for your needs  
(like special keyboard, switch interface, peripherals or voice recognition) Headset for hands-free phone use or sound magnification Different equipment (other than a computer) or changes to equipment you used on the job TTY or TTD Adapted workstation**50a** Were there any adaptations to your workplace? No Yes ▶ **50b** If "Yes", What adaptations? Please mark (X) ALL that apply. Different furniture arrangement Changes to building (like widened doors, restrooms made accessible)**51a** Did you have any services or supports to help you get around at work? No Yes ▶ **51b** If "Yes", what services or supports? Please mark (X) ALL that apply. Transportation help to get around at work Special parking close by Emergency/evacuation plans tailored for you**52** Did you have any other type of help at work? No Yes

53

**How useful were these accommodations in helping you keep that job and do your best there?** Please mark (X) ONE box.

- Not applicable, I did not receive any accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

54

**Do you think you got enough accommodations or other help at that job?**

- Not applicable, I did not receive any accommodations.
- No
- Yes

55

**At that job, did most of the workers have disabilities?**

- No
- Yes

56

**How did you leave your last job?**

Please mark (X) ONE box.

- You quit.
- You were fired.
- You were laid off.
- It was a temporary job that ended.
- Some other reason, please specify:



**57a** Are you looking for a paid job now?

No ► PLEASE SKIP TO QUESTION 58 NEXT PAGE.

Yes ► **57b** If "Yes", about how long have you been looking for work?  
Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks  Don't know

**OR**

Number of months

**OR**

Number of years

**57c** What have you done in the past month to find a job?

Please mark (X) ALL that apply.

- Checked with state, private, or school-based employment agencies
- Checked with a military recruiter
- Checked with family and friends
- Checked job listings in newspapers or on-line
- Checked with an employer
- Placed or answered ads
- Applied for jobs
- Nothing
- Other

► **IF YOU HAVE BEEN LOOKING FOR WORK,**  
PLEASE SKIP TO QUESTION 1 NEXT SECTION.



58

**Why have you decided not to look for work right now?***Please mark (X) ALL that apply.*

- I just don't want to look for work right now.
- I am raising children and choose not to work right now.
- I am going to school or am in a training program.
- I don't need or don't want a job right now.
- I don't know how to find a job.
- I am not interested in the kinds of jobs I could get.
- I gave up looking; no one would hire me when I tried to find a job.
- There aren't any jobs available.
- My family doesn't want me to work.
- I don't have any way to get to a job.
- I would lose government benefits if I worked (such as SSI).
- I am waiting to hear about a job or about to start a job.
- Other.

**Great job! You're finished with Section K! Please continue to the next section.**





**THIS PORTION OF THE NLTS2 SURVEY IS ABOUT  
LEAVING HIGH SCHOOL.**



**IMPORTANT NOTE:**

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right       Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**1 Are you enrolled in high school now?**

- No ► *PLEASE CONTINUE WITH QUESTION 2 BELOW.*
- Yes ► *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*

**2 Are you not in high school now because you:**

*Mark (X) one box.*

- |   |   |
|---|---|
| <input type="checkbox"/> Are on school vacation   | <input type="checkbox"/> Dropped out or stopped going       |
| <input type="checkbox"/> Graduated with a regular diploma   | <input type="checkbox"/> Were suspended                     |
| <input type="checkbox"/> Graduated with a certificate of completion                               | <input type="checkbox"/> Were expelled                      |
| <input type="checkbox"/> Took a test for a diploma without taking all of your high school classes | <input type="checkbox"/> Older than the age limit           |
|   | <input type="checkbox"/> Some other reason, please specify: |

**3 When did you leave high school?**

		/					
month			year				

**4 Did you graduate from high school?**

- No ► *PLEASE CONTINUE WITH QUESTION 5a ON NEXT PAGE.*
- Yes ► *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*



**5a**

Since leaving high school, have you taken classes or tests to earn a high school diploma or certificate, such as a GED course?

No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

Yes ► **5b** If "Yes", did you get a high school diploma or certificate for this work?

No

Yes

**6a**

In the past 2 years, have you taken classes or tests to earn a high school diploma or certificate?

No

Yes ► **6b** If "Yes", are you taking classes to earn a high school diploma or certificate now?

No

Yes

**Great job! You're finished with Section L. Please continue to the next section.**





**THIS PORTION OF THE NLTS2 SURVEY IS ABOUT SERVICES.**

**These questions are about services or help you might be receiving from someone other than family or friends, like help from agencies, schools, therapists, health care providers, or other professionals.**



**IMPORTANT NOTE:**

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**1a**

**Since leaving high school, have you received any services or help, other than from family or friends?**

Does not apply, I am still in high school ► *PLEASE SKIP TO QUESTION 2a ON NEXT PAGE.*

Yes ► **1b** **If "Yes", what kinds of services or help? Please mark (X) ALL that apply.**

- Vocational or career help (like career counseling, help in finding a job, training in job skills or vocational education) from someone other than from an employer, family, or friend
- Financial aid, like paying for college classes or training
- Educational assistance or tutoring
- Reader or interpreter, such as a sign language interpreter
- Independent living or occupational therapy (like instruction or help with doing things such as managing money, cooking or keeping house)
- Childcare services or parenting skills training
- Mental health, counseling, or psychological services
- Social work services
- Physical therapy
- Devices or assistive technology services (like help getting or using equipment that helps people with a disability or problem, such as a special calculator or reading machine)
- Transportation assistance because of a disability
- Medical services for diagnosis or evaluation related to a disability
- I have not received any services since leaving high school
- Other services (Please specify):



**2a**

Are you receiving any services now, other than from family or friends?

No ► PLEASE SKIP TO QUESTION 3a BELOW.

Yes ► **2b** If "Yes", what services are you receiving now?


**2c**

Do you think think you are getting enough services?

No  Yes

**2d**

How often do you tell professionals what you think about the services they provide you?

Hardly ever  Sometimes  Often

**3a**

Do you think you need any services?

No ► PLEASE SKIP TO THE NEXT SECTION.

Yes ► **3b** If "Yes", what service or services do you think you need?


**3c**

Have you or someone in your family tried to get this service or services?

No  Yes

**3d**

Are you on a waiting list?

No  Yes

**Great job! You're finished with Section M. Please continue to the next section.**





9 9 - 9 9 - 9 9 9 - 9 9 9

**SECTION N**

JOHN S.

9/9/1999

**1**

**We are planning to send your \$20 reward to the address below:**

12345 MAIN STREET				APT 1					
BIG CITY				CA		99999			

**If the printed address above is incorrect, please provide the correct address below.**  
*Please print neatly.*

Telephone number (area code first) (    )    -

E-mail address

Street address

City  State  Zip    -

**2**

**The study would like to contact you again in 2 years to see how you are doing then. We want to be sure we don't lose track of you. Please give the name and address of someone, other than your parent/guardian, who is likely to know where you are if you move.**

Name (first, last)

Telephone number (area code first) (    )    -

E-mail address

Street address

City  State  Zip    -

**THANK YOU VERY MUCH FOR YOUR TIME IN TAKING PART  
IN THIS IMPORTANT STUDY.**

Please return the completed questionnaire in the postage-paid envelope to:  
The National Longitudinal Transition Study-2 (NLTS2)  
333 Ravenswood Avenue, BS135, Menlo Park, CA 94025



