

National Longitudinal Transition Study

Parent Baseline Questionnaire

October 10, 2011

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ADMINISTRATIVE NOTES:

- EACH ITEM DRAWN FROM A PRE-EXISTING INSTRUMENT WILL HAVE, AT THE END OF THE QUESTION TEXT, THE SOURCE INSTRUMENT AND ITEM REFERENCE NUMBER. IF THE ORIGINAL SOURCE HAS BEEN MODIFIED, THE TEXT "REV" WILL FOLLOW.
- THIS INSTRUMENT IS DESIGNED TO BE INTERVIEWER-ADMINISTERED OVER THE TELEPHONE WITH AN ESTIMATED DURATION OF 40 MINUTES.
- GUIDELINES FOR ADMINISTRATION ARE NOTED THROUGHOUT – ITEMS IN ALL CAPS ARE NOT READ ALOUD, UNDERLINED VERBIAGE IS EMPHASIZED. STANDARDIZED PROBES AND DEFINITIONS ARE PROVIDED.
- PARENT INTERVIEW WILL BE CONDUCTED PRIOR TO STUDENT INTERVIEW. PARENT CONSENT = YES (<SC1> = 1) THEN CATI WILL RELEASE THE CASE FOR DATA COLLECTION WITH THE STUDENT, HIS / HER SELECTED TEACHERS, AND THE SCHOOL PRINCIPAL.
- PARENTAL CONSENT WILL BE DIGITALLY RECORDED AND STORED AT MATHEMATICA ON A SECURE SERVER. ONCE CONSENT IS RECEIVED, THE SAMPLE MANAGEMENT (SMS) DATABASE WILL GENERATE A MAILING TO THE PARENT DOCUMENTING THE CONSENT GRANTED.

CATI PROGRAMMING NOTES:

- AGE OR IEP/ 504 STATUS-SPECIFIC SKIPS ARE DENOTED IN THE UNIVERSE, DIRECTLY PRECEDING APPLICABLE ITEMS OR DELINEATED IN PRECEDING LOGIC BOXES. WHEN AN ITEM IS ASKED OF ALL RESPONDENTS, NO UNIVERSE WILL BE EXPLICITLY SPECIFIED BEFORE THE ITEM.
- ANY SKIP LOGIC BASED ON RESPONSE CATEGORIES IS LOCATED NEXT TO THE APPLICABLE RESPONSE.
- STATE-SPECIFIC NAME FOR SNAP PROGRAM WILL BE PROVIDED UNDER SEPARATE COVER.
- FILLS FOR YOUTH'S NAME ARE GENERATED BY SAMPLE FILE. AGE-SPECIFIC QUESTIONS ARE GUIDED BY CALCULATION OF AGE FROM DATE OF BIRTH VARIABLE PROVIDED IN SAMPLE FILE OR FROM ITEM A2A (IF SAMPLE INFO DEEMED INCORRECT). GENDER-RELATED FILLS DRAWN FROM ITEM A1.

A. INTRODUCTION AND CONSENT

A1. Hi, my name is _____. I'm calling on behalf of the U.S. Department of Education, who is sponsoring the National Longitudinal Transition Study. Through this important project, we hope to learn more about issues youth face today as they transition from school to adult life and how schools can better support students in reaching their goals. As {YOUTH}'s parent (or guardian), we are inviting you to be part of this study.

CONTINUE.....1
HUNG UP DURING INTRODUCTION2
DECLINES STUDY PARTICIPATION0 TERMINATE

A2. {YOUTH} is one of 15,000 students across the country being asked to take part in the study. I will briefly explain what being in the study will mean for you and {YOUTH}. If you have any questions, please stop me, I am happy to answer them. If you agree to take part, this interview will take 40 minutes. I'll ask about {YOUTH}'s experiences at school, hopes for the future, and some basic information about your household. You will be contacted for another interview in 2014, to see what may have changed since we last spoke. You will be paid \$20 for each interview completed.

We would also like to interview {YOUTH} over the telephone for about 30 minutes. That interview has questions about experiences in and out of school and plans for the future. You can help your child answer questions or answer for {him/her}, if needed. Students will be contacted for another interview in 2014. {YOUTH} will get a \$10 gift card for each interview completed.

All the information the researchers collect about {YOUTH} will be kept confidential and not shared with others. All reports will be in summary form only. Your child's name will never be used. There are no special risks to you or {YOUTH} from taking part in this study. There is nothing experimental about this study. If you or your child feels uncomfortable answering any of the questions, you can stop without penalty.

Do you give your permission for these interviews?

AGREED - CONTINUE1
DISAGREE / DECLINES THIS PORTION2
DECLINES STUDY PARTICIPATION0 TERMINATE

A3. As part of the study, each student’s math or language arts teacher would be asked to do a survey to learn more about [his / her] classroom experiences. Do we have your permission to contact this teacher?

- AGREED - CONTINUE1
- DISAGREE / DECLINES THIS PORTION2
- DECLINES STUDY PARTICIPATION0 TERMINATE

IF SCHOOL HAS NOT PROVIDED TEACHER’S NAME (FIELD BLANK ON SAMPLE FILE)

A3a. Our records show that {YOUTH}’s school did not provide (his / her) [MATH OR LANGUAGE ARTS] teacher’s name. Can you provide the name of this teacher?

- YES – SPECIFY: _____1
- DON’T KNOWd
- REFUSED TO PROVIDE NAME.....r SKIP TO A4

IF SCHOOL HAS NOT PROVIDED TEACHER’S NAME (FIELD BLANK ON SAMPLE FILE)

A3b. Our records show that {YOUTH}’s school did not provide (his / her) [MATH OR LANGUAGE ARTS] teacher’s email address. Can you provide us with this email address?

- YES – SPECIFY: _____1
- DON’T KNOWd
- REFUSED TO PROVIDE NAME.....r TERMINATE

YOUTH HAS IEP FROM SAMPLE INFO

A4. We would like to complete two surveys with a staff person from {YOUTH}’s school, to learn about services the school provides to (him/her) in (his / her) IEP. The first would be completed this year and the next one would be in 2014. Do we have your permission to contact this staff member?

- AGREED - CONTINUE1
- DISAGREE / DECLINES THIS PORTION2
- DECLINES STUDY PARTICIPATION0 TERMINATE

A5. As part of the study, in 2014, researchers will look at students’ school transcripts to see what courses they have taken. Do you grant permission for us to collect this information?

- AGREED - CONTINUE1
- DISAGREE / DECLINES THIS PORTION2
- DECLINES STUDY PARTICIPATION0 TERMINATE

A6. As part of the study, when {YOUTH} is around 16 to 18 years old, {he/she} will be asked to complete an academic assessment. This test is only for this study and will not count towards any of {his/her} classes in school. Do you grant permission for this assessment?

IF NEEDED: if {YOUTH} is in school, the test will take place during school. If not, it can be completed at another public place. The test takes between 15-45 minutes.

AGREED - CONTINUE1
DISAGREE / DECLINES THIS PORTION2
DECLINES STUDY PARTICIPATION0 TERMINATE

A7. To learn more about how students are doing in the future, the researchers may want to look at databases on college enrollment, financial aid for college, or the Social Security Administration's records about jobs or benefits. If the researchers decide to use data from the Social Security Administration, we would need [NAME]'s social security number.

If we need your child's social security number, we will ask for it during the second interview in 2014. You can decide to give it to us then, or not. If you give us the number, we will keep it private and will permanently erase it as soon as we link it to the information needed. We did want to let you know now, however, that we may ask for it. Do you have any questions about this?

NO QUESTIONS, OK TO CONTINUE.....1
QUESTIONS RAISED AND ANSWERED,
CONTINUE.....2
WILL NEVER GIVE SSN, BUT OK TO
CONTINUE WITH INTERVIEW3
DECLINES STUDY PARTICIPATION.....0 TERMINATE

A8. Even if you consent for {YOUTH} to take part in this study, {he/she} must agree also. When {he/she} turns 18 or no longer has a legal guardian, {he/she} must consent for {him/herself}. You or {YOUTH} can ask questions or drop out of the study at any time without penalty by calling Mathematica Policy Research. If you have any questions about your child’s rights as a research volunteer, you can call the Institutional Review Board who reviewed this study to make sure students’ rights are protected.

IF NEEDED: Public/Private Ventures telephone number is (215) 557-4482. Ask for Melissa Billarrial.

IF NEEDED: Mathematica’s toll-free number is 866-964-7962.

I will mail you a letter describing what we just discussed, so you will have it for your records. If you would like to see the consent form in writing before continuing with the interview, we can email (or fax) it to you. Do you have any questions for me before we begin the interview? [ANSWER QUESTIONS, AS NEEDED].

- AGREES TO TAKE PART - CONTINUE1
- NOT AT THIS TIME – CALL LATER2 WANTS TIME TO CONSIDER FURTHER (SCHEDULE CALLBACK WITHIN 1 WEEK)
- DECLINED TO TAKE PART IN STUDY3 CONSENT NOT GRANTED, TERMINATE

A9. I will begin by asking for some basic information about where you live and how we can best reach you for the next survey in 2014. Let’s start with the address where you get your mail. We will send your \$20 check to this address. The school listed it as [ADDRESS ON SAMPLE FILE]. Is that address correct?

- YES1 GO TO A10
- NO2

A9a. What is your mailing address?

PROBE FOR AND RECORD BOTH P.O. BOX AND STREET ADDRESS

PROBE: Where do you stay most often?

_____ (STRING (200))
ADDRESS 1

_____ (STRING (200))
ADDRESS 2

_____ (STRING (200))
CITY

_____ (STRING (50))
STATE/TERRITORY

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_|
ZIP CODE (+ 4 IF NEEDED)

A10. What is the best telephone number at which to reach you:

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_| / Phone (STRING 30)
(RANGE) (RANGE) (RANGE)

- DOES NOT HAVE A TELEPHONE NUMBER1 GO TO A13
- DON'T KNOWd GO TO A13
- REFUSEDr GO TO A13

A10a. Is that a landline or cell phone?

- LANDLINE.....1 GO TO A13
- CELL PHONE.....2
- DON'T KNOWd GO TO A13
- REFUSEDr GO TO A13

A10b. When we contact you for the next survey, may we send you a text message on that phone?

- YES1
- NO0
- PHONE DOES NOT USE TEXT MESSAGE2
- DON'T KNOWd
- REFUSEDr

A11. I need to begin by asking a few questions about {YOUTH} to make sure I ask questions that apply only to certain groups. Is {YOUTH} male or female? (NLTS2 A1, rev)

- MALE.....1
- FEMALE2

A12. I have {YOUTH}'s birth date as {DOB FROM SAMPLE}? Is that correct? (NLTS2 A2A)

- YES1 GO TO A13
- NO0
- DON'T KNOWd GO TO A13
- REFUSEDr GO TO A13

A12a. What is {YOUTH'S} birth date? (NLTS2 A2B)
 PROGRAMMER: SELECT NUMBER OF FIELDS

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
 MONTH DAY YEAR
 (1-12) (1-31) (1990-2000)
 DON'T KNOWd
 REFUSEDr

A13. What is your relationship to {YOUTH}? (NEW)

MOTHER.....1
 FATHER.....2
 OTHER RELATIVE3
 FOSTER PARENT4
 OTHER LEGAL GUARDIAN5
 OTHER (SPECIFY).....99
 _____(STRING 100)
 DON'T KNOWd
 REFUSEDr

B. STUDENT'S EXPERIENCE AT SCHOOL

B1_INTRO The next questions are about {YOUTH}'s school experiences this school year, that is, the 2011-2012 school year.

B1. Has {YOUTH} been enrolled in an elementary, middle, junior or senior high school this school year? (NLTS D1A)

YES1
 NO0 GO TO B7
 DON'T KNOWd GO TO B7
 REFUSEDr GO TO B7

B2. What grade {is/was} {YOUTH} in this year? [PROBE FOR UNGRADED IF PARENT IS UNSURE.] (NLTS D10)

CODE ONE ONLY

UNGRADED CLASS.....	0
SIXTH GRADE.....	6
SEVENTH GRADE.....	7
EIGHTH GRADE.....	8
NINTH GRADE.....	9
TENTH GRADE.....	10
ELEVENTH GRADE.....	11
TWELFTH GRADE.....	12
THIRTEENTH GRADE.....	13
MULTI-GRADE.....	14
OTHER (SPECIFY).....	99
_____ (STRING 50)	
DON'T KNOW.....	d
REFUSED.....	r

B3. Which of the following best describes the school {he/she} attended this year?

[2+ SCHOOLS IN SAME YEAR, ASK ABOUT THE MOST RECENT SCHOOL. 2+ SCHOOLS AT SAME TIME, ASK ABOUT THE SCHOOL WHERE MOST TIME SPENT.]
(NLTS D1B)

CODE ONE ONLY

- A regular school that serves a wide variety of students, 1**
- A school that serves only students with disabilities,.....2**
- A magnet school that specializes in a particular subject area or theme,3**
- A vocational/technical school (voc-tech),.....4**
- A charter school,.....5**
- An alternative school, or6**
- Another kind of school?**
MARK FROM BELOW OR SPECIFY
- HOME INSTRUCTION BY A PROFESSIONAL 7
- HOME SCHOOLING BY A PARENT 8
- MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PEOPLE WITH DISABILITIES 9
- MENTAL HEALTH FACILITY 10
- CORRECTIONAL OR JUVENILE JUSTICE FACILITY 11
- OTHER (SPECIFY) 99
- _____ (STRING 150)
- DON'T KNOW d
- REFUSED r

BOX B4

THIS LOGIC SKIPS PARENTS OF YOUTH IN SETTINGS OTHER THAN REGULAR SCHOOLS TO QUESTION B4c and FILLS B4-B4b WITH INFORMATION WE KNOW FROM RESPONSES TO B3.

IF B3 = 7 THROUGH 11, CODE B4 = 1 AND CODE APPROPRIATE SETTINGS IN B4b, THEN GO TO B4c.

B4. Has {he/she} received any elementary, middle, junior or senior high school level instruction in any {other} setting during this school year? For example, that could include instruction in a hospital, correctional facility, or a home school. (NLTS D2A)

- YES1 GO TO BOX B4A
- NO0 GO TO BOX B5
- DON'T KNOWd GO TO BOX B5
- REFUSEDr GO TO BOX B5

BOX B4A

IF B1 NE 1 (NOT ENROLLED) AND B4 = 1 (ENROLLED, NOT REGULAR SCHOOL), GO TO B4a.

IF B1 = 1 (ENROLLED) AND B4 = 1 (ENROLLED, NOT REGULAR SCHOOL), GO TO B4B.

ELSE, GO TO BOX B5.

B4a. What grade {is/was} {YOUTH} in this year? [PROBE FOR UNGRADED IF PARENT IS UNSURE.] (NLTS D10)

CODE ONE ONLY

- UNGRADED CLASS0
- FIRST GRADE1
- SECOND GRADE2
- THIRD GRADE.....3
- FOURTH GRADE.....4
- FIFTH GRADE5
- SIXTH GRADE6
- SEVENTH GRADE.....7
- EIGHTH GRADE.....8
- NINTH GRADE.....9
- TENTH GRADE.....10
- ELEVENTH GRADE.....11
- TWELFTH GRADE.....12
- THIRTEENTH GRADE.....13
- MULTI-GRADE.....14
- OTHER (SPECIFY).....99
- _____ (STRING 50)
- DON'T KNOWd
- REFUSEDr

B4b. Which of the following best describes the setting where {YOUTH} received this instruction? Was it... [IF MORE THAN ONE SETTING, CODE MOST RECENT SETTING] (NLTS D2B)

CODE ONE ONLY

- Home instruction by a professional, 1
- Home schooling by a parent, 2
- A hospital or hospital school, 3
- A medical facility convalescent hospital or institution for people with disabilities, 4
- A mental health facility, 5
- A correctional or juvenile justice facility, or 6
- Another kind of place? 7
- OTHER (SPECIFY) 99
- _____ (STRING 150)
- DON'T KNOW d
- REFUSED r

B4c. Is {he/she} receiving this instruction now? (NLTS D2C)

- YES 1 GO TO BOX B5
- NO 0 GO TO BOX B5
- DON'T KNOW d GO TO BOX B5
- REFUSED r GO TO BOX B5

BOX B5

THIS LOGIC SEPARATES PARENTS OF YOUTH WHO ARE IN SCHOOL THIS YEAR FROM THOSE WHO ARE NOT. PARENTS OF IN-SCHOOL YOUTH WHO ARE 16 OR OLDER ARE ASKED IF THEY WILL GRADUATE THIS YEAR (B6). PARENTS OF IN-SCHOOL YOUTH WHO ARE YOUNGER ARE ASKED IF THEY WILL ATTEND SCHOOL NEXT YEAR (B11). PARENTS OF YOUTH WHO ARE NOT IN SCHOOL ARE ASKED WHY NOT.

IF B1 = 1 AND (B2 ≥ 12 OR (B2 = 0|14|99|D|R AND AGE ≥ 16), GO TO B6. ELSE IF B1 = 1, GO TO B11.

IF B1 ≠ 1 AND B4c = 1, GO TO B6. ELSE IF B1 ≠ 1, GO TO B5.

B5. Is {he/she} not in school now because {he/she}... (NLTS D2D)

CODE ONE ONLY

- Is on school vacation,1 GO TO B6
- Graduated,2 GO TO B8
- Took a test and received a diploma or a certificate without taking all of {his/her} high school classes,3 GO TO B8
- Dropped out or just stopped going,4
- Was suspended (temporary),5 GO TO B6
- Was expelled (permanent),6 GO TO B6
- Was older than the school age limit, or7 GO TO B6
- Some other reason? (SPECIFY)99 GO TO B6
- _____ (STRING 150)
- DON'T KNOWd GO TO B8
- REFUSEDr GO TO B

B5a. What were {his/her} reasons for leaving? (NLTS D2F)

CODE ALL THAT APPLY

- SCHOOL: ACADEMIC DIFFICULTY; POOR GRADES/NOT DOING WELL 1
 - SCHOOL: DISLIKE OF SCHOOL EXPERIENCE 2
 - SCHOOL: SCHOOL TOO DANGEROUS 3
 - SCHOOL: FAILED REQUIRED TEST/FAILED GRADUATION EXAM..... 4
 - SCHOOL: LACK OF APPROPRIATE CURRICULUM 5
 - SCHOOL: POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF 6
 - SCHOOL: POOR RELATIONSHIP WITH FELLOW STUDENTS 7
 - SCHOOL: LANGUAGE DIFFICULTY 8
 - SCHOOL: PROBLEMS WITH BEHAVIOR..... 9
 - FINANCIAL: ECONOMIC REASONS..... 10
 - FINANCIAL: LACK OF CHILD CARE 11
 - FINANCIAL: LACK OF TRANSPORTATION 12
 - HEALTH: SUBSTANCE ABUSE..... 13
 - HEALTH: ILLNESS/DISABILITY..... 14
 - HEALTH: PREGNANCY 15
 - PERSONAL: ENTERED THE CRIMINAL JUSTICE SYSTEM..... 16
 - PERSONAL: NEEDED AT HOME 17
 - PERSONAL: RELIGION 18
 - PERSONAL: MOVED 19
 - RELATIONSHIPS: PARENT/GUARDIAN INFLUENCE 20
 - RELATIONSHIPS: FRIENDS WERE DROPPING OUT 21
 - RELATIONSHIPS: MARRIAGE 22
 - WORK: MILITARY, JOINED ARMED FORCES 23
 - WORK: EMPLOYMENT, SOUGHT OR ACCEPTED JOB 24
 - OTHER (SPECIFY)..... 99
- _____ (STRING 150)
- DON'T KNOW d
 - REFUSED r

(GO TO BOX B7)

B6. Do you expect that {he/she} will graduate or finish school this year? (NLTS D2G1)

- YES. 1 GO TO BOX B7
- NO. 0 GO TO BOX B7
- DON'T KNOW d GO TO BOX B7
- REFUSED r GO TO BOX B7

BOX B7

THIS LOGIC SEPARATES PARENTS OF YOUTH WHO DROPPED OUT, WERE SUSPENDED OR EXPELLED AND NOT RECEIVING ANY INSTRUCTION. THOSE WHO DO NOT MEET THOSE CRITERIA, SKIP TO A QUESTION ABOUT TAKING COURSES AT A TWO-YEAR OR COMMUNITY COLLEGE.

IF B5 = 4, 5, OR 6, GO TO B7. IF B1 ≠1 AND B4 ≠1, GO TO B7.

B7. In the past school year has {YOUTH} taken any courses or tests to earn a high school diploma since {dropping out/being suspended/ being expelled}? (NLTS D3A)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

B8. Has {YOUTH} earned a diploma, GED, or certificate of completion?

IF NEEDED: What was it? (NLTS D2E REV)

CODE ONE ONLY

- REGULAR DIPLOMA 1
- GED 2
- CERTIFICATE OF COMPLETION 3
- MODIFIED DIPLOMA 4
- OTHER (SPECIFY) 99
- _____ (STRING 150)
- DON'T KNOW d
- REFUSED r

BOX B9

THIS LOGIC SEPARATES PARENTS OF CHILDREN WHO WERE NOT ENROLLED IN ANY SCHOOL FROM THOSE WHO ARE ENROLLED IN SCHOOL.

IF B1 AND B4 ≠ 1, GO TO B9. ELSE GO TO B10.

B9. When did {he/she} last attend school or receive instruction in school subjects?

[RESPONSE MAY BE THE MONTH AND YEAR {YOUTH} LEFT SCHOOL OR HOW LONG AGO {HE/SHE} LEFT SCHOOL. NOTE: THIS CAN INCLUDE HOME OR HOSPITAL SCHOOLING] (NLTS D5A)

|_|_|_| / |_|_|_|_|_|
MONTH YEAR
(1-12) (2000-2011)

OR |_|_| MONTHS or YEARS AGO

NEVER..... 0

DON'T KNOWd

REFUSEDr

B10. Did {YOUTH} attend summer school in the summer of 2011? (NLTS D7A)

CODE ONE ONLY

YES1

NO0

IN YEAR ROUND SCHOOL.....2

DON'T KNOWd

REFUSEDr

B11. Do you expect that {YOUTH} will be enrolled in elementary, middle, junior, or senior high school in the fall? [IF NEEDED: That is the 2012-2013 school year] (NLTS D5E)

YES1 GO TO B16

NO0

DON'T KNOWd

REFUSEDr

B12. What are {YOUTH’S} plans for the fall? [IF NEEDED: That is the 2012-2013 school year] (NLTS D6A)

PROBE: IF R SAYS “GO TO SCHOOL”: Does {YOUTH} plan to go to a 2-year, junior, or community college; a 4-year college or university; a vocational or business school; a GED program; or another kind of school or program?

CODE ALL THAT APPLY

- HAS NO PLANS/JUST HANG OUT 1
- LOOK FOR WORK/GET A JOB..... 2
- CONTINUE WORKING 3
- GO TO A 2-YEAR, JUNIOR/COMMUNITY/
TECHNICAL COLLEGE 4
- GO TO A 4-YEAR COLLEGE/UNIVERSITY 5
- GO TO A VOCATIONAL OR BUSINESS
SCHOOL OR JOB TRAINING PROGRAM 6
- GED PROGRAM 7
- GO TO ANOTHER SCHOOL (UNSPECIFIED) 8
- GO TO AN ADULT DAY PROGRAM 9
- GO TO AN ADULT RESIDENTIAL PROGRAM 10
- TRAVEL 11
- DO VOLUNTEER WORK..... 12
- GET MARRIED 13
- HAVE A BABY..... 14
- MOVE..... 15
- GET OWN APARTMENT/HOUSING
ARRANGEMENT 16
- JOIN THE MILITARY 17
- INCARCERATED 18
- OTHER (SPECIFY) 99
- _____ (STRING 150)
- DON’T KNOW d
- REFUSED r

B13. Since {he/she} entered kindergarten, has {he/she} ever been held back a grade in school? (NLTS D7D)

- YES1
- NO0 GO TO B14
- DON'T KNOWd GO TO B14
- REFUSEDr GO TO B14

B13a. What grade or grades was {he/she} held back? (NLTS D7E)

CODE ALL THAT APPLY

- KINDERGARTEN0
- FIRST GRADE1
- SECOND GRADE2
- THIRD GRADE.....3
- FOURTH GRADE.....4
- FIFTH GRADE5
- SIXTH GRADE6
- SEVENTH GRADE.....7
- EIGHTH GRADE8
- NINTH GRADE.....9
- TENTH GRADE.....10
- ELEVENTH GRADE.....11
- TWELFTH GRADE.....12
- DON'T KNOWd
- REFUSEDr

(CONSISTENCY CHECK: A18a CANNOT BE > A4 OR A6a)

B14. Has {he/she} ever been expelled from school? (NLTS D7H REV)

- YES1
- NO0 GO TO B15
- DON'T KNOWd GO TO B15
- REFUSEDr GO TO B15

B14a. From what grade or grades was {he/she} expelled? (NLTS D7I REV)

CODE ALL THAT APPLY

- PRE-KINDERGARTEN98
- KINDERGARTEN0
- FIRST GRADE1
- SECOND GRADE2
- THIRD GRADE3
- FOURTH GRADE4
- FIFTH GRADE5
- SIXTH GRADE6
- SEVENTH GRADE7
- EIGHTH GRADE8
- NINTH GRADE9
- TENTH GRADE10
- ELEVENTH GRADE11
- TWELFTH GRADE12
- DON'T KNOWd
- REFUSEDr

B15. Did {he/she} ever have an out-of-school suspension? (NLTS D7H REV)

- YES1
- NO0 GO TO B16
- DON'T KNOWd GO TO B16
- REFUSEDr GO TO B16

B15a. From what grade or grades was {he/she} suspended out of school? (NLTS D7I REV)

CODE ALL THAT APPLY

- PRE-KINDERGARTEN98
- KINDERGARTEN0
- FIRST GRADE1
- SECOND GRADE2
- THIRD GRADE.....3
- FOURTH GRADE.....4
- FIFTH GRADE5
- SIXTH GRADE6
- SEVENTH GRADE.....7
- EIGHTH GRADE8
- NINTH GRADE.....9
- TENTH GRADE.....10
- ELEVENTH GRADE.....11
- TWELFTH GRADE.....12
- DON'T KNOWd
- REFUSEDr

B16. Has {YOUTH} been arrested in the past two years? (NLTS, U8a)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

C. PARENT INVOLVEMENT AT SCHOOL

C_INTRO The next set of questions are about your involvement in {YOUTH}'s experience at school. There are no right or wrong answers to these questions – only your experiences.

C1. Since the beginning of this school year, have you or another adult in the household done any of the following at {YOUTH'S} school? (NLTS2, E1 - REV)

C2. [IF C1=YES, ASK:] About how many times has that happened? Would you say 1-2 times, 3-4 times, 5-6 times, or more than that?

	C1				C2					
	YES	NO	DK	REF	1-2 TIMES	3-4 TIMES	5-6 TIMES	MORE THAN 5-6 TIMES	DK	REF
a. Attend a general school meeting, for example, back to school night, or a meeting of a parent-teacher organization?.....	1	0	d	r	1	2	3	4	d	r
b. Attend a school or class event, such as a play, sports event, or science fair? This can include visits to the school for other children in the family who are at this school.....	1	0	d	r	1	2	3	4	d	r
c. Volunteer at the school, for example, chaperoning a class field trip, or serving on a committee?.....	1	0	d	r	1	2	3	4	d	r
d. Gone to a parent/teacher conference with {YOUTH}'s teacher?	1	0	d	r	1	2	3	4	d	r

C3. Adults differ in how much they talk to children about school. During this school year, {did} you or another adult in the household talk with {YOUTH} about {his/her} experiences in school? Would you say... (NLTS2, E7)

- Not at all,0
- Rarely,1
- Occasionally or.....2
- Regularly?.....3
- DON'T KNOWd
- REFUSEDr

C4. During this school year, how often did you or another adult in the household help {YOUTH} with {his/her} homework? Would you say... (NLTS2, E8)

- Never,0
- Less than once a week,1
- 1-2 times a week,2
- 3-4 times a week, or3
- 5 or more times a week?4
- DON'T KNOWd
- REFUSEDr

D. ABILITIES, DISABILITIES, AND SERVICES

D_INTRO The next set of questions are about {YOUTH'S} abilities and disabilities.

D1. Has a professional ever identified {YOUTH} as having a physical, sensory, learning, or other disability or problem? (NLTS B1A REV)

- YES1
- NO0 GO TO D2_INTRO IF IEP IN RECORDS. ELSE GO TO D7_INTRO
- DON'T KNOWd GO TO D2_INTRO IF IEP IN RECORDS. ELSE GO TO D7_INTRO
- REFUSEDr GO TO D2_INTRO IF IEP IN RECORDS. ELSE GO TO D7_INTRO

D1a. With what physical, sensory, learning, or other disabilities or problems has {YOUTH} ever been identified by a professional as having? (NLTS B1A REV)

PROBE: Any other disabilities or learning problems? That could include a speech problem. IF NO DISABILITY OR NOT GETTING SPECIAL SERVICES, CODE AS "0".

CODE ALL THAT APPLY

- HAS NO PROBLEM/DISABILITY/NOT GETTING SPECIAL SERVICES0 GO BACK AND CORRECT D1
- ASTHMA1
- ATTENTION DEFICIT DISORDER(ADD or ADHD).....2
- AUTISM OR ASPERSERS3
- BLINDNESS (COMPLETE BLINDNESS)4
- CEREBRAL PALSY5
- DEAFNESS6
- DEAFNESS AND BLINDNESS7
- DOWN SYNDROME8
- DYSLEXIA.....9
- EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, SED).....10
- HARD OF HEARING/HEARING IMPAIRMENT11
- HEALTH IMPAIRMENT (SPECIFY DISEASE)12
- _____ (STRING 150)
- LEARNING DISABILITY (LD).....13
- INTELLECTUAL DISABILITY14
- PHYSICAL OR ORTHOPEDIC IMPAIRMENT.....15
- SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT16
- SPINA BIFIDA17
- TRAUMATIC BRAIN INJURY (TBI)18
- VISUAL IMPAIRMENT/PARTIAL SIGHT19
- DEVELOPMENTAL DELAY20
- OTHER (SPECIFY)99
- _____ (STRING 150)
- DON'T KNOWd
- REFUSEDr

D1b. Which physical, sensory, learning, or other disabilities does a professional identify {YOUTH} as having now? List all that apply. (NEW)

CODE ALL THAT APPLY

- 1. {RESPONSE01 FROM D1a} 12. {RESPONSE12 FROM D1a }
 - 2. {RESPONSE02 FROM D1a} 13. {RESPONSE13 FROM D1a }
 - 3. {RESPONSE03 FROM D1a} 14. {RESPONSE14 FROM D1a}
 - 4. {RESPONSE04 FROM D1a} 15. {RESPONSE15FROM D1a }
 - 5. {RESPONSE05 FROM D1a} 16. {RESPONSE16 FROM D1a }
 - 6. {RESPONSE06 FROM D1a} 17. {RESPONSE17 FROM D1a }
 - 7. {RESPONSE07 FROM D1a} 18. {RESPONSE18 FROM D1a }
 - 8. {RESPONSE08 FROM D1a} 19. {RESPONSE19 FROM D1a }
 - 9. {RESPONSE09 FROM D1a} 20. {RESPONSE20 FROM D1a }
 - 10. {RESPONSE10 FROM D1a} 21. {RESPONSE21 FROM D1a }
 - 11. {RESPONSE11 FROM D1a} 22. NONE
- DON'T KNOWd
- REFUSEDr

D1c. Which of those disabilities or problems that you told me about is {YOUTH}'s main problem or disability? (NLTS B1B) [DO NOT READ RESPONSES ALOUD UNLESS RESPONDENT NEEDS PROMPT]

CODE ONE ONLY

- 1. {RESPONSE01 FROM D1a} 12. {RESPONSE12 FROM D1a }
 - 2. {RESPONSE02 FROM D1a} 13. {RESPONSE13 FROM D1a }
 - 3. {RESPONSE03 FROM D1a} 14. {RESPONSE14 FROM D1a}
 - 4. {RESPONSE04 FROM D1a} 15. {RESPONSE15FROM D1a }
 - 5. {RESPONSE05 FROM D1a} 16. {RESPONSE16 FROM D1a }
 - 6. {RESPONSE06 FROM D1a} 17. {RESPONSE17 FROM D1a }
 - 7. {RESPONSE07 FROM D1a} 18. {RESPONSE18 FROM D1a }
 - 8. {RESPONSE08 FROM D1a} 19. {RESPONSE19 FROM D1a }
 - 9. {RESPONSE09 FROM D1a} 20. {RESPONSE20 FROM D1a }
 - 10. {RESPONSE10 FROM D1a} 21. {RESPONSE21 FROM D1a }
 - 11. {RESPONSE11 FROM D1a} 22. NONE
- EQUALLY SEVERE16
- DON'T KNOWd
- REFUSEDr

BOX D2

THIS LOGIC SEPARATES PARENTS WHOSE YOUTH HAVE A DISABILITY BUT WHOSE YOUTH'S SCHOOL RECORDS SHOW NO IEP FROM THOSE WITH AN IEP IN THE RECORDS. THOSE WHO DO NOT HAVE AN IEP IN THE RECORDS ARE SKIPPED TO A QUESTION THAT ASKS IF THEY EVER RECEIVED SPECIAL EDUCATION. IF IEP IN RECORDS, GO TO D2_INTRO. ELSE IF D1 = 1 AND NO IEP IN RECORDS (THIS WOULD INCLUDE THOSE WITH NO RECORDS BECAUSE THEY ARE NOT ENROLLED), GO TO D3.

D2_INTRO Records from the school or school district indicate that at the beginning of the school year {YOUTH} had received special education services for: (NLTS BCINTRO)
 {DISNAM (1)}
 {DISNAM (2)}
 {DISNAM (3)}

PARENTS OF YOUTH WHOSE DISTRICT RECORDS SHOW AN IEP

D2. [Is {any of} that still correct?] Did {YOUTH} receive special education services for... (NLTS B1C)

	YES	NO	NEVER DID	DK	REF
a. {DISNAM(1)}	1	0	n	d	r
b. {DISNAM(2)}	1	0	n	d	r
c. {DISNAM(3)}	1	0	n	d	r

IF A|B|C = 1, GO TO D4.
 IF A AND B AND C = n, GO TO D6
 ELSE, GO TO D2a.

D2a. Did {YOUTH} ever receive special education services or have an IEP? (NEW)

IF NEEDED: "IEP" stands for an Individualized Education Program. An IEP is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with nondisabled students, and lists accommodations or modifications needed to measure what the student knows through tests. After a student turns 16, the IEP must also include goals for what the student will do after high school and services needed to help the student reach those goals.

YES1 GO TO D4
 NO0 GO TO D7_INTRO
 DON'T KNOWd GO TO D7_INTRO
 REFUSEDr GO TO D7_INTRO

D3. Did {YOUTH} ever receive special education services or have an IEP? (NEW)

IF NEEDED: "IEP" stands for an Individualized Education Program. An IEP is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with nondisabled students, and lists accommodations or modifications needed to measure what the student knows through tests. After a student turns 16, the IEP must also include goals for what the student will do after high school and services needed to help the student reach those goals.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

D4. At what point in {YOUTH}'s life did it become apparent that {he/she} had a disability, problem, or condition?

IF NEEDED: About how old was {YOUTH} when {he/she} started having this difficulty or condition? (NLTS B2A, REV)

IF NEEDED: If it's easier to remember {YOUTH}'s grade level at that time, please give me that information. IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN]

- |_|_| AGE (0-21)
- |_|_| GRADE LEVEL (0-13, 98)
- DON'T KNOW d
- REFUSED r

D4a. About how old was {YOUTH} when {he/she} started receiving special education services from a professional? (NEW)

[IF NEEDED: If it's easier to remember {HIS/HER} grade level at that time, please give me that information. IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN]

- |_|_| AGE (0-21)
- |_|_| GRADE LEVEL (0-13, 98)
- DON'T KNOW d
- REFUSED r

ASKED ONLY OF THOSE WITH IEPs

D5. As of the beginning of the 2011-12 school year, did {YOUTH} still receive special education services and have an IEP? (NEW)

- YES1 GO TO D6
- NO0
- DON'T KNOWd GO TO D6
- REFUSEDr GO TO D6

D5a. About how old was {YOUTH} when the IEP and special education services ended? (NEW)

[IF NEEDED: If it's easier to remember the YOUTH's grade level at that time, please give me that information. IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN]

- |_|_| AGE (0-21)
- |_|_| GRADE LEVEL (0-13, 98)
- DON'T KNOWd
- REFUSEDr

D5b. Why is {he/she} no longer receiving special education services? (NLTS D8B REV)

CODE ALL THAT APPLY

- NO LONGER NEEDS SPECIAL SERVICES1
- MET IEP GOALS.....2
- YOUTH WAS DECLASSIFIED, SCHOOL SAYS
NO LONGER NEEDS SERVICES3
- NO LONGER ELIGIBLE, DOESN'T QUALIFY.....4
- SCHOOL DOESN'T HAVE THE PROGRAMS
{YOUTH} NEEDS5
- PARENT DOESN'T WANT YOUTH IN SPECIAL
EDUCATION6
- YOUTH DID NOT WANT TO BE IN SPECIAL
EDUCATION7
- YOUTH NOW HAS A 504 PLAN.....9
- DOESN'T THINK YOUTH EVER WAS IN
SPECIAL EDUCATION10
- YOUTH HOME SCHOOLED BY PARENT11
- OTHER (SPECIFY).....99
- _____ (STRING 150)
- DON'T KNOWd
- REFUSEDr

ASK ONLY OF PARENTS WHOSE STUDENTS ARE NOT ON AN IEP NOW

D6. Has {he/she} ever had a Section 504 plan? (NEW)

PROBE: A Section 504 plan, which falls under civil-rights law, removes barriers so students with disabilities can participate in school as freely as possible. This may include students who do not need an IEP but may need extra help or assistance to participate fully in school. Such help may include more time on tests, or sitting in the front of the classroom. An IEP is more concerned with providing educational services.

- YES 1
- NO 0 GO TO D7_INTRO
- DON'T KNOW d GO TO D7_INTRO
- REFUSED r GO TO D7_INTRO

D6a. About how old was {YOUTH} when the Section 504 plan began? (NEW)

[IF NEEDED: If it's easier to remember {YOUTH}'s grade level at that time, please give me that information. IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN]

- |_|_| AGE (0-21)
- |_|_| GRADE LEVEL (0-98)
- DON'T KNOW d
- REFUSED r

D6b. As of the beginning of the 2011-12 school year, did {he/she} still have a Section 504 plan? (NEW)

- YES 1 GO TO D7_INTRO
- NO 0
- DON'T KNOW d GO TO D7_INTRO
- REFUSED r GO TO D7_INTRO

D6c. About how old was {YOUTH} when the Section 504 plan ended? (NEW)

[IF NEEDED: If it's easier to remember {YOUTH}'s grade level at that time, please give me that information. IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN]

- |_|_| AGE (0-21)
- |_|_| GRADE LEVEL (0-98)
- DON'T KNOW d
- REFUSED r

D6d. Why does {he/she} no longer have a Section 504 plan? (NLTS D8B REV)

CODE ALL THAT APPLY

- NO LONGER NEEDS ACCOMMODATIONS1
- SCHOOL SAYS NO LONGER NEEDS ACCOMMODATIONS2
- NO LONGER ELIGIBLE, DOESN'T QUALIFY.....3
- PARENT DOESN'T WANT YOUTH TO RECEIVE ACCOMMODATIONS4
- YOUTH DOES NOT WANT TO RECEIVE ACCOMMODATIONS5
- YOUTH CHANGED SCHOOLS (DID NOT REQUEST SPECIAL SERVICES OR NEW SCHOOL DID NOT IDENTIFY [YOUTH] AS NEEDING SPECIAL SERVICES)6
- DOESN'T THINK YOUTH EVER HAD A 504 PLAN7
- YOUTH HOME SCHOOLED BY PARENT8
- DON'T KNOWd
- REFUSEDr

D7_INTRO. Now I want to ask you about how well {YOUTH} does some things. It is important to know how different youth function in different areas. If these questions are difficult for you, please stick with me, and we'll be past this section soon.

D7. First, I'm going to ask about {YOUTH's} vision. Wearing glasses or contacts if {he/she} uses them, how well does {YOUTH } see? (NLTS B3C rev)

CODE ONE ONLY

- Sees normally,**1 GO TO D9_INTRO
- has a little trouble seeing,**2 GO TO D9_INTRO
- has a lot of trouble seeing, or**3
- doesn't see at all?**4
- DON'T KNOWd GO TO D9_INTRO
- REFUSEDr GO TO D9_INTRO

D8. Does {YOUTH} use... (NLTS B3D)

	YES	NO	DK	REF
a. Braille?	1	0	d	r
b. IF B2A = 1, ASK: A portable Braille note taker or writer?	1	0	d	r
c. Large print type?	1	0	d	r
d. Optical devices, such as near vision magnification, telescopic devices, or bioptic lenses?	1	0	d	r
e. Mobility devices, such as a cane, or electronic travel aids?	1	0	d	r
f. Assistive technology, such as voice synthesizers or software to enlarge the size of the print on the computer screen?	1	0	d	r
g. Any other devices to help {him/her} see or read? SPECIFY	1	0	d	r
_____ (CATI: STRING 150 CHAR)				

D9_INTRO Now I'm going to ask you some questions about {YOUTH}'s hearing.

D9. Would you say {YOUTH}...

[IF NEEDED: **This assessment should be made of {YOUTH}'s hearing without any hearing devices like a hearing aid.**] (NLTS B4A)

CODE ONE ONLY

- Hears normally, or**1 GO TO D14
- Has a hearing problem?**2
- DON'T KNOWd GO TO D14
- REFUSEDr GO TO D14

D10. Is {YOUTH}'s hearing loss... (NLTS B4B)

CODE ONE ONLY

- Mild,**1
- Moderate, or**2
- Severe to profound?**3
- DON'T KNOWd
- REFUSEDr

D11. Has a hearing aid or other kind of hearing device been prescribed for {him/her}? (NLTS B4C)

- YES1
- NO0 GO TO D12
- DON'T KNOWd GO TO D12
- REFUSEDr GO TO D12

D11a. How well does {YOUTH} hear with the hearing device? Would you say {he/she}...
(NLTS B4D)

CODE ONE ONLY

- Hears normally, 1
- Has a little trouble hearing, 2
- Has a lot of trouble hearing, or 3
- Doesn't hear at all? 4
- DOES NOT HAVE ONE 5
- WILL NOT WEAR IT 6
- DON'T KNOW d
- REFUSED r

D12. Does {YOUTH} have a cochlear implant?

IF NEEDED: A cochlear implant is a surgically implanted electronic device that can restore partial hearing to people with some hearing impairments. (NLTS B4E)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

D13. How well does {YOUTH} communicate by any means? Would you say {he/she}...
(NLTS B4F)

CODE ONE ONLY

- Has no trouble communicating, 1
- Has a little trouble communicating, 2
- Has a lot of trouble communicating, or 3
- Doesn't communicate at all? 4 GO TO D16
- DON'T KNOW d
- REFUSED r

D13a. Now I'd like to ask about ways that {he/she} may communicate. Does {YOUTH} use... (NLTS B4G)

	YES	NO	DK	REF
a. Sign language or manual communication?.....	1	0	d	r
b. Lip reading?	1	0	d	r
c. Cued speech?	1	0	d	r
d. Oral speech [TALKING]?	1	0	d	r
e. A communication board or book?	1	0	d	r
f. Anything else to help {him/her} communicate? SPECIFY	1	0	d	r

BOX D14

THIS LOGIC SEPARATES PARENTS OF YOUTH WHO COMMUNICATE THROUGH ORAL SPEECH.
 THOSE WHO SPEAK ARE TAKEN TO QUESTIONS ABOUT THEIR SPEECH.
 IF D13A PART D= 1, GO TO D14. ELSE GO TO D16.

D14. How clearly does {YOUTH} speak? Would you say {he/she}... (NLTS B4H)

CODE ONE ONLY

- Has no trouble speaking clearly,1
- Has a little trouble speaking,.....2
- Has a lot of trouble speaking, or.....3
- Does not speak at all?4
- DON'T KNOWd
- REFUSEDr

D15. How well does {he/she} carry on an oral conversation? Would you say {he/she}... (NLTS B4I, rev)

CODE ONE ONLY

- Has no trouble carrying on an oral conversation,1
- Has a little trouble carrying on an oral conversation,2
- Has a lot of trouble carrying on an oral conversation,
or.....3
- Doesn't carry on an oral conversation at all?4
- DON'T KNOWd
- REFUSEDr

D16. How well does {YOUTH} understand what people say to {him/her}? Would you say {he/she}... (NLTS B4J)

CODE ONE ONLY

- Has no trouble understanding what others say, 1
- Has a little trouble understanding, 2
- Has a lot of trouble understanding, or 3
- Doesn't understand at all? 4
- DON'T KNOW d
- REFUSED r

BOX D17

THIS LOGIC SEPARATES THOSE WHO HAVE HEARING IMPAIRMENTS FROM THOSE WHO DO NOT.
THOSE WITH HEARING IMPAIRMENTS CONTINUE WITH B13INTRO, PHYSICAL ABILITIES.
IF D9 = 2, GO TO D19_INTRO. ELSE GO TO D17.

D17. My next questions are about {YOUTH's} ability to use language. How clearly does {he/she} speak? Would you say {he/she}... (NLTS B5A)

CODE ONE ONLY

- Has no trouble speaking clearly, 1 GO TO D18
- Has a little trouble speaking, 2 GO TO D18
- Has a lot of trouble speaking, or 3
- Does not speak at all? 4
- DON'T KNOW d
- REFUSED r

D17a. How well does {YOUTH} communicate by any means? Would you say {he/she}... (NLTS B5B)

CODE ONE ONLY

- Has no trouble communicating, 1
- Has a little trouble communicating, 2
- Has a lot of trouble communicating, or 3
- Doesn't communicate at all? 4 GO TO D18a
- DON'T KNOW d
- REFUSED r

D17b. Now I'd like to ask about ways that {he/she} may communicate with you. Does {YOUTH} use... (NLTS B5C)

	YES	NO	DK	REF
a. Words?	1	0	d	r
b. Sounds that are not words?	1	0	d	r
c. Gestures, including pointing?	1	0	d	r
d. Sign language?	1	0	d	r
e. A communication board or book?	1	0	d	r
f. A computer to communicate with you?	1	0	d	r
g. Anything else to help {him/her} communicate? SPECIFY	1	0	d	r
_____ (CATI: STRING 150 CHAR)				

D18. How well does {he/she} carry on a conversation? Would you say {he/she}... (NLTS B4I)

CODE ONE ONLY

- Has no trouble carrying on a conversation,1** GO TO D19_INTRO
- Has a little trouble carrying on a conversation,2** GO TO D19_INTRO
- Has a lot of trouble carrying on a conversation, or .3**
- Doesn't carry on a conversation at all?4**
- DON'T KNOWd
- REFUSEDr

D18a. How well does {YOUTH} understand what people say to {him/her}? Would you say {he/she}... (NLTS B4J)

CODE ONE ONLY

- Has no trouble understanding what others say,1**
- Has a little trouble understanding,2**
- Has a lot of trouble understanding, or3**
- Doesn't understand at all?4**
- DON'T KNOWd
- REFUSEDr

D19_INTRO Next I want to ask about {YOUTH}'s physical abilities.

D19. How well does {YOUTH} use both of {his/her} arms and hands? Would you say {he/she} uses both arms and hands normally?

IF NEEDED: If there is a difference for each arm or hand, refer to the side that the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm. (NLTS B6C, REV)

IF YOUTH IS MISSING A HAND OR ARM CODE AS 2

- YES1 GO TO D20
- NO0
- HAS NO USE OF ONE OR BOTH HANDS OR ARMS2 GO TO D20
- DON'T KNOWd GO TO D20
- REFUSEDr GO TO D20

D19a. Can {YOUTH} use {his/her} arms and hands normally for things like using a spoon or holding a pencil? (NLTS B6A, REV)

IF NEEDED: If there is a difference for each arm or hand, refer to the side with which the [YOUTH] is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm.

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

D19b. Can {he/she} use {his/her} arms and hands normally for things like throwing, lifting, or carrying? IF NEEDED: If there is a difference for each arm or hand, refer to the side that the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm. (NLTS B6B, REV)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

D20. How well does {YOUTH} use both of {his/her} legs and feet? Would you say {he/she} uses both legs and feet normally? IF NEEDED: If there is a difference for each leg or foot, refer to the side that the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken leg. (NLTS B6C)

- YES1 GO TO D21
- NO0
- DON'T KNOWd GO TO D21
- REFUSEDr GO TO D21

D20a. Does {he/she} use any equipment to help {him/her} get around, such as crutches, a wheelchair, or prosthetics? (NLTS B6D, rev)

- YES1
- NO0 GO TO D21
- DON'T KNOWd GO TO D21
- REFUSEDr GO TO D21

D20b. What is the equipment {he/she} uses to get around? (NLTS B6E)

CODE ALL THAT APPLY

- CRUTCHES1
- WALKER2
- LEG BRACES3
- WHEELCHAIR4
- CANE5
- PROSTHETICS.....6
- OTHER (SPECIFY).....99
- _____ (STRING 150)
- DON'T KNOWd
- REFUSEDr

D21. Now I have some questions about {YOUTH}'s health. Would you say {his/her} general health is... (NLTS B7A)

CODE ONE ONLY

- Excellent,**.....1
- Very good,**.....2
- Good,**.....3
- Fair, or**4
- Poor?**5
- DON'T KNOWd
- REFUSEDr

D22. Does {YOUTH} have a chronic physical or mental health condition that requires regular treatment or medical care? (NEW)

- YES 1
- NO 0 GO TO D23
- DON'T KNOW d GO TO D23
- REFUSED r GO TO D23

D22a. Is most of {his/her} health care currently provided by a pediatrician or an adult care physician or specialist? (CSHCN)

IF NEEDED: A pediatrician is a doctor who generally treats children under the age of 18.

- PEDIATRICIAN 1
- ADULT CARE PHYSICIAN OR SPECIALIST 2
- DON'T KNOW d
- REFUSED r

D22b. Has [YOUTH]'s doctor(s) or other health care provider(s) talked with you or [YOUTH] about how {his/her} health care needs might change when {he/she} becomes an adult? (CSHCN)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

PARENTS WITH YOUTH WHO HAVE EVER BEEN DIAGNOSED WITH A DISABILITY OR RECEIVED SPECIAL EDUCATION SERVICES.

D23. Is {he/she} taking any prescription medicine that controls {his/her} attention, behavior, or activity level, or changes {his/her} mood, such as Ritalin or an antidepressant? (NLTS B7C)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

BOX D24

THOSE WHO DESCRIBE THEIR YOUTH'S HEALTH AS EXCELLENT GO TO QUESTION B21 ABOUT ACTIVITIES OF DAILY LIVING. IF D21=1, GO TO D25. ELSE GO TO D24.

D24. Does {YOUTH} use any kind of medical equipment or device, like an oxygen tank or a catheter? This does not include mobility devices, like a wheelchair, walker, or cane. (NLTS B7F)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

BOX D25

FOR PRETEST- IF YOUTH HAS AUTISM, BLINDNESS OR VISUAL IMPAIRMENT, CEREBRAL PALSY, DEAFNESS AND BLINDNESS, DOWN SYNDROME, INTELLECTUAL DISABILITY, PHYSICAL OR ORTHOPEDIC IMPAIRMENT, SPINA BIFIDA, TRAUMATIC BRAIN INJURY, DEVELOPMENTAL DELAY, OR SOMETHING ELSE SERIOUS, GO TO D25.

IF YOUTH HAS ASTHMA, ADD, DEAFNESS OR HARD OF HEARING, DYSLEXIA, EMOTIONAL DISTURBANCE, LEARNING DISABILITY, SPEECH IMPAIRMENT, OR SOMETHING ELSE LIKE THIS, GO TO D26.

THIS LOGIC IS FOR PARENTS WITH YOUTH WITH AUTISM, BLINDNESS OR VISUAL IMPAIRMENT, CP, DOWNS, HEALTH IMPAIRMENT, INTELLECTUAL DISABILITY, PHYSICAL OR ORTHOPEDIC IMPAIRMENT, SPINA BIFIDA, TBI, DEVELOPMENTAL DELAY, OR MULTIPLE DISABILITIES. IF (D1=0 AND NO IEP RECORD) OR (D1 = 0 AND NONE OF D2= 1) OR (DISTRICT RECORD OF LEARNING DISABILITY, HEARING IMPAIRMENT, SPEECH DISORDER, EMOTIONAL/BEHAVIORAL DISORDER, OR ADD) AND (NO AUTISM, BLINDNESS OR VISUAL IMPAIRMENT, CP, DEVELOPMENTAL DELAY, DOWNS, HEALTH IMPAIRMENT, INTELLECTUAL DISABILITY, PHYSICAL OR ORTHOPEDIC IMPAIRMENT, SPINA BIFIDA, TBI, OR MULTIPLE)), GO TO D26. ELSE GO TO D25.

PARENTS WITH YOUTH WITH AUTISM, BLINDNESS OR VISUAL IMPAIRMENT, CP, DOWNS, HEALTH IMPAIRMENT, INTELLECTUAL DISABILITY, PHYSICAL OR ORTHOPEDIC IMPAIRMENT, SPINA BIFIDA, TBI, DEVELOPMENTAL DELAY, OR MULTIPLE DISABILITIES.

D25. How well does {YOUTH}...READ EACH ITEM ...on {his/her} own, without help? Would you say {he/she} does it very well, pretty well, not very well, or not at all well? (NLTS G3, REV)

	VERY WELL	PRETTY WELL	NOT VERY WELL	NOT AT ALL WELL	NOT ALLOWED	DK	REF
a. Dress {himself/herself} completely	1	2	3	4	5	d	r
b. Feed {himself/herself} completely	1	2	3	4	5	d	r
c. Read and understand common signs, like Stop, Men, Women, or Danger	1	2	3	4	5	d	r
d. Count change or ensure {he/she} is given proper change when making a purchase.....	1	2	3	4	5	d	r
e. Look up telephone numbers and use the telephone.....	1	2	3	4	5	d	r

ASK ONLY IF YOUTH HAS IEP OR 504 PLAN

D26. How well does {YOUTH} do each of the following items on {his/her} own, without help? READ STATEMENTS. CODE ONE RESPONSE FOR EACH.

Would you say {he/she} does it very well, pretty well, not very well, or not at all well? (NLTS G4, rev)

	VERY WELL	PRETTY WELL	NOT VERY WELL	NOT AT ALL WELL	N/A	DK	REF
a. Use an ATM or cash machine.....	1	2	3	4	5	d	r
b. Make appointments, such as with a doctor, dentist, or potential employer.....	1	2	3	4	5	d	r
c. Get to places outside the home, like to school, to a nearby store or park, or to a neighbor's house.....	1	2	3	4	5	d	r

D27. When the following chores need doing, about how often, on {his/her} own, does {he/she}... READ STATEMENTS. CODE ONE RESPONSE FOR EACH.

Would you say always, usually, sometimes, or never? (NLTS G5)

	ALWAYS	USUALLY	SOMETIMES	NEVER	DK	REF
a. Fix {his/her} own breakfast or lunch?...	1	2	3	4	d	r
b. Do laundry?.....	1	2	3	4	d	r
c. Straighten up {his/her} own room or living area?.....	1	2	3	4	d	r
d. Buy a few things at the store {he/she} needs?.....	1	2	3	4	d	r

BOX D28

THIS BOX SEPARATES PARENT OF YOUTH WHO NEVER HAD AN IEP, 504 PLAN OR DISABILITY. IF D2 A|B|C|D = 1 OR (D4 = 1 AND NO IEP IN RECORDS) OR D2A = 1 OR D3 = 1 OR D4A= D|R, OR D6 = 1, GO TO D28. ELSE, GO TO D32.

PARENTS OF YOUTH WHO CURRENTLY HAVE AN IEP OR 504 PLAN

D28. The next questions are about assistive technology. Assistive technology is any object, piece of equipment, or product that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Does {YOUTH} use any assistive technology at school? (NEW)

PROBE: Assistive technology is not only computers. The equipment can be shared with others. Usually the need for assistive technology is written in an IEP.

- YES 1
- NO 0 GO TO D31
- DON'T KNOW d GO TO D31
- REFUSED r GO TO D31

D29. What technology does {YOUTH} use? What is the device called? If {YOUTH} uses more than one device, please tell us about the one specified in {his/her} IEP or that is most important for {YOUTH}'s education. (NEW)

_____ (STRING 150)
USE AS REFERENCE IN QUESTIONS THAT FOLLOW
DON'T KNOWd
REFUSEDr

D30. Does {YOUTH} bring the [FILL DEVICE FROM A28] home?

YES1
NO0 GO TO D31
DON'T KNOWd GO TO D31
REFUSEDr GO TO D31

D30a. Was someone in the household trained on using, or helping {YOUTH} use, the [FILL DEVICE FROM D29]?

YES1
NO0
DON'T KNOWd
REFUSEDr

PARENTS OF YOUTH WHO HAVE EVER HAD AN IEP, 504 PLAN, OR BEEN DIAGNOSED WITH A DISABILITY

D31. During the past 12 months, has {YOUTH} received any of the following accommodations or services through school? (NLTS H1A REV and teacher B8 REV)

	YES	NO	DK	REF
a. More time in taking tests	1	0	d	r
b. Modified tests or alternate tests or assessments.....	1	0	d	r
c. Additional time to complete assignments.....	1	0	d	r
d. Shorter or different assignments.....	1	0	d	r
e. Teacher's aide, instructional assistant, or other personal aide or assistant	1	0	d	r
f. Books on tape, CD, in Braille, large print, or in another alternate format	1	0	d	r
g. Use of a computer or calculator for activities not allowed other students.....	1	0	d	r
h. Reader or interpreter, including sign language.....	1	0	d	r
i. Tutor.....	1	0	d	r
j. Psychological or mental health services or counseling	1	0	d	r
k. Speech or language therapy, or communication services	1	0	d	r
l. Audiology services for hearing problems	1	0	d	r
m. Vision services, such as Braille instruction	1	0	d	r
n. Physical or occupational therapy	1	0	d	r
o. Orientation and mobility services (to help individuals navigate their environment)	1	0	d	r
p. Nursing care.....	1	0	d	r
q. Special transportation because of disability.....	1	0	d	r
r. Other, SPECIFY	1	0	d	r

_____ (STRING 100)

PARENTS OF YOUTH IN GRADE 9 OR HIGHER

D32. I am going to read a list of programs and services schools may offer to help students prepare for life after high school. For each, please tell me whether or not [YOUTH] has taken part during this school year (2011-2012). Has {he/she} taken part in ... (NEW)

	YES	NO	DK	REF
a. Catch-up courses or double-dosing of classes during the regular school day?	1	0	d	r
b. Supplemental instruction or tutoring in academic subjects before or after school?	1	0	d	r
c. Supplemental instruction or tutoring in academic subjects on weekends?	1	0	d	r
d. ASK IF GRADE \geq 10: Helping students sign up for standardized college entrance tests—reminders, aid with test taking fees, prep courses?	1	0	d	r
e. ASK IF GRADE \geq 11: Help with financial aid forms, comparing financial aid packages?	1	0	d	r
f. ASK IF IEP ONLY: Connecting students to outside transition services, supports, and activities (e.g., tutoring, mentoring, transportation, assistive technology, networking)?	1	0	d	r
g. ASK IF IEP ONLY AND EITHER GRADE \geq 11 OR 17 YRS OLD: Helping students connect to adult residential providers and day services?	1	0	d	r
h. ASK IF IEP ONLY: Help developing capability to dress, clean, care for self.....	1	0	d	r
i. ASK IF IEP ONLY: Helping families understand youth’s rights and responsibilities under disability-related laws	1	0	d	r

PARENTS OF YOUTH WITH IEP ONLY

D33. As {YOUTH}’s parent or guardian, during this school year, have you received any classes or counseling on [YOUTH]’s rights and responsibilities under disability-related laws? (NEW)

- YES 1
- NO 0
- DON’T KNOW d
- REFUSED r

E. EXPERIENCE WITH THE IEP, 504 PLAN, AND SCHOOL SUPPORTS

BOX E1

THIS LOGIC SEPARATES PARENTS OF YOUTH WHO RECEIVE SERVICES. PARENTS OF YOUTH WHO DO NOT RECEIVE SERVICES ARE TAKEN TO THE NEXT SECTION.

IF D5 = 1 OR D2 (ANY PART) = 1, GO TO E1. ELSE, GO TO F_INTRO.

E1. During this or last school year, did you or another adult in the household go to a meeting about an Individualized Education Plan, or IEP, for {YOUTH'S} special education program or services? (NLTS E2A)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

E1a. During this or last school year, did {YOUTH} go to {"that same" if E1 = 1}{“a” if E1≠1} meeting about an Individualized Education Plan, or IEP, for {his/her} special education program or services? (NLTS E2B REV)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

IF E1 ≠ 1 AND E1A ≠ 1, GO TO E1B. ELSE GO TO E2.

E1b. Has there been an IEP meeting about {YOUTH'S} special education program or services this or last year? (NLTS E4A)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

PARENTS OF YOUTH AGE ≥16

E2. Have you or another adult in the household met with teachers to set goals for what {YOUTH} will do after high school and make a plan for how {he/she} will achieve them? Sometimes this is called a transition plan or a transition focused IEP. (NLTS E2C, REV)

- YES 1
- NO 0 GO TO E5
- DON'T KNOW d GO TO E5
- REFUSED r GO TO E5

PARENTS OF YOUTH AGE ≥16

E3. Did the school mostly come up with the goals on [his/her] IEP [IF E2=1 ADD: and transition plan] or was it mostly you or {YOUTH} who came up with the goals? CAN READ CATEGORIES. (NLTS E3A)

CODE ONE ONLY

- MOSTLY SCHOOL1
- MOSTLY RESPONDENT OR OTHER ADULT2
- MOSTLY YOUTH3
- SCHOOL AND YOUTH EQUALLY4
- SCHOOL AND RESPONDENT OR OTHER ADULT EQUALLY5
- YOUTH AND RESPONDENT OR OTHER ADULT EQUALLY6
- DON'T KNOWd
- REFUSEDr

PARENTS OF YOUTH AGE ≥16

E4. Which of the following best describes {YOUTH'S} role in {his/her} {"IEP and transition planning" IF E2a = 1 AND E2= 1, ELSE "IEP planning"}? (NLTS E3B)

CODE ONE ONLY

- {He/She} did not participate1
- {He/She} was present in discussions but participated very little or not at all2
- {He/She} provided some input3
- {He/She} took a leadership role (helping set the direction of the discussions, goals and plans)4
- DOESN'T KNOW ABOUT ANY GOALS5
- DON'T KNOWd
- REFUSEDr

PARENTS OF YOUTH AGE ≥16

E5. To the best of your knowledge, did [YOUTH]'s high school have a "transition planning" meeting to help [YOUTH]'s plan what {he/she} might do after high school? (NEW)

- YES1
- NO0 GO TO F_INTRO
- DON'T KNOWd GO TO F_INTRO
- REFUSEDr GO TO F_INTRO

E6. The next set of questions are about the transition planning meeting:

	YES	NO	DK	REF
a. Were you invited to that meeting?	1	0	d	r
b. Was [YOUTH] invited to that meeting?.....	1	0	d	r
c. Were [YOUTH]'s interests, strengths, and preferences discussed at that meeting?	1	0	d	r
d. Did staff from any community service agency, such as vocational rehabilitation services, take part in that meeting?	1	0	d	r
e. Was [YOUTH] given information on education, careers, or community living options for when {he/she} leaves high school?	1	0	d	r

F. PLANS FOR THE FUTURE

F_INTRO My next questions are about your expectations for the future.

F1. Has/Did {YOUTH} taken any courses at {YOUTH}'s high school for which {he/she} earned college credit at either a two or four year college?

PROBE: By credit we mean it will count towards the requirements for a two or four-year degree.

- YES1
- NO0 GO TO F2
- DON'T KNOWd GO TO F2
- REFUSEDr GO TO F2

F1a. What course(s) is {YOUTH} taking at (his /her) high school to earn college credit?

- AP COURSE (ANY SUBJECT)1
- IB COURSE (INTERNATIONAL BACCALAUREATE) ..2
- OTHER COURSE(S): SPECIFY: _____ ...3
- DON'T KNOWd
- REFUSEDr

F2. This school year, is {YOUTH} taking courses in high school designed to expose or prepare him for a career (or careers) of interest to (him/her)? This could be one or more courses. For example, if the student is interested in going to medical school they may take more science classes. (NEW)

- YES 1
- NO 0 GO TO F4
- DON'T KNOW d GO TO F4
- REFUSED r GO TO F4

F3. Will {YOUTH} receive college credit for this course (at either 2 or 4 year college)?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL PARENTS OF YOUTH AGE >15

F4. Have you talked with a school counselor or someone else at school about what {YOUTH} might do after high school including education or career options? (NEW)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

BOX F5

THIS LOGIC SEPARATES PARENTS WITH YOUTH WHO ARE NOT IN SCHOOL FOR REASONS OTHER THAN GRADUATING OR TESTING OUT. THEY ARE DIRECTED TO THE LOGIC CHECK.

IF B8 =2 OR 3 (GRADUATED FROM HIGH SCHOOL OR TOOK A TEST FOR DIPLOMA OR CERTIFICATE) GO TO F6, ELSE GO TO F5.

F5. As things stand now, how far do you think {YOUTH} will get in school? IF NEEDED: What is the highest level of schooling you think {he/she} will complete?

CODE ONE ONLY

- LESS THAN HIGH SCHOOL (WILL NOT GRADUATE OR GET GED).....1
- HIGH SCHOOL DIPLOMA OR GED.....2
- TECHNICAL OR TRADE SCHOOL3
- 2 YEAR COLLEGE.....4
- 4-YEAR COLLEGE5
- MASTER’S, PHD, OR OTHER ADVANCED DEGREE6
- DON’T KNOWd
- REFUSEDr

ALL PARENTS OF YOUTH AGE >15

F6. Next I’d like to ask about issues youth sometimes face in furthering their education and training after high school. For each statement I read, please tell me whether you agree or disagree that this will be an issue {YOUTH} is likely to face. (NEW)

	AGREE	DISAGREE	DK	REF
a. We do not have enough information about education or training options for {YOUTH} after high school	1	0	d	r
b. {YOUTH} needs to work.....	1	0	d	r
c. We do not know how to get financial aid or help paying for school	1	0	d	r
d. {YOUTH} Is not ready – either academically or socially	1	0	d	r
e. {YOUTH} has health issues that would make it difficult.....	1	0	d	r
f. We don’t think schools could accommodate {YOUTH}’s disability	1	0	d	r
i. Are there any other difficulties or issues that would make it difficult for {YOUTH} to further (his /her) education in the first two years after high school? SPECIFY:	1	0	d	r

F7. When {YOUTH} is 30 years old, do you think {he/she} will be living: (NEW)

CODE ONE ONLY

- On (his/ her) own - without friends of family, 1
- At home with parents,.....2
- With a relative,.....3
- With friends,.....4
- With a spouse or partner, 5
- In military housing, 6
- In a group home,7
- In an institution, or8
- Some other place? (SPECIFY)99
- _____ (STRING 150)
- DON'T KNOWd
- REFUSEDr

PARENTS WITH YOUTH WHO HAVE EVER HAD AN IEP OR BEEN DIAGNOSED WITH A DISABILITY

F8. By the time {YOUTH} is 30 years old, how likely do you think it is that {YOUTH} will earn enough to support {him/her} self without financial help from {his/her} family or government benefit programs? Do you think {he/she}... (NLTS J10)

(READ RESPONSES IF NECESSARY)

CODE ONE ONLY

- Definitely will, 1
- Probably will,2
- Probably won't, or 3
- Definitely won't?.....4
- DON'T KNOWd
- REFUSEDr

ALL PARENTS OF YOUTH AGE ≥15

F9. Next I'd like to ask about issues youth sometimes face in getting a job after high school. For each statement I read, please tell me whether you agree or disagree that this will be an issue {YOUTH} is likely to face. (NEW)

	AGREE	DISAGREE	DK	REF
a. ASK IF: NO IEP or 504 PLAN AND HEALTH NOT EXCELLENT ITEM B15 ≠ 1: Health issues could prevent [YOUTH] from working.....	1	0	d	r
b. ASK IF YOUTH HAS AN IEP: [YOUTH] might lose SSI or other benefits	1	0	d	r
c. Staff at the high school has not provided enough information about career planning or job opportunities	1	0	d	r
d. Are there any other challenges [YOUTH] might face in getting a job after high school? SPECIFY:	1	0	d	r
_____ (500 char)				

G. DEMOGRAPHICS FOR YOUTH

<G_INTRO> Now I would like to ask some questions about [YOUTH]'s characteristics and living arrangements.

G1. Is any language other than English regularly used in {your/his/her} home? (NLTS2 A4A)

- YES1
- NO0 GO TO G3
- DON'T KNOWd GO TO G3
- REFUSEDr GO TO G3

G1a. What is the main language {you/YOUTH} usually use{s} at home? (NLTS2 A4B)

CODE ONE ONLY

ENGLISH.....	1
SPANISH.....	2
ALBANIAN.....	3
ARABIC.....	4
BULGARIAN.....	5
CAMBODIAN.....	6
CHINESE	7
CREOLE.....	8
CROATIAN.....	9
CZECHOSLOVAKIAN.....	10
DUTCH.....	11
FARSI.....	12
FINNISH	13
FRENCH	14
GERMAN.....	15
GREEK.....	16
HEBREW.....	17
HMONG.....	18
HUNGARIAN.....	19
ITALIAN.....	20
JAPANESE.....	21
KOREAN	22
LAOTIAN	23
PERSIAN.....	24
POLISH	25
PORTUGUESE	26
PUNJABI	27
ROMANIAN.....	28
RUSSIAN	29
SAMOAN.....	30
SWAHILI.....	31
TAGALOG (FILIPINO LANGUAGE).....	32
THAI	33
TURKISH.....	34
URDU	35
VIETNAMESE	36
SIGN LANGUAGE/MANUAL COMMUNICATION/ASL.....	37
YOUTH DOES NOT USE A LANGUAGE	38
OTHER (SPECIFY).....	99
_____ (STRING (30))	
DON'T KNOW	d
REFUSED	r

- G2. Is {YOUTH} Hispanic or Latino?**
- YES - HISPANIC OR LATINO.....1
 - NO - NOT HISPANIC OR LATINO.....0
 - DON'T KNOWd
 - REFUSEDr

- G3. Please choose one or more categories that best describe {YOUTH}'s race. Is {he/she}... [IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK AS NEEDED: "I can record more than one. Which races should I enter?**

CODE ALL THAT APPLY

- American Indian or Alaska Native**1
- Asian**.....2
- Black or African American**3
- Native Hawaiian or Other Pacific Islander, or**.....4
- White?**5
- DON'T KNOWd
- REFUSEDr

- G4. In the past school year (2011-2012), has {YOUTH} lived with you... ? [EXCLUDING CAMPS AND VACATIONS] (NLTS2 A5A, REV)**

CODE ONE ONLY

- All of the time,**.....1 GO TO BOX G5
- Some of the time,**2
- None of the time?**3
- ONLY DURING SCHOOL VACATIONS4
- DON'T KNOWd
- REFUSEDr

G4a. Where has {he/she} lived in the past school year (2011-2012)? (NLTS2 A5C)

CODE ALL THAT APPLY

- WITH [HIS/HER] OTHER PARENT1
- WITH [HIS/HER] PARENTS2
- WITH ANOTHER RELATIVE/ADULT FAMILY MEMBER OTHER THAN SPOUSE OR PARENT3
- IN FOSTER CARE4
- WITH NON-FAMILY LEGAL GUARDIAN5
- IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE.....6
- IN A GROUP HOME, OTHER ASSISTED LIVING CENTER, SUPERVISED APARTMENT7
- IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES8
- IN A MENTAL HEALTH FACILITY9
- IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER.....10
- ON [HIS/HER] OWN.....11
- WITH A SPOUSE OR ROOMMATE12
- IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING.....13
- IN MILITARY HOUSING14
- TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR.....15
- OTHER (SPECIFY).....99
- _____ (STRING 150)
- DON'T KNOWd
- REFUSEDr

BOX G5

IF LIVES WITH SOMEONE OTHER THAN PARENT OR FOSTER PARENT AT LEAST SOME OF THE TIME,
GO TO G6. ELSE GO TO BOX G7.

THIS LOGIC SEPARATES YOUTH LIVING WITH FOSTER PARENTS OR LEGAL GUARDIANS.

IF YOUTH LIVES WITH ANOTHER RELATIVE OR NON FAMILY LEGAL GUARDIAN (A13 = 3 or 5 OR G4a =
3|5) AND RESPONDENT IS NOT FOSTER PARENT (A13 ≠ 4) GO TO G6. ELSE GO TO BOX G7.

G5. Is {YOUTH} living in a foster care arrangement? (NLTS2 A5E)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

IF YOUTH AGE >16

G6. Has {YOUTH} ever {had/fathered} any children? (NLTS K3A)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

BOX G7

THIS LOGIC SEPARATES PARENTS OF YOUTH AGE 16 AND OVER WHO HAVE HAD CHILDREN AND TAKES THEM TO
G7. THOSE WHO HAVE NOT HAD CHILDREN OR WHO HAVE BUT ARE UNDER AGE 16 GO TO G8.

IF G6 = 1 (HAS CHILDREN) AND AGE ≥16 YEARS OF AGE, GO TO G7. ELSE, GO TO G8.

IF YOUTH AGE >16

G7. Is {YOUTH} ... (NLTS K3B)

CODE ONE ONLY

- Engaged,**1
- Single, never married,**.....2
- Married, or**.....3
- In a marriage-like relationship,**4
- Divorced or separated, or**.....5
- Widowed?**6
- DON'T KNOWd
- REFUSEDr

G8. My next questions are about {YOUTH}'s health insurance. Is {YOUTH} now covered by private health insurance from an employer or union, or that your family buys directly? (NLTS C1)

- YES1 GO TO G11
- NO0
- DON'T KNOWd GO TO G11
- REFUSEDr GO TO G11

G9. Is {he/she} covered by any other health insurance program, including a government-assisted or public health insurance plan such as Medicare, Medicaid, or [state program name]? (NLTS C2 REV)

- YES1
- NO0 GO TO I1_INTRO
- DON'T KNOWd GO TO I1_INTRO
- REFUSEDr GO TO I1_INTRO

**G10. Does {his/her} insurance cover any of the cost of ... (NLTS C5)
[IF ASKED, INCLUDES PARTIAL COVERAGE]**

	YES	NO	DK	REF
a. Dental care?.....	1	0	d	r
b. Vision care?	1	0	d	r
c. Medicines or prescriptions?	1	0	d	r
d. Mental health care?	1	0	d	r

G11. Does {YOUTH} have access to a computer with a high-speed internet connection at home? (NEW)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

H. DEMOGRAPHICS FOR PARENT & HOUSEHOLD

H1. Are you...

CODE ONE ONLY

- Married1
- In a marriage-like relationship,2
- Divorced,3
- Separated,4
- Widowed, or3
- Single, never married?.....4
- DON'T KNOWd
- REFUSEDr

BOX H2

IF CHILD LIVES WITH RESPONDENT AT LEAST SOME OF THE TIME (G4=1|2) GO TO H2. ELSE GO TO H4.

H2. How many adults are there in the household, including you?

IF NEEDED: **By adults we mean anyone 18 years of age or older. Household members include those that are there at least four nights a week, most weeks, for the past 6 months. (NLTS K4A)**

- |_|_| NUMBER (0-20)
- DON'T KNOWd
- REFUSEDr

H3. How many children are now living in the household, including {YOUTH}? [CAN INCLUDE YOUTH'S CHILDREN.]

IF NEEDED: **By children we mean anyone less than 18 years of age. Household members include those that are there at least four nights a week, most weeks, for the past 6 months. (NLTS K2A, rev)**

- |_|_| NUMBER (0-20)
[H: 0-20; S: 0-10]
- DON'T KNOWd
- REFUSEDr

BOX H4

IF RESPONDENT IS YOUTH'S PARENT (A13=1,2), GO TO H5. ELSE GO TO H4.

H4. Does {YOUTH}'s mother or father (FILL IF PC3 != 5: or legal guardian) live in this household?

IF NEEDED: **Who lives in this household? Is that {YOUTH}'s mother, father, or legal guardian?** (NLTS K5B, REV)

CODE ONE ONLY

- MOTHER..... 1
- FATHER 2
- BOTH MOTHER AND FATHER..... 3
- LEGAL GUARDIAN..... 4
- DON'T KNOW d
- REFUSED r

BOX H5

IF CHILD LIVES WITH RESPONDENT AT LEAST SOME OF THE TIME (G4=1|2) GO TO H5.

H5. What is the highest year or grade you finished in school? (NLTS K8)

CODE ONE ONLY

- 8TH GRADE OR LESS 1
- 9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE 2
- HIGH SCHOOL GRADUATE OR GED 3
- POST HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE 4
- VOCATIONAL-TECHNICAL (VOC-TECH) DEGREE OR CERTIFICATE 5
- 2-YEAR COLLEGE DEGREE/AA DEGREE 6
- 4-YEAR COLLEGE DEGREE/BA, BS DEGREE 7
- SOME POST BA, BS WORK, NO GRADUATE DEGREE 8
- MASTER'S DEGREE, E.G. MSW, MA, MFA, MPH, MBA..... 9
- PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE 10
- OTHER (SPECIFY)..... 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

- H6. Do you have a paid job now? (NLTS K9A)**
- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r

BOX H7
 IF RESPONDENT IS MARRIED OR PARTNERED H1 = 1|2, GO TO H7_INTRO.

H7INTRO My next questions are about your {spouse/ partner}.

H7. What is the highest year or grade your {spouse/ partner} finished in school? (NLTS K10)

CODE ONE ONLY

- 8TH GRADE OR LESS 1
- 9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE 2
- HIGH SCHOOL GRADUATE OR GED 3
- POST HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE 4
- VOCATIONAL-TECHNICAL (VOC-TECH) DEGREE OR CERTIFICATE 5
- 2-YEAR COLLEGE DEGREE/AA DEGREE 6
- 4-YEAR COLLEGE DEGREE/BA, BS DEGREE 7
- SOME POST BA, BS WORK, NO GRADUATE DEGREE 8
- MASTER'S DEGREE, E.G. MSW, MA, MFA, MPH, MBA..... 9
- PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE 10
- OTHER (SPECIFY)..... 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

H8. Does your {spouse/ partner} have a paid job now? (NLTS K11A)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

H9_INTRO My next questions are about government benefits you or others in your household may have received.

H9. Did you or anyone in the household receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program anytime in the past 2 years? (NLTS K12A)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

H10. Did you, or anyone in the household, receive benefits in the past two years from the Supplemental Nutrition Assistance Program (SNAP), which used to be called food stamps? { PROGRAM IS ALSO KNOWN AS [SNAP/STATE NAME] IN [STATE]}. It puts money on a card that you can use to buy food. (NLTS K13A REV)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

H11. Did you or anyone in the household get money for {YOUTH} from the Supplemental Security Income or SSI program in the past 2 years? (NLTS K14A)

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

H12. Household income is an important factor that goes into many research questions - including how family finances affect students' ability to go to college or pursue other goals after high school. This information is critically important to the success of this study and will be kept completely confidential.

What was your total household income from all sources before taxes and deductions in calendar year 2011? Please include all income such as income from work, investments, money from public assistance, retirement, and alimony for all household members, before taxes. (HSLs, REV)

- SPECIFY: _____ (STRING 6)99 GO TO I1_INTRO
- DON'T KNOW d
- REFUSED r

H13. We understand that you may not be able to provide an exact number for your family's income. However, it would be extremely helpful if you could tell us which of the following ranges best describes your total household income from all sources before taxes and deductions in calendar year 2011. Was it...

IF NEEDED: Please include all income such as income from work, investments, money from public assistance, retirement, and alimony for all household members, before taxes. (HSLs, REV)

CODE ONE ONLY

- \$60,000 or less, or 1
- more than \$60,000? 2 GO TO H13b
- DON'T KNOW d GO TO I1_INTRO
- REFUSED r GO TO I1_INTRO

H13a. Was it... (NLTS K15B, REV)

CODE ONE ONLY

- \$10,000 or less, or 1 GO TO I1_INTRO
- \$10,001 to \$20,000, 2 GO TO I1_INTRO
- \$20,001 to \$30,000, 3 GO TO I1_INTRO
- \$30,001 to \$40,000 4 GO TO I1_INTRO
- \$40,001 to \$50,000, or 5 GO TO I1_INTRO
- \$50,001 to \$60,000? 6 GO TO I1_INTRO
- DON'T KNOW d GO TO I1_INTRO
- REFUSED r GO TO I1_INTRO

H13b. Was it... (NLTS K15E, REV)

CODE ONE ONLY

- \$60,001 to \$70,000, 1
- \$70,001 to \$80,000, 2
- \$80,001 to \$90,000, 3
- \$90,001 to \$100,000, 4
- \$100,001 to \$110,000, 5
- \$110,001 to \$120,000, or 6
- Over \$120,000? 7
- DON'T KNOW d
- REFUSED r

I. CONTACT INFORMATION FOR FOLLOW UP

I1_INTRO We are now at the last section of the survey. As you may remember, we will contact you for the next survey in 2014. Your answers to these questions will help us make sure we don't lose touch with you.

I1. Is there another telephone number where we can reach you, besides [FILL FROM PC2]?

YES1
NO0 GO TO I2
DON'T KNOWd GO TO I2
REFUSEDr GO TO I2

I1a. What is that number?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)

DON'T KNOWd GO TO I2
REFUSEDr GO TO I2

International Phone (STRING 30)

I1b. Is that a number a land line or cell phone?

LANDLINE1 GO TO I2
CELL PHONE2
DON'T KNOWd GO TO I2
REFUSEDr GO TO I2

I2. Do you have an e-mail address where we may send you study-related information?

IF NEEDED: This may include an email to verify your contact information, an invitation to complete the survey, or a reminder about the survey.

YES1
DOES NOT HAVE AN EMAIL ADDRESS2 GO TO I3
NO0 GO TO I3
DON'T KNOWd GO TO I3
REFUSEDr GO TO I3

I2a. What is the email address you check most often?
 _____(STRING (150))
 EMAIL
 DON'T KNOWd
 REFUSEDr

I3. May we email you through Facebook if we are unable to reach you by mail, phone, or your regular email address?
 YES1
 DOES NOT HAVE A FACEBOOK ACCOUNT.....2
 NO0
 DON'T KNOWd
 REFUSEDr

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

I4. In case we have difficulty reaching you in the future, I would like to collect contact information for {YOUTH's} {other parent/parents/your spouse or partner}. (FILL "YOUTH's other parent" IF G5a = 1. ELSE FILL "YOUTH's parents" IF G5a = 2. ELSE FILL "your spouse" IF H1 = 1. FILL "your partner" IF H1 =2.)

What is this person's full name?

_____ (STRING (100))
 FIRST NAME
 _____ (STRING (100))
 MIDDLE INITIAL/NAME
 _____ (STRING (100))
 LAST NAME
 DON'T KNOWd GO TO I5
 REFUSEDr GO TO I5

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

I5. Is [NAME from I4]'s mailing address (where mail is sent) the same as yours or is it a different address?

[CATI FILL ADDRESS FROM A9a OR SAMPLE FILE (IF A9a=blank)]

SAME AS SPOUSE OR PARTNER.....1 GO TO I6
 DIFFERENT MAILING ADDRESS2

I5a. What is the address where [NAME from I4] gets mail sent?

PROBE FOR AND RECORD BOTH PO BOX AND STREET ADDRESS

PROBE: Where does {he/she} stay most often?

_____(STRING (200))
ADDRESS 1

_____(STRING (200))
ADDRESS 2

_____(STRING (200))
CITY

_____(STRING (50))
STATE/TERRITORY

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_|
ZIP CODE (+ 4 IF NEEDED)

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

I6. What is the best telephone number at which to reach {him/her}:

|_|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

DOES NOT HAVE A TELEPHONE NUMBER.....1 GO TO I8

DON'T KNOWd GO TO I8

REFUSEDr GO TO I8

International Phone (STRING (NUM))

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

I6a. Is that a number a land line or cell phone?

LANDLINE.....1

CELL PHONE.....2

DON'T KNOWd

REFUSEDr

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

I7. Is there another phone number where we can reach {him/her}?

YES1

NO.....0 GO TO I8

DON'T KNOWd GO TO I8

REFUSEDr GO TO I8

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

17a. What is that number?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)

DON'T KNOWd GO TO I8

REFUSEDr GO TO I8

International Phone (STRING 30)

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

18. Does [SPOUSE /PARTNER NAME] have an e-mail address at which we can reach {him/her}? IF NEEDED: Our contact would include things like an email to verify contact information, an invitation to complete the survey.

YES1

DOES NOT USE EMAIL2 GO TO I9

NO – NOT OK TO CONTACT THIS WAY0 GO TO I9

DON'T KNOWd GO TO I9

REFUSEDr GO TO I9

ALL RESPONDENTS WHO PREVIOUSLY IDENTIFIED A SPOUSE OR PARTNER IN ITEM H1 OR ANOTHER PARENT IN G4A

18a. What is the email address {he/she} checks most often?

_____(STRING (500))

EMAIL

DON'T KNOWd

REFUSEDr

19. In case we have trouble reaching (either of) you directly when we do the next survey, we'd like to get the contact information for another person who will always be able to reach you. Can you give me the name of a friend or relative, who does not live with you, who would be able to reach you if you move or change your telephone number?

_____(STRING (100))

FIRST NAME

_____(STRING (100))

MIDDLE INITIAL/NAME

_____(STRING (100))

LAST NAME

DON'T KNOWd GO TO END1

REFUSEDr GO TO END1

RESPONDENTS WHO GAVE A CONTACT IN I9.

110. Is this person a relative, a friend, or some other person in your life?

IF NEEDED: **What is your relationship with this person?**

CODE ONE ONLY

- YOUTH.....1
- OTHER SON OR DAUGHTER2
- BROTHER / SISTER.....3
- GRAND MOTHER / GRANDFATHER4
- AUNT / UNCLE5
- COUSIN6
- OTHER RELATIVE7
- FRIEND.....8
- CASE MANAGER – SPECIFY NAME OF AGENCY9
- _____ (STRING (150))
- OTHER NON-RELATIVE10
- DON'T KNOWd
- REFUSEDr

RESPONDENTS WHO GAVE A CONTACT IN I9.

111. What is [NAME]'s mailing address?

PROBE FOR AND RECORD BOTH PO BOX AND STREET ADDRESS

PROBE: Where does {he/she} stay most often?

_____ (STRING (200))
ADDRESS 1

_____ (STRING (200))
ADDRESS 2

_____ (STRING (200))
CITY

_____ (STRING (50))
STATE/TERRITORY

|_|_|_|_|_|_| - |_|_|_|_|_|_|
ZIP CODE (+ 4 IF NEEDED)

RESPONDENTS WHO GAVE A CONTACT IN I9.

I12. What is the best telephone number at which to reach (NAME)?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

- DOES NOT HAVE A TELEPHONE NUMBER1 GO TO I13
- DON'T KNOWd GO TO I13
- REFUSEDr GO TO I13

International Phone (STRING 30)

RESPONDENTS WHO GAVE A CONTACT IN I9.

I12a. Is that number a land line or cell phone?

- LANDLINE1
- CELL PHONE2
- DON'T KNOWd
- REFUSEDr

RESPONDENTS WHO GAVE A CONTACT IN I9.

I12b. Is there another telephone number where we can reach (NAME)?

- YES1
- NO0 GO TO I13
- DON'T KNOWd GO TO I13
- REFUSEDr GO TO I13

RESPONDENTS WHO GAVE A CONTACT IN I9.

I12c. What is that number?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

- DON'T KNOWd GO TO I13
- REFUSEDr GO TO I13

International Phone (STRING 30)

I13. Does (NAME) have an e-mail address where we can reach {him/her}, should we need help contacting you for the next part of the study?

- YES1
- NO0 GO TO END1
- DON'T KNOWd GO TO END1
- REFUSEDr GO TO END1

I13a. What is the email address (he / she) checks most often?

_____ (STRING (500))

EMAIL

DON'T KNOWd

REFUSEDr

END1 Those are all the questions I have for you in this survey. We will be mailing your \$20 check soon. If you have any questions about the study, or if your contact information changes, please call us toll-free at: 866-964-7962. You can also visit our website at: <http://ies.ed.gov/ncee/nlts>.

If it is possible to speak with [YOUTH], can you pass the telephone to {him/her} or tell me the best number to reach {him/her} at right now?

YES, WILL TAKE CATI1 GO TO END2

YES, PROVIDE NUMBER2

NO0 GO TO I15

DON'T KNOWd GO TO I15

REFUSEDr GO TO I15

I14. What is that number?

|_|_|_| - |_|_|_| - |_|_|_|_| GO TO I15
(RANGE) (RANGE) (RANGE)

DON'T KNOWd GO TO I15

REFUSEDr GO TO I15

_____ GO TO I15

International Phone (STRING 30)

I15. INTERVIEWER: CODE RESPONSE:

CALL DIFFERENT NUMBER.....1

CALL AT DIFFERENT TIME SET CALLBACK2

YOUTH REQUIRES PROXY RESPONSE3

YOUTH REFUSES AT THIS TIME4

END 2 Thanks for taking time to answer these questions today. Have a nice day!

<CATI> CONTINUE WITH YOUTH INTERVIEW OR TERMINATE BASED ON ABOVE (END1=1).

Mathematica Reference No.: 06876.341

MATHEMATICA
Policy Research

**National Longitudinal
Transition Study
Student Baseline Questionnaire**

October 10, 2011

SECTIONS OF THE STUDENT QUESTIONNAIRE

Section Letter	Section Name	Begins on Page
J	Introduction and Informed Consent	2
K	Student Enrollment & Experiences at School	7
L	Student's IEP Experience	13
M	Activities and Experience Out of School	16
N	Employment	18
O	Independent Living Skills	46
P	Student's Self Advocacy	48
Q	Expectations for the Future	51
R	Contact Information for Follow Up	53

ADMINISTRATIVE NOTES:

THIS INSTRUMENT IS DESIGNED TO BE INTERVIEWER-ADMINISTERED OVER THE TELEPHONE WITH AN ESTIMATED DURATION OF 30 MINUTES.

AT THE BASELINE, THE STUDENT'S INTERVIEW SURVEY WILL IMMEDIATELY FOLLOW THE PARENT'S CONSENT AND INTERVIEW. AT BASELINE, PARENTS WILL ALWAYS BE INTERVIEWED BEFORE STUDENTS. IF THE STUDENT CANNOT CONSENT TO THE STUDY, HE/SHE MUST ASSENT PRIOR TO THE INTERVIEW.

PROXIES WILL BE ALLOWED AND ASKED OBJECTIVE ITEMS ONLY (AS DESIGNATED AT EACH ITEM). IF THE STUDENT IS UNABLE TO COMPLETE THE QUESTIONNAIRE ON HIS/HER OWN, PROXY WILL BE PERSON MOST KNOWLEDGEABLE ABOUT THE STUDENT'S EXPERIENCES IN AND OUT OF SCHOOL.

DESIGN NOTES:

WHEN AN ITEM IS NOT ASKED OF ALL RESPONDENTS, THE UNIVERSE WILL PRECEDE THE ITEM NUMBER (E.G. IT IS DESIGNATED AS "IEP ONLY" OR "504 ONLY" OR ONLY FOR STUDENTS OF SPECIFIC AGE RANGES).

- THE CATI PROGRAM SHALL CALCULATE AGE OF STUDENT FROM SAMPLE DATA VARIABLE FOR DATE OF BIRTH AND USE THIS VARIABLE OR DATA FROM PARENT ITEM A2A (IF SAMPLE INFO DEEMED INCORRECT). TO DETERMINE WHETHER THE ITEM IS ASKED.
- CATI WILL DRAW ON VARIABLES FROM THE SAMPLE FILE FOR INITIAL STATUS OF IEP, 504, OR NOT.
- CATI WILL DRAW ON ITEM proxy1 RESPONSE 2 TO IDENTIFY WHEN A PROXY INTERVIEW IS BEING CONDUCTED.
- WHEN AN ITEM IS NOT ADMINISTERED TO PROXY RESPONDENTS, CATI WILL AUTOMATICALLY PROCEED TO THE NEXT ITEM IN THE SEQUENCE.

EACH ITEM DRAWN FROM A PRE-EXISTING INSTRUMENT WILL HAVE, AT THE END OF THE QUESTION TEXT, THE SOURCE INSTRUMENT AND ITEM REFERENCE NUMBER. IF THE ORIGINAL SOURCE HAS BEEN MODIFIED, THE TEXT, 'REV' WILL FOLLOW.

GUIDELINES FOR ADMINISTRATION ARE NOTED THROUGHOUT – ITEMS IN ALL CAPS ARE NOT READ ALOUD, VERBIAGE UNDERLINED IS EMPHASIZED. STANDARDIZED PROBES AND DEFINITIONS ARE PROVIDED FOR APPLICABLE ITEMS, AS NEEDED.

J. INTRODUCTION AND INFORMED CONSENT

<J1> Hi, my name is _____. I'm calling on behalf of the U.S. Department of Education, who is sponsoring the National Longitudinal Transition Study. Through this important project, we hope to learn more about issues youth face today as they transition from school to adult life and how schools can better support students in reaching their goals. We are inviting you to be part of this study.

- CONTINUE 1
- HUNG UP DURING INTRODUCTION..... 2
- DECLINES STUDY PARTICIPATION.....0 TERMINATE

<J1a> INTERVIEWER RECORD REPOSSES WITHOUT READING ALOUD:

IS THIS INTERVIEW BEING CONDUCTED WITH THE YOUTH HIM/HERSELF OR WITH HIS/HER PROXY?

- CONDUCTED WITH STUDENT HIM/HERSELF 1
- CONDUCTED WITH PROXY FOR STUDENT 2

<J1b> INTERVIEWER: WHAT IS THE NAME OF THE PROXY?

_____ (STRING (150))

ALL PROXIES.

<J1c> INTERVIEWER: WHAT IS THE RELATIONSHIP OF THE PROXY TO THE YOUTH?

- PARENT 1
- SIBLING 2
- OTHER FAMILY MEMBER 3
- SOMEONE FROM YOUTH'S SCHOOL..... 4
- SOMEONE FROM AN AGENCY/SERVICE PROVIDER..... 5
- OTHER (SPECIFY) 99

_____ (STRING (NUM))

<J2> Before we begin, I need to tell you some important things about this study. Please feel free to ask me any questions before we move forward. To begin, this is a research study. The U.S. Department of Education is paying for the study and Mathematica Policy Research is carrying it out. The purpose is to see what helps students move from school to adulthood. You are one of 15,000 students being asked to take part in the study from across the United States.

This is what being in the study will mean for you. An interviewer has talked to your parent (or legal guardian) about your family, experiences, and supports you get from school and other places. He/she will be interviewed again in 2014 and will be paid \$20 for each interview.

If you agree, I will complete your interview over telephone. It will take about 30 minutes. The questions will be about you, school, and your plans for the future. Your parent (or guardian) can help you answer questions or answer for you, if needed. An interviewer will talk to you again in 2014. You will get a \$10 gift card for each interview completed. Do you agree to take part in this interview?

AGREED - CONTINUE1
 DISAGREE/DECLINES THIS PORTION2
 DECLINES STUDY PARTICIPATION.....0 TERMINATE

<J3> The researchers will ask math or language arts teacher to do a survey to learn more about your class, if you agree to let them do so. Do we have your permission to contact your math or language arts teacher for that survey?

AGREED - CONTINUE1
 DISAGREE/DECLINES THIS PORTION2
 DECLINES STUDY PARTICIPATION.....0 TERMINATE

BOX S_INF_CONS3
 IF STUDENT HAS IEP FROM SAMPLE INFO, ASK S_INF_CONS3. ELSE ASK S_INF_CONS4.

<J4> The researchers will ask a staff member at your school to do two surveys to learn about your IEP. These would be completed by the person who knows most about your IEP. One will be completed now and another will be two years from now. Do we have your permission to contact this staff person for that survey?

AGREED - CONTINUE1
 DISAGREE/DECLINES THIS PORTION2
 DECLINES STUDY PARTICIPATION.....0 TERMINATE

<J5> The researchers would like to collect your school transcripts to see what courses you have taken. They will do this in 2014, with your permission. Do you give permission for them to access your school records at that time?

- AGREED - CONTINUE1
- DISAGREE/DECLINES THIS PORTION2
- DECLINES STUDY PARTICIPATION.....0 TERMINATE

<J6> When you are around 16 to 18 years old, we will ask you to take a special test called an academic assessment. This test is only for this study and will not count towards any of your classes in school.

IF NEEDED: If you are in school, the test will take place during the school day. If not, the researchers will make an appointment with you to take the test somewhere else. The test will take between 15 and 45 minutes. Do we have your permission to complete that assessment?

- AGREED - CONTINUE1
- DISAGREE/DECLINES THIS PORTION2
- DECLINES STUDY PARTICIPATION.....0 TERMINATE

<J7> To learn more about how students are doing in the future, the researchers may want to look at databases on college enrollment, financial aid for college, or the Social Security Administration’s records about jobs or benefits. If the researchers decide to use data from the Social Security Administration, we would need {your/NAME’s} social security number.

If we need [your/your child’s] social security number, we will ask for it during the second interview in 2014. You can decide to give it to us then, or not. If you give us the number, we will keep it private and will permanently erase it as soon as we link it to the information needed. We did want to let you know now, however, that we may ask for it. Do you have any questions about this?

- NO, CONTINUE1
- YES, QUESTION2
- I WILL NEVER GIVE YOU A SSN.....3
- DECLINES STUDY PARTICIPATION.....0 TERMINATE

<J8>

The information you provide will be kept confidential. It will not be shared. All reports will be in summary form only. Your name will never be used. There are no special risks to you if you take part in this study. There is nothing experimental about this study. If you feel uncomfortable answering any of the questions you can stop and nothing bad will happen to you.

READ IF AGE < 18: If you are not 18 years old yet, or have a legal guardian, your parent or legal guardian agreed for you to be in this study. Even if your parent or legal guardian agreed, you must agree also. When you turn 18 or no longer have a legal guardian, you must agree again, for yourself.

If you have any questions about your rights as a research volunteer, you can call the Institutional Review Board. They looked at this study to make sure your rights are protected. You can ask questions or drop out of the study at any time by calling Mathematica Policy Research.

IF NEEDED: Public/Private Ventures telephone number is (215) 557-4482. Ask for Melissia Billarrial.

IF NEEDED: Mathematica’s toll-free number is 866-964-7962.

I will mail you a letter describing what we just discussed, so you will have it for your records. If you would like to see the consent form in writing before we continue with the interview, we can email (or fax) it to you.

Do you have any questions for me before we begin the interview? [ANSWER QUESTIONS, AS NEEDED].

- AGREES, CONTINUE.....1
- NOT AT THIS TIME – CALL LATER.....2 SCHEDULE CALLBACK WITHIN 1 WEEK
- DECLINED TO TAKE PART IN STUDY.....3 CONSENT NOT GRANTED, TERMINATE. SET CASE DISPOSITION AS SUPERVISOR REVIEW

J9. I’d like to begin by asking for some basic information about where you live and how we can best reach you in the future. Let’s start with the address where you get your mail. We will send your \$10 gift card to this address. The school listed it as [ADDRESS ON SAMPLE FILE]. Is that address correct?

- YES1 GO TO J11
- NO0

J10. What is your mailing address?

PROBE FOR AND RECORD BOTH P.O. BOX AND STREET ADDRESS

PROBE: Where do you stay most often?

_____(STRING (150))
ADDRESS 1

_____(STRING (150))
ADDRESS 2

_____(STRING (150))
CITY

_____(STRING (30))
STATE/TERRITORY

|_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_|
ZIP CODE (+ 4 IF NEEDED)

DON'T KNOWd

REFUSEDr

J11. What is the best telephone number at which to reach {you/him/her}?

|_|_|_|_|_| - |_|_|_|_|_|_| - |_|_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

DOES NOT HAVE A TELEPHONE NUMBER1 GO TO <K_INTRO>

DON'T KNOWd GO TO <K_INTRO>

REFUSEDr GO TO <K_INTRO>

International Phone (STRING 30)

J11a. Is that number a land line or cell phone?

LANDLINE1 GO TO <K_INTRO>

CELL PHONE0

DON'T KNOWd GO TO <K_INTRO>

REFUSEDr GO TO <K_INTRO>

J11b. Would it be ok for us to send {you/him/her} a text message when we try to contact {you/him/her} for the next survey?

YES1

NO - DOES NOT USE TEXT MESSAGING2

NO0

DON'T KNOWd

REFUSEDr

K. STUDENT ENROLLMENT & EXPERIENCES AT SCHOOL

<K_INTRO> The next questions are about {your/his/her} experiences in school and life outside of school. There are no right or wrong answers, we want to better understand {your/his/her} experiences.

K1. {Are you/Is NAME} attending or enrolled in middle school, junior high, or high school at this time? (YTD, A1, REV)

PROBE: (Do you/Does NAME) go to school?

PROBE: At school they teach (you/him/her) how to do things, like how to read, write, or do math?

PROBE IF SUMMER: (Are you/Is NAME) off school for the summer. Will (you/he/she) be going back to school in the fall?

INTERVIEWER: CODE "YES" IF ENROLLED IN SCHOOL BUT ON BREAK/VACATION.

- YES1 GO TO G2
- NO0
- DON'T KNOWd GO TO G2
- REFUSEDr GO TO G2

K1a. Why did {you/he/she} leave school?

CODE ALL THAT APPLY

ACADEMIC DIFFICULTY, POOR GRADES, NOT DOING WELL	1
DISLIKE OF SCHOOL EXPERIENCE	2
SCHOOL TOO DANGEROUS	3
FAILED REQUIRED TEST/FAILED GRADUATION EXAM	4
GOT GED	5
GRADUATED	6
LACK OF APPROPRIATE CURRICULUM	7
POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	8
POOR RELATIONSHIPS WITH FELLOW STUDENTS.....	9
LANGUAGE DIFFICULTY	10
ECONOMIC REASONS	11
LACK OF CHILDCARE	12
LACK OF TRANSPORTATION	13
PROBLEMS WITH BEHAVIOR.....	14
SUBSTANCE ABUSE	15
ILLNESS/DISABILITY	16
PREGNANCY.....	17
ENTERED CRIMINAL JUSTICE SYSTEM/INCARCERATED ...	18
NEEDED AT HOME	19
RELIGION	20
MOVED	21
PARENT/GUARDIAN INFLUENCE.....	22
FRIENDS WERE DROPPING OUT	23
MARRIAGE	24
MILITARY, JOINED ARMED FORCES.....	25
EMPLOYMENT, SEEK OR ACCEPT JOB.....	26
OTHER (SPECIFY)	99
_____ (STRING 150)	
DON'T KNOW	d
REFUSED	r

K2. Next I will read a list of statements about how some student feel about their classes. For each, please tell me whether you agree or disagree with the statements about your classes, overall, this year (2011-2012)? (DC Choice, Q16, REV)

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT	DK	REF
a. Class work was hard to learn	1	2	3	4	d	r
b. I had trouble keeping up with the homework	1	2	3	4	d	r
c. I need more help from my teachers than I get.....	1	2	3	4	d	r
d. Teachers encourage me to do my best..	1	2	3	4	d	r

K3. How strongly do you agree or disagree with the following statements about your school?

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT	DK	REF
a. I feel close to people at this school. (Wested, A11).....	1	2	3	4	d	r
b. I am happy to be at this school. (Wested, A12).....	1	2	3	4	d	r
c. I feel like I am part of this school. (Wested, A13).....	1	2	3	4	d	r
d. The teachers at this school treat students fairly. (Wested, A14)	1	2	3	4	d	r
e. I feel safe in my school. (Wested, A15)..	1	2	3	4	d	r

K4. How strongly do you agree or disagree with the following statements about your school? At my school, there is a teacher or some other adult who...

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT	DK	REF
a. really cares about me. (Wested, A16).....	1	2	3	4	d	r
b. tells me when I do a good job. (Wested, A17) ..	1	2	3	4	d	r
c. notices when I'm not there. (Wested, A18)	1	2	3	4	d	r
d. always wants me to do my best. (Wested, A19)	1	2	3	4	d	r
e. listens to me when I have something to say. (Wested, A20).....	1	2	3	4	d	r
f. believes that I will be a success. (Wested, A21)	1	2	3	4	d	r

YOUTH ENROLLED IN SCHOOL. SKIP FOR PROXIES.

K5. {Have you/Has NAME} had any of the following things happen during this school year (2011-2012)? (NLTS2, R6a-d)

	YES	NO	DK	REF
a. Have you been teased or called names at school?.....	1	0	d	r
b. Have other students made up something about you to make other students not like you anymore?	1	0	d	r
c. Have other students said they would not be your friend unless you did what they told you to do?	1	0	d	r
d. Have you been teased or threatened through use of email, text messaging, or other electronic methods? This is sometimes called <u>cyber bullying</u> . (NEW)	1	0	d	r
e. Have you had things stolen from your locker, desk, or other places at school?	1	0	d	r
f. Have you been physically attacked or in fights at school or on the way to or from school?	1	0	d	r
g. Have <u>you</u> bullied or picked on <u>other</u> students?	1	0	d	r

YOUTH ENROLLED IN SCHOOL. SKIP FOR PROXIES.

K6. Since school started this year, how often have you... [FILL EACH STATEMENT BELOW].

	NEVER	A FEW TIMES	ONCE A WEEK	ALMOST EVERY DAY	EVERY DAY	DK	REF
a. gone to a class late? (HSLs, rev)	1	2	3	4	5	d	r
b. cut or skipped class? (HSLs, rev).....	1	2	3	4	5	d	r
c. been late for school? (HSLs, rev).....	1	2	3	4	5	d	r
d. gotten in trouble for acting out in class? (NEW)	1	2	3	4	5	d	r
e. ASK IF IEP ONLY: been held or restrained by a teacher or classroom aide because you were misbehaving in class? (NEW).....	1	2	3	4	5	d	r

YOUTH ENROLLED IN SCHOOL. SKIP FOR PROXIES.

K7. During the past school year (2011-2012), how often did a health or emotional problem cause {you/him/her} to miss a day of school? Would you say...
(NLTS2, Q2, rev)

INTERVIEWER: IF INTERVIEW TAKES PLACE DURING VACATION, ASK YOUTH TO ANSWER FOR THE LAST MONTH HE/SHE WAS IN SCHOOL.

CODE ONE ONLY

- Never, 1
- 1-2 times, 2
- 3-5 times, 3
- 6-10 times, or 4
- More than 10 times? 5
- DON'T KNOW d
- REFUSED r

K8. In total, about how many hours per week do you usually spend completing homework? (NEW)

IF NEEDED: **ANY LOCATION, HOME OR STUDY HALL. FOR FRACTIONS OF AN HOUR, ROUND UP IF 30 MINUTES OR MORE. ROUND DOWN IF FEWER THAN 30 MINUTES.**

- |__|__| HOURS (0-168)
- DOES NOT HAVE HOMEWORK ASSIGNED98
- CHOOSES NOT TO DO HOMEWORK ASSIGNED96
- DON'T KNOW d
- REFUSED r

SOFT CHECK: IF HOURS GT 20 You said you usually spend {HOURS} hours a week doing homework. Is this correct?
HARD CHECK: IF HOURS GT 168 That is more hours than there are in a week. How many hours {do you/ does he/she} usually spend doing homework in a week?

YOUTH ENROLLED IN GRADE 9 OR HIGHER OR AGE 14 OR OVER AND IN AN UNGRADED OR MULTIGRADE CLASS. SKIP FOR PROXIES.

K9. My next questions are about school activities and services. For each, please tell me whether you have received the following kinds of instruction or help from school staff this year (2011-2012). Have school staff provided you with...

IF PARTICIPATED ASK: How useful was [FILL PROGRAM/SERVICE NAME] either in helping you stay in school or prepare for life after school? Was it very useful, somewhat useful, or not useful to you? (NEW)

Have school staff provided you with...	A: TAKEN PART		B: HOW USEFUL				
	YES	NO	VERY USEFUL	SOME- WHAT USEFUL	NOT USEFUL	DK	REF
ACADEMIC SUPPORTS							
a. Extra help before or after school in academic subjects?	1	0	1	2	3	d	r
b. Academic instruction on weekends?	1	0	1	2	3	d	r
COLLEGE & CAREER PREP ACTIVITIES							
c. Help completing college applications?	1	0	1	2	3	d	r
d. Guidance about which courses to take?	1	0	1	2	3	d	r
e. Grade 10+: Help reviewing college entrance test results and suggesting re-testing if necessary?...	1	0	1	2	3	d	r
f. Grade 10+: Help arranging or taking you on visits to colleges or college fairs?	1	0	1	2	3	d	r
g. Help identifying possible career options?	1	0	1	2	3	d	r
INDEPENDENT LIVING & LIFE SKILLS							
h. Help learning to manage money?	1	0	1	2	3	d	r
i. Reproductive health or pregnancy prevention education or services?	1	0	1	2	3	d	r
j. Teen parenting instruction?	1	0	1	2	3	d	r
k. Child care for the children of students?	1	0	1	2	3	d	r
l. Substance abuse counseling or education?	1	0	1	2	3	d	r
m. Instruction on appropriate use of social networking sites?	1	0	1	2	3	d	r

K10. Has anyone provided guidance on the sequence of high school courses you should take to prepare for what you plan to do after high school. (OVAE)

- YES1
- NO0 GO TO K11
- DON'T KNOWd GO TO K11
- REFUSEDr GO TO K11

K10a. Is there a written plan summarizing this list of high school courses? (OVAE)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

ASK IF YOUTH AGE IS ≥16 YRS OLD

K11. [Have you / Has YOUTH] taken any of the following college placement tests... (HSLs student, rev)

	YES	NO	DK	REF
a. The PSAT?.....	1	0	d	r
b. The ACT?.....	1	0	d	r
c. The SAT?.....	1	0	d	r
d. The placement test for a local college, such as accuplacer or other tests used for community colleges?	1	0	d	r

L. STUDENT'S IEP EXPERIENCE

BOX L1
 IF PARENT VARIABLES E1 A|B|C|D = 1 OR D27 = 1, GO TO L1. ELSE, GO TO M1

YOUTH WHO CURRENTLY HAVE AN IEP OR THEIR PROXIES

L1. During this school year, or last school year, did {you/he/she} go to a meeting at school about an Individualized Education Plan, or IEP, for special education programs or services? (NLTS2, R7a)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH AGE ≥16 WHO CURRENTLY HAVE AN IEP OR THEIR PROXIES.

L2. Did {you/NAME} meet with adults at school to set goals for what {you/he/she} will do after high school and make a plan for how to achieve them? Sometimes this is called a transition plan. (NLTS2, R7b)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH AGE 16+ WHO ATTENDED AN IEP OR TRANSITION MEETING AND SKIPPED FOR PROXIES.

L2a. Which of the following best describes your role in your {"IEP AND TRANSITION PLANNING" IF L1 = 1, ELSE "IEP PLANNING"}? (NLTS E3B)

CODE ONE ONLY

- You did not participate.....1
- You were present in discussions but participated very little or not at all2
- You provided some input.....3
- You took a leadership role, helping set the direction of the discussions, goals and plans4
- DOESN'T KNOW ABOUT ANY GOALS5
- DON'T KNOWd
- REFUSEDr

ASKED OF YOUTH WITH IEPs (AND THEIR PROXIES) ONLY, NO LONGER IN SCHOOL ONLY

L3. Before you left school, did someone from your school to make a short summary of your goals, skills, and any needs for support? This list would be created to help you pursue your goals after leaving school. (NEW)

- YES1
- NO0 GO TO M1
- DON'T KNOWd GO TO M1
- REFUSEDr GO TO M1

L3a. How often would you say you have you used this summary? Would you say you have not used it, you have used it a little, or you have used it a lot? (NEW)

- NOT USED IT AT ALL.....1 GO TO M1
- USED IT A LITTLE2
- USED IT A LOT3
- DON'T KNOWd GO TO M1
- REFUSEDr GO TO M1

L3b. How did you use this summary since leaving school? (NEW)

- APPLY FOR JOB/TALK TO EMPLOYERS1
- APPLY FOR EDUCATION OR TRAINING PROGRAMS2
- WORKING WITH VOC REHAB OR OTHER EMPLOYMENT COUNSELOR.....3
- GETTING SUPPORT SERVICES4
- OTHER (SPECIFY)99
- _____ (STRING (NUM))
- DON'T KNOWd GO TO M1
- REFUSEDr GO TO M1

M. ACTIVITIES AND EXPERIENCE OUT OF SCHOOL

YOUTH ENROLLED IN SCHOOL OR THEIR PROXIES

M1. During past 12 months, that is from [CATI INSERT NAME OF MONTH 12 MONTHS PRIOR TO CURRENT MONTH] until now, {have you/ has he/she} participated in any of the following school activities outside of class? (NLTS2, P5 REV) (NLTS2, P5)

CODE ALL THAT APPLY

- School sports team..... 1
- Music, dance, art, or theater.....2
- Student government3
- Academic subject matter club (math, science, computer)4
- Volunteer or community service group5
- Vocational or career-focused student organization6
- Other school-sponsored clubs or activities.....7
- NONE OF THESE8
- DON'T KNOWd
- REFUSEDr

M2. During the past 12 months, have {have you/ has he/she} taken part in any of the following non-school activities? (NLTS2, P6 REV)

CODE ALL THAT APPLY

- Organized sports supervised by an adult..... 1
- Music, dance, art, or theater lessons.....2
- A religious youth group or religious instruction.....3
- Math, science, or computer camps or lessons4
- Volunteer or community service group5
- Scouting or another group or club activity6
- Another camp or type of non-school activity.....7
- NONE OF THESE8
- DON'T KNOWd
- REFUSEDr

M3. During the past 12 months, about how many days a week did {you/he/she} usually get together with friends outside of school and outside of organized activities or groups? (NLTS2, P10)

CODE ONE ONLY

- Never,1
- Sometimes, but not every week,2
- 1 day a week,3
- 2 or 3 days a week,4
- 4 or 5 days a week, or5
- 6 or 7 days a week?6
- DON'T KNOWd
- REFUSEDr

ALL YOUTH BUT NOT THEIR PROXIES.

M4. How often do you use each of the following to communicate with friends? How about [FILL ITEM]? Do you use that... (NLTS2, P13b REV)

	Several times a day	Once a day	Several times a week	Once a week, or less	Never?	DK	REF
a. Texting	1	2	3	4	5	d	r
b. Instant messaging	1	2	3	4	5	d	r
c. Email	1	2	3	4	5	d	r
d. Talking on a telephone (either cellular, landline, Skype, or video phone).....	1	2	3	4	5	d	r
e. Facebook, Twitter (sending or receiving tweets) and other social media	1	2	3	4	5	d	r

M5. How often {do you/does he/she} use a computer for... (NLTS2, P13a2 - REV)

	At least once a day	Once a day	Several times a week	Once a week, or less	Never?	DK	REF
a. Homework and school assignments?.....	1	2	3	4	5	d	r
b. Playing games?	1	2	3	4	5	d	r
c. Using the internet - to read a book, news-related website, or search for information?.....	1	2	3	4	5	d	r

N. EMPLOYMENT

NINTRO. Now I would like to ask a few questions about {your/his/her} work experience.

REVIEWERS GUIDE TO INCOME SERIES IS AS FOLLOWS:

Item Start	Asked of...	Descriptor of sequence
N1	All Youth	School sponsored work in the past 12 months
N5 N7 N19	Youth in school	Youth doing work other than school sponsored jobs in the past 12 months Youth with a job now other than school sponsored work Youth who do not have a job now but had one in the past 12 months
N30 N45	Youth who left school in the past 12 months	Youth who have a job now Youth who do not have a job now but who had a job since leaving school

BOX N1

IF YOUTH WAS NOT IN SECONDARY SCHOOL THIS SCHOOL YEAR (PARENT A11 = 0,) GO TO BOX N5.

IF IN SCHOOL (PARENT A11 ≠ 0) AND (PARENT VAR B1≠ 7 TO 11), GO TO N1. ELSE GO TO BOX N5.

N1. In the past 12 months, {have you/has NAME} taken part in any school-sponsored work activities, like a work-study or co-op job, an internship, or a school-based business? (NLTS2, T1a, REV)

PROBE: This may include working in the school store, bank, or café.

- YES1
- NO0 GO TO N5
- DON'T KNOWd GO TO N5
- REFUSEDr GO TO N5

N1a. Did {you/he/she} get credit for that work activity? (NLTS2, T1b)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

N1b. Did {you/he/she} get paid for that work activity? (NLTS2, T1c)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

N2. About how many hours a week {have you/has he/she} usually worked in this school-sponsored job? (NLTS2, T2c, REV)

IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF WORKED LESS THAN 1 HOUR PER WEEK, CODE AS 1 HOUR.

- |__|__| NUMBER (0-80)
- DON'T KNOWd
- REFUSEDr

N3. About how long {have you/ has he/she} worked in this (school sponsored) job?

IF UNSURE, PROBE FOR SEASONS, HOLIDAYS, ETC. (NEW)

- |__|__| NUMBER (0-52)
- WEEKS1
- MONTHS2
- YEARS3
- DON'T KNOWd
- REFUSEDr

N4. Is that work activity related to a particular job or career you are interested in?

- YES1
- NO - THE WORK IS NOT IN A CAREER/JOB I'M INTERESTED IN0
- I DON'T HAVE A PARTICULAR JOB/CAREER INTEREST2
- DON'T KNOWd
- REFUSEDr

BOX N5

IF STUDENT K1=0 AND PARENT B12 IS IN THE LAST 12 MONTHS, GO TO N29.
 ELSE, IF N1=1, SAY:
“My next questions are about paid work other than school-sponsored jobs.” GO TO N5.

ALL YOUTH ENROLLED IN SCHOOL OR THEIR PROXIES.

N5. At any time in the past 12 months, did {you/NAME} do any work for pay, other than work around the house {IF D31 = 1: or a school-sponsored job}? That could include being a babysitter or working for a neighbor. (NLTS T2a, REV)

- YES1
- NO0 GO TO N55
- DON'T KNOWd GO TO N55
- REFUSEDr GO TO N55

YOUTH ENROLLED IN SCHOOL WHO WORKED IN THE PAST 12 MONTHS OR THEIR PROXIES.

N6. Did {you/he/she} do this work only during the summer, the school year, or both? (NLTS T2b)

IF ASKED, THE SCHOOL YEAR IS FROM SEPTEMBER TO MAY AND SUMMER IS FROM JUNE TO AUGUST.

CODE ONE ONLY

- ONLY DURING THE SUMMER1
- ONLY DURING THE SCHOOL YEAR2 GO TO N6b
- BOTH3
- DON'T KNOWd GO TO N7
- REFUSEDr GO TO N7

YOUTH ENROLLED IN SCHOOL WHO WORKED DURING THE SUMMER OR THEIR PROXIES.

N6b. About how many hours a week {have you/has he/she} usually worked during the summer? (NLTS2, T2c, REV)

IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF YOUTH IS WORKING THIS SUMMER AND LAST SUMMER, CODE THIS SUMMER. IF WORKED LESS THAN 1 HOUR PER WEEK, CODE AS 1 HOUR.

|__|__| NUMBER (0-80)

DON'T KNOWd

REFUSEDr

IF N6 = 1, GO TO N7. IF N6 = 3, GO TO N6b.

SOFT CHECK: IF HOURS IS LT 10 OR GT 40 **You said you usually worked {HOURS} a week. Is that correct?**

YOUTH ENROLLED IN SCHOOL WHO WORKED DURING THE SCHOOL YEAR OR THEIR PROXIES.

N6b. How many hours a week {have you/has he/she} usually worked during the school year? (NLTS2, T2d, REV)

IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF NO LONGER IN SCHOOL AND ASKED, WE MEAN DURING SEPTEMBER TO MAY. IF WORKED DIFFERENT HOURS IN 2 SCHOOL YEARS, CODE MOST RECENT SCHOOL YEAR. IF WORKED LESS THAN 1 HOUR PER WEEK, CODE AS 1 HOUR.

|__|__| NUMBER (0-60)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF HOURS IS LT 5 OR GT 30 **You said you worked (hours) a week. Is that correct?**

ALL YOUTH ENROLLED IN SCHOOL OR THEIR PROXIES.

N7. {Do you/Does NAME} have a paid job now, other than work around the house {IF A31 = 1: or a school sponsored job}? That could include being a babysitter or working for a neighbor. (NLTS2, T3a - REV)

YES1

NO0 GO TO N19

DON'T KNOWd GO TO N19

REFUSEDr GO TO N19

N8. How many different paid jobs {do you/ does he/she} have now? (NLTS2, T3b)

|__|__| NUMBER (0-10)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF GT 2 You said you have {NUMBER} jobs right now. Is that correct?

N9. Thinking about [IF N8=1: the job] [IF N8>1, d, r: all the jobs] {you have/he/she has} now {IF N8 = 1: not counting {your/his/her} school sponsored job}, about how many hours a week {do you/ does he/she} usually work? (NLTS2, T3c)

|__|__| HOURS (0-80) GO TO N10

DON'T KNOWd GO TO N9a

REFUSEDr GO TO N9a

SOFT CHECK: IF HOURS LT 5 OR GT 30 You said you usually work about {NUMBER} hours a week. Is that correct?

N9a. [IF N8=1: In the job {you have/he/she has} now] [IF N8>1, d, r: Taking all {your/his/her} jobs together], {IF N8 = 1: not counting {your/his/her} school sponsored job}, {do you/ does he/she} usually work 35 hours or more per week? (NLTS2, T3d REV)

YES1

NO0

DON'T KNOWd

REFUSEDr

N10. [IF STUDENT WORKS MORE THAN ONE JOB, FILL: Thinking about the job where you work the most hours] About how long {have you/ has he/she} worked there? (NEW)

IF UNSURE, PROBE FOR SEASONS, HOLIDAYS, ETC.

|__|__| NUMBER (0-52)

WEEKS1

MONTHS2

YEARS3

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF HOURS LT 10 OR GT 40 You said you usually work {NUMBER} hours a week at that job. Is that correct?

N11. What kind of job is this? Is it an informal job you do for family or friends (such as babysitting or yardwork), or is formal job for an employer at a business, government agency, or other organization? (NEW)

- INFORMAL – WITHIN HOUSEHOLD OR FOR FAMILY1
- FORMAL EMPLOYMENT2
- DON'T KNOWd
- REFUSEDr

N12. About how much {are you/is {NAME}} paid for this job, before taxes or deductions are taken out? (NLTS2, T3F1, rev)

PROBE: Is that per hour?

- |_|_|.|_|_| PER HOUR.....1
- |_|,|_|_|_| PER WEEK.....2
- |_|_|,|_|_|_| PER MONTH3
- |_|_|,|_|_|_| PER YEAR4
- MINIMUM WAGE5
- DON'T KNOWd
- REFUSEDr

CHECK: IF LESS THAN MINIMUM WAGE OR >\$20 AN HOUR: You told me \${response} per hour. Is that correct?

YOUTH ENROLLED IN SCHOOL WITH A JOB NOW OR THEIR PROXIES.

N13. How {do you/does he/she} usually get to this job? (NLTS T3g, rev)

PROBE: IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

CODE ONE ONLY

- WALKS OR RIDES A BIKE1
- DRIVES HIM/HERSELF2
- GETS RIDE FROM FAMILY MEMBER.....3
- GETS RIDE FROM FRIEND/COWORKER.....4
- CARPOOLS5
- TAKES PUBLIC TRANSPORTATION, E.G., US,
TRAIN, SUBWAY, TAXI6
- SERVICE AGENCY PROVIDES
TRANSPORTATION7
- USES DIAL-A-VAN SERVICE.....8
- OTHER (SPECIFY)99
- _____ (STRING 50)
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO REPORT HAVING FORMAL EMPLOYMENT NOW

N14. Did you tell your employer that you have any kind of learning problem, disability, or other special need... (NLTS T8j1, REV)

CODE ONE ONLY

- Before you got your job,1 GO TO N16
- After you started the job, or2 GO TO N16
- Have you not told them at all?3
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO HAVE A JOB NOW

N15. Do you think your employer is aware that you have any kind of learning problem, disability, or other special need? (NLTS T8j2, REV)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WITH A JOB NOW OR THEIR PROXIES.

N16. At {your/his/her} job, do most of the other workers have disabilities? (NLTS2, T8I)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO HAVE A JOB NOW OR THEIR PROXIES

N17. Was there someone, either from {your/his/her} school or from an agency, who went with {you/him/her} to this job, who helped {you/him/her} to learn {your/his/her} job? (NEW)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WITH A JOB NOW OR THEIR PROXIES.

N18. {Have you/ Has/{he/she}} received any accommodations or other help from {your/his/her} employer because {you have/he has/she has} any kind of learning problem, disability, or other special need? (NLTS2, T8K)

- YES1
- NO0 GO TO N55
- DON'T KNOWd GO TO N55
- REFUSEDr GO TO N55

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WITH A JOB NOW WHO RECEIVE ACCOMMODATIONS AT WORK OR THEIR PROXIES.

N18a. What accommodations or other help have {you/he/she} received? (NLTS2, T8M)

CODE ALL THAT APPLY

- NONE..... 0
 - LARGE PRINT OR BRAILLE MATERIALS OR LARGE PRINT COMPUTER 1
 - WRITTEN MATERIALS ON TAPE 2
 - COMPUTER HARDWARE ADAPTED FOR YOUTH’S NEEDS (E.G., ALTERNATIVE KEYBOARD, SWITCH INTERFACE, SPEECH RECOGNITION SOFTWARE, COMPUTER PERIPHERALS) 3
 - HEADSETS TO ALLOW HANDS-FREE PHONE USE OR TO MAGNIFY SOUND..... 4
 - DIFFERENT EQUIPMENT (OTHER THAN COMPUTER) OR CHANGES TO EQUIPMENT USED ON THE JOB 5
 - TTY, TTD, OR VIDEOPHONE AVAILABLE 6
 - ALTERED WORK STATION 7
 - A READER OR INTERPRETER 8
 - JOB COACH—HELPS MONITOR PROGRESS, OFFERS ADVICE TO IMPROVE PERFORMANCE 9
 - A PERSONAL AIDE OR ASSISTANT TO HELP ON THE JOB 10
 - MORE TRAINING, TRAINING TAILORED TO INDIVIDUAL NEEDS 11
 - MORE OR DIFFERENT SUPERVISION OR MENTORING 12
 - DIFFERENT EXPECTATIONS FOR PRODUCTIVITY OR PERFORMANCE 13
 - INSTRUCTIONS ARE MODIFIED IN FORM OR IN THE WAY THEY ARE COMMUNICATED (E.G., PICTORIAL INSTRUCTIONS, VERBAL INSTRUCTIONS INSTEAD OF/IN ADDITION TO WRITTEN)..... 14
 - FLEXIBLE TIMES FOR ARRIVING AT AND LEAVING WORK 15
 - SHORTER SHIFT 16
 - SLOWER PACE FOR GETTING THE JOB DONE 17
 - MORE BREAKS, LONGER BREAKS 18
 - MORE PAID SICK LEAVE OR PAID TIME OFF FOR MEDICAL NEEDS, THERAPY APPOINTMENTS, ETC..... 19
 - REARRANGED EQUIPMENT OR FURNITURE TO IMPROVE ACCESSIBILITY..... 20
 - MADE CHANGES TO THE BUILDING (E.G., WIDENED DOORS, MADE RESTROOMS ACCESSIBLE) 21
 - TRANSPORTATION ASSISTANCE (E.G., TO GET BETWEEN BUILDINGS AT THE WORK SITE)..... 22
 - PARKING ACCOMMODATIONS 23
 - EMERGENCY PLAN ACCOUNTS FOR DISABLED WORKER (E.G., EVACUATION PLAN) 24
 - OTHER (SPECIFY)..... 99
- _____ (STRING 50)

DON'T KNOW d
 REFUSED r

CHECKPOINT: ALL DISABILITIES

IF NO RESPONSES IN 11-14: **Have there been any accommodations in the training or supervision you receive or in your work assignments?**

IF NO RESPONSES IN 15-18: **Have there been any accommodations in your work schedule, like getting to arrive or leave work at flexible times, or getting more time to get your work done?**

CHECKPOINT: IF DISABILITY IS ORTHOPEDIC, OTHER HEALTH IMPAIRED—OTHER THAN ADD (IF OHI ON SAMPLE FILE OR B1a NE2 AND B1a1 NE1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:

IF NO RESPONSES IN 8-10: **Has there been any person assigned to help you, like a person who helps you get around your work site or reads materials to you?**

IF NO RESPONSES IN 1-7: **Have there been any adaptations to the equipment you use, like giving you a special workstation or different computers or other equipment, because of your disability?**

IF NO RESPONSES IN 19-20: **Have there been any adaptations to your workplace, like rearranging furniture or changing doorways or restrooms because of your disability?**

IF NO RESPONSES IN 21-24: **Have you had any services or supports to help you get around at work, like help with transportation or parking?**

CHECKPOINT: IF DISABILITY IS HEARING IMPAIRED, PROBE:

IF NO RESPONSES IN CATEGORY 2. **Has there been any person assigned to help you, like a sign language interpreter?**

BOX N19:
GO TO N55.

ALL YOUTH ENROLLED IN SCHOOL WHO DO NOT HAVE A JOB NOW BUT WORKED IN THE PAST 12 MONTHS OR THEIR PROXIES.

N19. About how long {did you/he/she} work at {your/his/her} last job? (NEW)

IF UNSURE, PROBE FOR SEASONS, HOLIDAYS, ETC.

- |__|__| NUMBER (0-52)
- WEEKS1
- MONTHS2
- YEARS3
- DON'T KNOWd
- REFUSEDr

N20. How many hours a week did {you/he/she} usually work at that job during the school year? (NLTS2, T3c, REV)

- |__|__| HOURS (0-80)
- DON'T KNOWd
- REFUSEDr

SOFT CHECK: IF HOURS LT 5 OR GT 30 You said you usually work {NUMBER} hours a week at that job. Is that correct?

N20a. How many hours a week did {you/he/she} usually work at that job during the summer? (NLTS2, T3c, REV)

|_|_| HOURS (0-80)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF HOURS LT 10 OR GT 40 You said you usually work {NUMBER} hours a week at that job. Is that correct?

ALL YOUTH ENROLLED IN SCHOOL WHO DO NOT HAVE A JOB NOW BUT WORKED IN THE PAST 12 MONTHS OR THEIR PROXIES.

N21. What kind of job is this? Is it an informal job you do for family or friends (such as babysitting or yardwork), or is formal job for an employer at a business, government agency, or other organization? (NEW)

INFORMAL – WITHIN HOUSEHOLD OR FOR FAMILY1

FORMAL EMPLOYMENT2

Response category8 GO TO N35

DON'T KNOWd GO TO N35

REFUSEDr

N22. About how much {were you/was {NAME}} paid for this job, before taxes or deductions were taken out? (NLTS2, T3F1, rev)

PROBE: Is that per hour?

|_|_|.|_|_| PER HOUR.....1

|_|,|_|_|_| PER WEEK.....2

|_|_|,|_|_|_| PER MONTH3

|_|_|,|_|_|_| PER YEAR4

MINIMUM WAGE5

DON'T KNOWd

REFUSEDr

CHECK: IF LESS THAN MINIMUM WAGE OR >\$20 AN HOUR: You told me \${response} per hour. Is that correct?

N23. How did {you/he/she} usually get to this job? (NLTS T3g, rev)

PROBE: IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

CODE ONE ONLY

- WALKS OR RIDES A BIKE1
- DRIVES HIM/HERSELF2
- GETS RIDE FROM FAMILY MEMBER.....3
- GETS RIDE FROM FRIEND/COWORKER.....4
- CARPOOLS5
- TAKES PUBLIC TRANSPORTATION, E.G.,
BUS, TRAIN, SUBWAY, TAXI.....6
- SERVICE AGENCY PROVIDES
TRANSPORTATION7
- USES DIAL-A-VAN SERVICE.....8
- OTHER (SPECIFY)99
- _____ (STRING 50)
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO DO NOT HAVE A JOB NOW BUT WORKED AT FORMAL EMPLOYMENT SETTING IN THE PAST 12 MONTHS

N24. Did you tell your employer that you have any kind of learning problem, disability, or other special need... (NLTS T8j1, REV)

CODE ONE ONLY

- Before you got your job,1 GO TO N26
- After you started the job, or2 GO TO N26
- Have you not told them at all?3
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO DO NOT HAVE A JOB NOW BUT WORKED IN THE PAST 12 MONTHS

N25. Do you think your employer is aware that you have any kind of learning problem, disability, or other special need? (NLTS T8j2, REV)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO DO NOT HAVE A JOB NOW BUT WORKED IN THE PAST 12 MONTHS OR THEIR PROXIES.

N26. At {your/his/her} job, did most of the other workers have disabilities? (NLTS2, T8I)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO DO NOT HAVE A JOB NOW BUT WORKED IN THE PAST 12 MONTHS OR THEIR PROXIES

N27. Was there someone, either from {your/his/her} school or from an agency, who went with {you/him/her} to this job, who helped {you/him/her} learn {your/his/her} job? (NEW)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO DO NOT HAVE A JOB NOW BUT WORKED IN THE PAST 12 MONTHS OR THEIR PROXIES.

N28. Did {you/he/she} receive any accommodations or other help from your employer because {you have/he has/she has} any kind of learning problem, disability, or other special need? (NLTS2, T8K)

- YES1
- NO0 GO TO N55
- DON'T KNOWd GO TO N55
- REFUSEDr GO TO N55

YOUTH ENROLLED IN SCHOOL WITH AN IEP OR 504 PLAN WHO DO NOT HAVE A JOB NOW BUT WORKED IN THE PAST 12 MONTHS AND RECEIVED ACCOMMODATIONS AT WORK OR THEIR PROXIES.

N28a. What accommodations or other help did {you/he/she} receive? (NLTS2, T8M)

CODE ALL THAT APPLY

NONE	0
LARGE PRINT OR BRAILLE MATERIALS OR LARGE PRINT COMPUTER.....	1
WRITTEN MATERIALS ON TAPE	2
COMPUTER HARDWARE ADAPTED FOR YOUTH'S NEEDS (E.G., ALTERNATIVE KEYBOARD, SWITCH INTERFACE, SPEECH RECOGNITION SOFTWARE, COMPUTER PERIPHERALS)	3
HEADSETS TO ALLOW HANDS-FREE PHONE USE OR TO MAGNIFY SOUND	4
DIFFERENT EQUIPMENT (OTHER THAN COMPUTER) OR CHANGES TO EQUIPMENT USED ON THE JOB	5
TTY, TTD, OR VIDEOPHONE AVAILABLE	6
ALTERED WORK STATION.....	7
A READER OR INTERPRETER.....	8
JOB COACH—HELPS MONITOR PROGRESS, OFFERS ADVICE TO IMPROVE PERFORMANCE	9
A PERSONAL AIDE OR ASSISTANT TO HELP ON THE JOB.....	10
MORE TRAINING, TRAINING TAILORED TO INDIVIDUAL NEEDS.....	11
MORE OR DIFFERENT SUPERVISION OR MENTORING	12
DIFFERENT EXPECTATIONS FOR PRODUCTIVITY OR PERFORMANCE.....	13
INSTRUCTIONS ARE MODIFIED IN FORM OR IN THE WAY THEY ARE COMMUNICATED (E.G., PICTORIAL INSTRUCTIONS, VERBAL INSTRUCTIONS INSTEAD OF/IN ADDITION TO WRITTEN).....	14
FLEXIBLE TIMES FOR ARRIVING AT AND LEAVING WORK.....	15
SLOWER PACE FOR GETTING THE JOB DONE	16
MORE BREAKS, LONGER BREAKS.....	17
MORE PAID SICK LEAVE OR PAID TIME OFF FOR MEDICAL NEEDS, THERAPY APPOINTMENTS, ETC.....	18
REARRANGED EQUIPMENT OR FURNITURE TO IMPROVE ACCESSIBILITY	19
MADE CHANGES TO THE BUILDING (E.G., WIDENED DOORS, MADE RESTROOMS ACCESSIBLE)	20
TRANSPORTATION ASSISTANCE (E.G., TO GET BETWEEN BUILDINGS AT THE WORK SITE).....	21
PARKING ACCOMMODATIONS.....	22
EMERGENCY PLAN ACCOUNTS FOR DISABLED WORKER (E.G., EVACUATION PLAN).....	23
OTHER (SPECIFY).....	99

(STRING 50)

DON'T KNOW d
REFUSED r

CHECKPOINT: ALL DISABILITIES

IF NO RESPONSES IN 11-14: **Have there been any accommodations in the training or supervision you receive or in your work assignments?**

IF NO RESPONSES IN 15-18: **Have there been any accommodations in your work schedule, like getting to arrive or leave work at flexible times, or getting more time to get your work done?**

CHECKPOINT: IF DISABILITY IS ORTHOPEDIC, OTHER HEALTH IMPAIRED—OTHER THAN ADD (IF OHI ON SAMPLE FILE OR B1a NE2 AND B1a1 NE1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:

IF NO RESPONSES IN 8-10: **Has there been any person assigned to help you, like a person who helps you get around your work site or reads materials to you?**

IF NO RESPONSES IN 1-7: **Have there been any adaptations to the equipment you use, like giving you a special workstation or different computers or other equipment, because of your disability?**

IF NO RESPONSES IN 19-20: **Have there been any adaptations to your workplace, like rearranging furniture or changing doorways or restrooms because of your disability?**

IF NO RESPONSES IN 21-24: **Have you had any services or supports to help you get around at work, like help with transportation or parking?**

CHECKPOINT: IF DISABILITY IS HEARING IMPAIRED, PROBE:

IF NO RESPONSES IN CATEGORY 2. **Has there been any person assigned to help you, like a sign language interpreter?**

BOX N29:
GO TO N55.

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS OR THEIR PROXIES.

N29. {do you/ does NAME} have a paid job now, other than work around the house {IF A31= 1: or a school sponsored job}? That could include being a babysitter or working for a neighbor. (NLTS2, T3a, rev)

- YES1
- NO0 GO TO N44
- DON'T KNOWd GO TO N44
- REFUSEDr GO TO N44

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW OR THEIR PROXIES.

N30. {Did you/{NAME} have this job while in high school? (NLTS2, T3b)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW OR THEIR PROXIES.

N31. How many different paid jobs {do you/does he/she} have now? (NLTS2, T3b)

|_|_| NUMBER (0-10)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF GT 2 You said you have {NUMBER} jobs right now. Is that correct?

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW OR THEIR PROXIES.

N32. Thinking about [IF N31=1: the job] [IF N31>1, d, r: all the jobs] {you have/he/she has} now {IF N1 = 1: not counting {your/his/her} school sponsored job}, about how many hours a week {do you/ does he/she} usually work? (NLTS2, T3c)

|_|_| HOURS (0-80) GO TO N33

DON'T KNOWd GO TO N32a

REFUSEDr GO TO N32a

SOFT CHECK: IF HOURS LT 5 OR GT 30 You said you usually work about {NUMBER} hours a week. Is that correct?

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT KNOW THEIR USUAL WEEKLY HOURS OR THEIR PROXIES.

N32a. [IF N31 =1: In the job {you have/he/she has} now] [IF N31 >1, d, r: Taking all {your/his/her} jobs together], {IF N1= 1: not counting {your/his/her} school sponsored job}, {do you/ does he/she} usually work 35 hours or more per week? (NLTS2, T3d REV)

YES1

NO0

DON'T KNOWd

REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DON'T KNOW WHEN THEIR JOB STARTED OR THEIR PROXIES.

N33. [IF STUDENT WORKS MORE THAN ONE JOB, FILL: Thinking about the job where you work the most hours] About how long {have you/ has he/she} worked there? (NEW)

IF UNSURE, PROBE FOR SEASONS, HOLIDAYS, ETC.

- |__|__| NUMBER (0-52)
- WEEKS1
- MONTHS2
- YEARS3
- DON'T KNOWd
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW OR THEIR PROXIES.

N34. Since leaving school, how many hours a week {have/has} {you/he/she} usually worked at that job? (NLTS2, T3c, REV)

- |__|__| HOURS (0-80)
- DON'T KNOWd
- REFUSEDr

SOFT CHECK: IF HOURS LT 10 OR GT 40 You said you usually work {NUMBER} hours a week at that job. Is that correct?

N35. What kind of job is this? Is it an informal job you do for family or friends (such as babysitting or yardwork), or is formal job for an employer at a business, government agency, or other organization? (NEW)

- INFORMAL – WITHIN HOUSEHOLD OR FOR FAMILY1
- FORMAL EMPLOYMENT2
- Response category8 GO TO N44
- DON'T KNOWd GO TO N44
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW OR THEIR PROXIES.

N36. About how much {are you/is {NAME}} paid for this job, before taxes or deductions are taken out? (NLTS2, T3F1, rev)

PROBE: Is that per hour?

- |_|_|.|_|_| PER HOUR.....1
- |_|,|_|_|_| PER WEEK.....2
- |_|_|,|_|_|_| PER MONTH3
- |_|_|,|_|_|_| PER YEARS4
- MINIMUM WAGE5
- DON'T KNOWd
- REFUSEDr

CHECK: IF LESS THAN MINIMUM WAGE OR >\$20 AN HOUR: **You told me \${response} per hour. Is that correct?**

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW OR THEIR PROXIES.

N37. How do you usually get to this job? (NLTS T3g, rev)

PROBE: IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

CODE ONE ONLY

- WALKS OR RIDES A BIKE1
- DRIVES HIM/HERSELF2
- GETS RIDE FROM FAMILY MEMBER.....3
- GETS RIDE FROM FRIEND/COWORKER.....4
- CARPOOLS5
- TAKES PUBLIC TRANSPORTATION, E.G.,
BUS, TRAIN, SUBWAY, TAXI.....6
- SERVICE AGENCY PROVIDES
TRANSPORTATION7
- USES DIAL-A-VAN SERVICE.....8
- OTHER (SPECIFY)99
- _____ (STRING 50)
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS , WHO REPORTED HAVING A FORMAL JOB NOW

N38. Did you tell your employer that you have any kind of learning problem, disability, or other special need... (NLTS T8j1, REV)

CODE ONE ONLY

- Before you got your job,1 GO TO N40
- After you started the job, or2 GO TO N40
- Have you not told them at all?3
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW

N39. Do you think your employer is aware that you have any kind of learning problem, disability, or other special need? (NLTS T8j2, REV)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH AN IEP OR 504 PLAN WITH A JOB NOW OR THEIR PROXIES.

N40. At {your/his/her} job, do most of the other workers have disabilities? (NLTS2, T8I)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH A JOB NOW OR THEIR PROXIES

N41. Was there someone, either from {your/his/her} school or from an agency, who went with {you/him/her} to this job, who helped {you/him/her} learn {your/his/her} job? (NEW)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH AN IEP OR 504 PLAN WITH A JOB NOW OR THEIR PROXIES.

N42. {Have you/Has/{he/she}} received any accommodations or other help from {your/his/her} employer because {you have/he has/she has} any kind of learning problem, disability, or other special need? (NLTS2, T8K)

- YES1
- NO0 GO TO N55
- DON'T KNOWd GO TO N55
- REFUSEDr GO TO N55

**N43. What accommodations or other help have {you/he/she} received?
(NLTS2, T8M)**

CODE ALL THAT APPLY

NONE.....	0
LARGE PRINT OR BRAILLE MATERIALS OR LARGE PRINT COMPUTER	1
WRITTEN MATERIALS ON TAPE	2
COMPUTER HARDWARE ADAPTED FOR YOUTH'S NEEDS (E.G., ALTERNATIVE KEYBOARD, SWITCH INTERFACE, SPEECH RECOGNITION SOFTWARE, COMPUTER PERIPHERALS).....	3
HEADSETS TO ALLOW HANDS-FREE PHONE USE OR TO MAGNIFY SOUND.....	4
DIFFERENT EQUIPMENT (OTHER THAN COMPUTER) OR CHANGES TO EQUIPMENT USED ON THE JOB	5
TTY, TTD, OR VIDEOPHONE AVAILABLE	6
ALTERED WORK STATION.....	7
A READER OR INTERPRETER.....	8
JOB COACH—HELPS MONITOR PROGRESS, OFFERS ADVICE TO IMPROVE PERFORMANCE	9
A PERSONAL AIDE OR ASSISTANT TO HELP ON THE JOB	10
MORE TRAINING, TRAINING TAILORED TO INDIVIDUAL NEEDS	11
MORE OR DIFFERENT SUPERVISION OR MENTORING.....	12
DIFFERENT EXPECTATIONS FOR PRODUCTIVITY OR PERFORMANCE	13
INSTRUCTIONS ARE MODIFIED IN FORM OR IN THE WAY THEY ARE COMMUNICATED (E.G., PICTORIAL INSTRUCTIONS, VERBAL INSTRUCTIONS INSTEAD OF/IN ADDITION TO WRITTEN).....	14
FLEXIBLE TIMES FOR ARRIVING AT AND LEAVING WORK	15
SLOWER PACE FOR GETTING THE JOB DONE	16
MORE BREAKS, LONGER BREAKS.....	17
MORE PAID SICK LEAVE OR PAID TIME OFF FOR MEDICAL NEEDS, THERAPY APPOINTMENTS, ETC.	18
REARRANGED EQUIPMENT OR FURNITURE TO IMPROVE ACCESSIBILITY.....	19
MADE CHANGES TO THE BUILDING (E.G., WIDENED DOORS, MADE RESTROOMS ACCESSIBLE)	20
TRANSPORTATION ASSISTANCE (E.G., TO GET BETWEEN BUILDINGS AT THE WORK SITE).....	21
PARKING ACCOMMODATIONS.....	22
EMERGENCY PLAN ACCOUNTS FOR DISABLED WORKER (E.G., EVACUATION PLAN)	23
OTHER (SPECIFY).....	99
_____ (STRING 50)	
DON'T KNOW	d
REFUSED.....	r

CHECKPOINT: ALL DISABILITIES

IF NO RESPONSES IN 11-14: **Have there been any accommodations in the training or supervision you receive or in your work assignments?**

IF NO RESPONSES IN 15-18: **Have there been any accommodations in your work schedule, like getting to arrive or leave work at flexible times, or getting more time to get your work done?**

CHECKPOINT: IF DISABILITY IS ORTHOPEDIC, OTHER HEALTH IMPAIRED—OTHER THAN ADD (IF OHI ON SAMPLE FILE OR B1a NE2 AND B1a1 NE1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:

IF NO RESPONSES IN 8-10: **Has there been any person assigned to help you, like a person who helps you get around your work site or reads materials to you?**

IF NO RESPONSES IN 1-7: **Have there been any adaptations to the equipment you use, like giving you a special workstation or different computers or other equipment, because of your disability?**

IF NO RESPONSES IN 19-20: **Have there been any adaptations to your workplace, like rearranging furniture or changing doorways or restrooms because of your disability?**

IF NO RESPONSES IN 21-24: **Have you had any services or supports to help you get around at work, like help with transportation or parking?**

CHECKPOINT: IF DISABILITY IS HEARING IMPAIRED, PROBE:

IF NO RESPONSES IN CATEGORY 2. **Has there been any person assigned to help you, like a sign language interpreter?**

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WITH AN IEP OR 504 PLAN WITH A JOB NOW WHO RECEIVE ACCOMMODATIONS AT WORK OR THEIR PROXIES.

IF PARENT VARIABLES (A25 = 1 OR D2 A|B|C = 1 OR E2b = 1) AND YOUTH N33=1 AND N42 = 1 AND PARENT B12 is in the last 12 months

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW OR THEIR PROXIES.

N44. {Have/has}{you/he/she} had a paid job since leaving school? (NLTS, T3a, REV)

- YES1
- NO0 GO TO N55
- DON'T KNOWd GO TO N55
- REFUSEDr GO TO N55

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING WHO DON'T KNOW WHEN THEIR JOB STARTED OR THEIR PROXIES.

N45. About how long {did you/ he/she} work there? (NEW)

IF UNSURE, PROBE FOR SEASONS, HOLIDAYS, ETC.

- |__|__| NUMBER (0-52)
- WEEKS1
- MONTHS.....2
- YEARS3
- DON'T KNOWd
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING OR THEIR PROXIES.

N46. How many hours a week did {you/he/she} usually work at that job since leaving school? (NLTS2, T3c, REV)

- |_|_| HOURS (0-80)
- DON'T KNOWd
- REFUSEDr

SOFT CHECK: IF HOURS LT 10 OR GT 40 **You said you usually work {NUMBER} hours a week at that job. Is that correct?**

N47. What kind of job is this? Is it an informal job you do for family or friends (such as babysitting or yardwork), or is formal job for an employer at a business, government agency, or other organization? (NEW)

- INFORMAL – WITHIN HOUSEHOLD OR FOR FAMILY1
- FORMAL EMPLOYMENT2
- Response category8 GO TO N49
- DON'T KNOWd GO TO N49
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING OR THEIR PROXIES.

N48. About how much {were you/was {NAME}} paid for this job, before taxes or deductions were taken out? (NLTS2, T3F1, rev)

PROBE: Is that per hour?

- |_|_|.|_|_| PER HOUR.....1
- |_|,|_|_|_| PER WEEK.....2
- |_|_|,|_|_|_| PER MONTH3
- |_|_|,|_|_|_| PER YEAR4
- MINIMUM WAGE5
- DON'T KNOWd
- REFUSEDr

CHECK: IF LESS THAN MINIMUM WAGE OR >\$20 AN HOUR: **You told me \${response} per hour. Is that correct?**

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING OR THEIR PROXIES.

N49. How did {you/he/she} usually get to this job? (NLTS T3g, rev)

PROBE: IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

CODE ONE ONLY

- WALKS OR RIDES A BIKE1
- DRIVES HIM/HERSELF2
- GETS RIDE FROM FAMILY MEMBER.....3
- GETS RIDE FROM FRIEND/COWORKER.....4
- CARPOOLS5
- TAKES PUBLIC TRANSPORTATION, E.G., US,
TRAIN, SUBWAY, TAXI6
- SERVICE AGENCY PROVIDES
TRANSPORTATION7
- USES DIAL-A-VAN SERVICE.....8
- OTHER (SPECIFY)99
- _____ (STRING 50)
- DON'T KNOWd
- REFUSEDr

YOUTH WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING WITH AN IEP OR 504 PLAN

N50. Did you tell your employer that you have any kind of learning problem, disability, or other special need... (NLTS T8j1, REV)

CODE ONE ONLY

- Before you got your job,1 GO TO N52
- After you started the job, or2 GO TO N52
- Have you not told them at all?3
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT REPORT FORMAL EMPLOYMENT SINCE LEAVING

N51. Do you think your employer is aware that you have any kind of learning problem, disability, or other special need? (NLTS T8j2, REV)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING OR THEIR PROXIES.

N52. At {your/his/her} job, did most of the other workers have disabilities? (NLTS2, T8I)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING OR THEIR PROXIES.

N53. Was there someone, either from your school or from an agency, who went with you to this job, who helped you learn your job? (NEW)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING OR THEIR PROXIES.

N54. Did {you/he/she} receive any accommodations or other help from your employer because {you have/he has/she has} any kind of learning problem, disability, or other special need? (NLTS2, T8K)

- YES1
- NO0 GO TO N55
- DON'T KNOWd GO TO N55
- REFUSEDr GO TO N55

YOUTH WITH AN IEP OR 504 PLAN WHO LEFT SCHOOL IN THE LAST 12 MONTHS WHO DO NOT HAVE A JOB NOW BUT HAD ONE SINCE LEAVING AND RECEIVED ACCOMMODATIONS AT WORK OR THEIR PROXIES.

N54a. What accommodations or other help did {you/he/she} receive? (NLTS2, T8M)

	CODE ALL THAT APPLY
NONE	0
LARGE PRINT OR BRAILLE MATERIALS OR LARGE PRINT COMPUTER	1
WRITTEN MATERIALS ON TAPE	2
COMPUTER HARDWARE ADAPTED FOR YOUTH'S NEEDS (E.G., ALTERNATIVE KEYBOARD, SWITCH INTERFACE, SPEECH RECOGNITION SOFTWARE, COMPUTER PERIPHERALS).....	3
HEADSETS TO ALLOW HANDS-FREE PHONE USE OR TO MAGNIFY SOUND	4
DIFFERENT EQUIPMENT (OTHER THAN COMPUTER) OR CHANGES TO EQUIPMENT USED ON THE JOB	5
TTY, TTD, OR VIDEOPHONE AVAILABLE	6
ALTERED WORK STATION	7
A READER OR INTERPRETER.....	8
JOB COACH—HELPS MONITOR PROGRESS, OFFERS ADVICE TO IMPROVE PERFORMANCE	9
A PERSONAL AIDE OR ASSISTANT TO HELP ON THE JOB	10
MORE TRAINING, TRAINING TAILORED TO INDIVIDUAL NEEDS	11
MORE OR DIFFERENT SUPERVISION OR MENTORING	12
DIFFERENT EXPECTATIONS FOR PRODUCTIVITY OR PERFORMANCE	13
INSTRUCTIONS ARE MODIFIED IN FORM OR IN THE WAY THEY ARE COMMUNICATED (E.G., PICTORIAL INSTRUCTIONS, VERBAL INSTRUCTIONS INSTEAD OF/IN ADDITION TO WRITTEN).....	14
FLEXIBLE TIMES FOR ARRIVING AT AND LEAVING WORK	15
SLOWER PACE FOR GETTING THE JOB DONE	16
MORE BREAKS, LONGER BREAKS.....	17
MORE PAID SICK LEAVE OR PAID TIME OFF FOR MEDICAL NEEDS, THERAPY APPOINTMENTS, ETC.	18
REARRANGED EQUIPMENT OR FURNITURE TO IMPROVE ACCESSIBILITY	19
MADE CHANGES TO THE BUILDING (E.G., WIDENED DOORS, MADE RESTROOMS ACCESSIBLE)	20
TRANSPORTATION ASSISTANCE (E.G., TO GET BETWEEN BUILDINGS AT THE WORK SITE)	21
PARKING ACCOMMODATIONS	22
EMERGENCY PLAN ACCOUNTS FOR DISABLED WORKER (E.G., EVACUATION PLAN)	23
OTHER (SPECIFY)	99
	(STRING 50)
DON'T KNOW.....	d
REFUSED.....	r

CHECKPOINT: ALL DISABILITIES

IF NO RESPONSES IN 11-14: **Have there been any accommodations in the training or supervision you receive or in your work assignments?**

IF NO RESPONSES IN 15-18: **Have there been any accommodations in your work schedule, like getting to arrive or leave work at flexible times, or getting more time to get your work done?**

CHECKPOINT: IF DISABILITY IS ORTHOPEDIC, OTHER HEALTH IMPAIRED—OTHER THAN ADD (IF OHI ON SAMPLE FILE OR B1a NE2 AND B1a1 NE1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:

IF NO RESPONSES IN 8-10: **Has there been any person assigned to help you, like a person who helps you get around your work site or reads materials to you?**

IF NO RESPONSES IN 1-7: **Have there been any adaptations to the equipment you use, like giving you a special workstation or different computers or other equipment, because of your disability?**

IF NO RESPONSES IN 19-20: **Have there been any adaptations to your workplace, like rearranging furniture or changing doorways or restrooms because of your disability?**

IF NO RESPONSES IN 21-24: **Have you had any services or supports to help you get around at work, like help with transportation or parking?**

CHECKPOINT: IF DISABILITY IS HEARING IMPAIRED, PROBE:

IF NO RESPONSES IN CATEGORY 2. **Has there been any person assigned to help you, like a sign language interpreter?**

YOUTH AGE 15 AND OVER OR THEIR PROXIES.

N55. {Have you/Has he/she} had a job in the past that {you/he/she} {don't/doesn't} work at anymore? (NEW)

- YES 1
- NO 0 GO TO Section O_Intro
- DON'T KNOW d GO TO Section O_Intro
- REFUSED r GO TO Section O_Intro

YOUTH AGE 15 AND OVER OR THEIR PROXIES.

N55a. When {you/he/she} left {your/his/her} most recent former job,... (NLTS2, T12d, REV)

CODE ONE ONLY

- Did {you/he/she} quit, 1
- {Were you/Was he/she} fired, 2 GO TO Section O_Intro
- {Were you/Was he/she} laid off, or 3 GO TO Section O_Intro
- Was it a temporary job that ended? 4 GO TO Section O_Intro
- HAVE NOT LEFT A JOB 5 GO TO Section O_Intro
- DON'T KNOW d GO TO Section O_Intro
- REFUSED r GO TO Section O_Intro

N55b. What was the main reason {you/he/she} quit? (NLTS2, T12e)

CODE ONE ONLY

CAN MAKE MORE MONEY ON DISABILITY.....	15	GO TO Section O _Intro
DIDN'T GET ALONG WITH COWORKERS OR BOSS	6	GO TO Section O _Intro
DIDN'T LIKE THE HOURS/KIND OF WORK/ CONDITIONS	4	GO TO Section O _Intro
EMPLOYER WOULDN'T PROVIDE ACCOMMODATION.....	10	GO TO Section O _Intro
FAMILY REASONS (PREGNANCY, CARE FOR FAMILY)	12	GO TO Section O _Intro
FOUND A BETTER JOB	1	GO TO Section O _Intro
ILLNESS OR DISABILITY INTERFERED WITH JOB	9	GO TO Section O _Intro
JOB INTERFERED WITH SCHOOL	8	GO TO Section O _Intro
MOVED	13	GO TO Section O _Intro
PARENTS DIDN'T WANT YOUTH TO WORK	11	GO TO Section O _Intro
TRANSPORTATION PROBLEMS/HARD TO GET TO JOB	14	GO TO Section O _Intro
WAGES TOO LOW	5	GO TO Section O _Intro
WANTED TO LOOK FOR A BETTER JOB.....	2	GO TO Section O _Intro
WANTED TO START OWN BUSINESS/WORK FOR SELF	3	GO TO Section O _Intro
WENT BACK TO SCHOOL.....	7	GO TO Section O _Intro
DON'T KNOW	d	GO TO Section O _Intro
REFUSED	r	GO TO Section O _Intro

O. INDEPENDENT LIVING SKILLS

<SECTION O_INTRO> The next questions ask about {your/NAMES} life today and {your/his/her} expectations for {your/his/her} future. Remember, there are no right or wrong answers.

O1. (Do you/Does he/she) have...

	YES	NO	DK	REF
a. An allowance, or have other money {you/he/she} can decide how to spend? This could include money earned from a job. (NLTS2, P16a)	1	0	d	r
b. A savings account? (NLTS2, P16b).....	1	0	d	r
c. A checking account where {you write/ he/she writes} checks or use{s} a debit card? (NLTS2, P16c)	1	0	d	r

YOUTH AGE WHO INDICATE THEY HAVE A CHECKING ACCOUNT (O1C=1).

O2. Have you ever overdrawn this checking account?

IF NEEDED: By this we mean have you ever spent more than was available in the account and it resulted in a balance that was less than zero.

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

O3. {Do You/Does {NAME}} get any bills in {your/his/her} own name that {you are/he/she is} responsible for paying? (YTD, VIII.B3)

IF NEEDED: This could include a bill for a cell phone, electricity, internet access, credit card, rent, or a magazine subscription.

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

YOUTH AGE 15 AND OVER WHO ARE NOT BLIND OR VISUALLY IMPAIRED BUT NOT THEIR PROXIES.

O4. Do you have a driver’s license or learner’s permit? (YTD, VIII.B1)

- YES1 GO TO O5
- NO0
- DON'T KNOWd GO TO O5
- REFUSEDr GO TO O5

YOUTH AGE 15 AND OVER WHO ARE NOT BLIND OR VISUALLY IMPAIRED WHO DO NOT HAVE A DRIVERS LICENSE BUT NOT THEIR PROXIES.

O4a. How likely do you think it is that you will get a driver’s license? Do you think you... (YTD, VIII.B2)

CODE ONE ONLY

- Definitely will,.....1
- Probably will,2
- Probably won't, or.....3
- Definitely won't?4
- DON'T KNOWd
- REFUSEDr

YOUTH AGE 18 AND OVER OR THEIR PROXIES.

O5. {Are you/Is {NAME}} registered to vote? (NLTS2, U9)

- YES1
- NO0
- DON'T KNOWd
- REFUSEDr

P. STUDENT’S SELF-ADVOCACY

P1. Now I am going read some statements. For each, please tell me the answer that best tells how you act in that situation. There are no right or wrong answers. (SDS/ 30, 14, 15, 18, REV)

If your disability limits you from actually performing the activity, but you have control over the activity – such as a personal care attendant, answer as if you performed that activity.

	I do not do even if I have the chance	I do sometimes when I have the chance	I do most of the time I have the chance	I do every time I have the chance	DON'T KNOW	REFUSED
a. My friends and I choose activities that we want to do (SDS14).....	1	2	3	4	d	r
b. I write letters, texts, or talk on the phone to friends and family (SDS15)	1	2	3	4	d	r
c. I go to restaurants that I like (SDS18)	1	2	3	4	d	r
d. I choose gifts to give to family and friends (SDS30)	1	2	3	4	d	r
e. I go to movies, concerts, and dances (SDS19).....	1	2	3	4	d	r
f. I plan weekend activities that I like to do (SDS12)	1	2	3	4	d	r
g. I volunteer in things that I am interested in (SDS17).....	1	2	3	4	d	r

P2. Next, I am going to read you two statements. I want you to tell me the one that best describes you. Choose only one answer. There are no right or wrong answers. Which of the following statements best describes you? (SDS47)

CODE ONE ONLY

- Trying hard at school doesn't do me much good.....1
- Trying hard at school will help me get a good job2
- DON'T KNOWd
- REFUSEDr

P3. (READ IF NECESSARY) Which of the following statements best describes you? (SDS49)

CODE ONE ONLY

- It is no use to keep trying because that won't change things1
- I keep trying even after I get something wrong.....2
- DON'T KNOWd
- REFUSEDr

P4. (READ IF NECESSARY) Which of the following statements best describes you? (SDS51)

CODE ONE ONLY

- I don't know how to make friends1
- I know how to make friends.....2
- DON'T KNOWd
- REFUSEDr

P5. (READ IF NECESSARY) Which of the following statements best describes you? (SDS53)

CODE ONE ONLY

- I do not make good choices1
- I can make good choices.....2
- DON'T KNOWd
- REFUSEDr

P6. (READ IF NECESSARY) Which of the following statements best describes you? (SDS57)

CODE ONE ONLY

- My choices will not be honored1
- I will be able to make choices that are important to me2
- DON'T KNOWd
- REFUSEDr

P7. (READ IF NECESSARY) Which of the following statements best describes you? (SDS55)

CODE ONE ONLY

- I will have a hard time making new friends.....1
- I will be able to make friends in new situations.....2
- DON'T KNOWd
- REFUSEDr

P8. (READ IF NECESSARY) Which of the following statements best describes you? (SDS44)

CODE ONE ONLY

- I usually agree with people when they tell me I can't do something1
- I tell people when I think I can do something that they tell me I can't2
- DON'T KNOWd
- REFUSEDr

P9. Now I am going to read some statements. Please tell me whether you think each of these describes how you feel about yourself or not. There are no right or wrong answers. Choose answer that best fits you.

PROBE: You agree or you don't agree?

CODE ONE FOR EACH ROW

	AGREE	DON'T AGREE	DON'T KNOW	REFUSED
a. I know what I do best (SDS65)	1	2	d	r
b. I like myself (SDS68)	1	2	d	r
c. I am confident in my abilities (SDS72).....	1	2	d	r
d. Other people like me (SDS71).....	1	2	d	r
e. It is better to be yourself than to be popular (SDS63)	1	2	d	r
f. I know how to make up for my limitations (SDS70) ..	1	2	d	r
g. I am loved because I give love (SDS64).....	1	2	d	r

Q. EXPECTATIONS FOR THE FUTURE

ALL YOUTH BUT NOT THEIR PROXIES.

Q1. As things stand now, how far do you think you will get in school?

CODE ONE ONLY

- LESS THAN HIGH SCHOOL (WILL NOT GRADUATE OR GET GED).....1
- HIGH SCHOOL DIPLOMA OR GED2
- TECHNICAL OR TRADE SCHOOL3
- 2 YEAR COLLEGE4
- 4-YEAR COLLEGE5
- MASTER'S DEGREE, PHD, OR OTHER ADVANCED DEGREE6
- DON'T KNOWd
- REFUSEDr

YOUTH WITH AN IEP OR 504 PLAN ONLY – WHO HAVE NOT HAD A PAID JOB TO DATE

Q2 How likely {do you/does he/she} think it is that {you/he/she} will get a paid job by the time you are 30 years old? {Do you/Does he/she} think {you/he/she}... (NLTS2, V13, REV)

IF ASKED: MEANS ANY PAID JOB, DOES NOT NEED TO MAKE ENOUGH TO SUPPORT SELF. (READ CATEGORIES IF NECESSARY)

CODE ONE ONLY

- Definitely will,.....1
- Probably will,2
- Probably won't, or.....3 GO TO Q4
- Definitely won't?4 GO TO Q4
- DON'T KNOWd GO TO Q4
- REFUSEDr GO TO Q4

YOUTH WITH AN IEP OR 504 PLAN BUT NOT THEIR PROXIES.

Q3. By the time you are 30 years old, how likely do you think it is that you will earn enough to support yourself without financial help from your family or government benefit programs? Do you think you... (NLTS2, V14)

(READ CATEGORIES IF NECESSARY)

CODE ONE ONLY

- Definitely will,.....1
- Probably will,2
- Probably won't, or.....3
- Definitely won't?4
- DON'T KNOWd
- REFUSEDr

ALL YOUTH AND PROXIES

Q4. When {you are/he/she is} 30 years old, {do you/does he/she} think {you/he/she} will be living: (NEW)

CODE ONE ONLY

- On my own - without friends of family,.....1
- At home with parents,.....2
- With a relative,.....3
- With friends,4
- With a spouse or partner,5
- In military housing,6
- In a group home or with supervision,.....7
- In a larger facility with paid staff (an institution), or.....8
- Somewhere else? (SPECIFY)99
- _____ (STRING 150)
- DON'T KNOWd
- REFUSEDr

YOUTH AGE 15+ BUT NOT THEIR PROXIES.

Q5. People sometimes face challenges deciding what to do after high school. Which, if any, are challenges you are facing in deciding what to do after high school? (NEW)

	AGREE	DISAGREE	DK	REF
a. I do not know what kind of jobs I would like or what I would be good at doing.	1	0	d	r
b. I am not getting enough help from school staff in deciding what to do in learning about different careers.	1	0	d	r
c. I do not know what further education is needed for jobs I might want.	1	0	d	r
d. I am not getting enough help from my teachers or school counselors about what schools I might want to attend after high school.	1	0	d	r
e. I don't know where to get help paying for college or other types of schools.	1	0	d	r
f. Are there any other challenges you face in deciding what to do after high school? (SPECIFY)..... _____ (STRING 500)	1	0	d	r

R. CONTACT INFORMATION FOR FOLLOW UP

<R_INTRO> These are the final questions in this survey. As you may remember, we will contact you for the next survey in two years. To help us make sure we don't lose touch with you, it is helpful for us to make sure we have all of your contact information.

R1. At the start of this interview, you mentioned the best telephone number to reach you was [CATI: FILL NUMBER FROM J11]. Is there another telephone number where we can reach {you/him/her}?

- YES1
- NO0 GO TO R2
- DON'T KNOWd GO TO R2
- REFUSEDr GO TO R2

R1a. What is that number?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
 (RANGE) (RANGE) (RANGE)

DON'T KNOWd GO TO IR
 REFUSEDr GO TO R2

International Phone (STRING (NUM))

R1b. Is that a land line or cell phone?

LANDLINE1 GO TO I2
 CELL PHONE2
 DON'T KNOWd GO TO I2
 REFUSEDr GO TO I2

R1c. Would it be ok for us to send {you/him/her} a text message when we try to contact {you/him/her} for the next survey?

YES1
 DOES NOT USE TEXT MESSAGING ON
 PHONE2
 NO0
 DON'T KNOWd
 REFUSEDr

R2. How about email – {do you/ does he/she} have an e-mail address at where we can send study related information to {you/him/her} at this email address? This may include things like an email to verify {your/his/her} contact information, an invitation to complete the survey, or a reminder about the survey.

YES1
 NO0 GO TO R3
 DON'T KNOWd GO TO R3
 REFUSEDr GO TO R3

R2a. What is the email address {you/he/she} check{s} most often?

_____ (STRING (500))
EMAIL

DON'T KNOWd GO TO R3

REFUSEDr GO TO R3

R3. {Do you/Does he/she} have a Facebook account?

YES1

NO0 GO TO R3

DON'T KNOWd GO TO R3

REFUSEDr GO TO R3

R3a. May we send you a message{you/him/her} through Facebook if we are unable to reach {you/him/her} by mail, phone, or {your/his/her} regular email address?

YES1

NO0

DON'T KNOWd

REFUSEDr

R4. In case we have trouble reaching you directly when we do the next survey, we would like to get the contact information for another person who will always be able to reach you. Can you give me the name of a friend or relative who does not live with {you/him/her} and would know how to reach {you/him/her} if {you/he/she} move{s} or change{s} {your/his/her} telephone number? What is that person's name?

_____ (STRING 100)
FIRST NAME

_____ (STRING 100)
MIDDLE INITIAL/NAME

_____ (STRING 100)
LAST NAME

DON'T KNOWd

REFUSEDr

R4a. Is this person a relative, a friend, or some other person in {your/his/her} life?

IF NEEDED: **What is {your/his/her} relationship with this person?**

CODE ONE ONLY

- MOTHER/FATHER.....1
- BROTHER/SISTER.....2
- GRAND MOTHER/GRANDFATHER.....3
- AUNT/UNCLE4
- COUSIN5
- OTHER RELATIVE6
- FRIEND7
- CASE MANAGER – SPECIFY NAME OF AGENCY8
- _____ (STRING 150)
- OTHER NON-RELATIVE98
- DON'T KNOWd
- REFUSEDr

R5. What is {NAME FROM I5}'s mailing address?

COLLECT/CONFIRM CURRENT CONTACT INFORMATION FOR RESPONDENT

- _____ (STRING 100)
- ADDRESS 1
- _____ (STRING 100)
- ADDRESS 2
- _____ (STRING 200)
- CITY
- _____ (STRING 30)
- STATE/TERRITORY
- |_|_|_|_|_|_|_| - |_|_|_|_|_|_|_|_|
- ZIP CODE (+ 4 IF NEEDED)
- DON'T KNOWd
- REFUSEDr

R6. What is the best telephone number at which to reach {NAME FROM I5}?

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
 (RANGE) (RANGE) (RANGE)

- DOES NOT HAVE A TELEPHONE NUMBER1 GO TO R7
- DON'T KNOWd GO TO R7
- REFUSEDr GO TO R7

International Phone (STRING (NUM))

R6a. Is that a land line or cell phone?

- LANDLINE1
- CELL PHONE2
- DON'T KNOWd
- REFUSEDr

R7. Is there another telephone number where we can reach {NAME}?

- YES1
- NO0 GO TO R8
- DON'T KNOWd GO TO R8
- REFUSEDr GO TO R8

R7a. What is that number?

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
 (RANGE) (RANGE) (RANGE)

- DON'T KNOWd GO TO R8
- REFUSEDr GO TO R8

International Phone (STRING (NUM))

R7b. Is that a landline or cell phone?

- LANDLINE1
- CELL PHONE2
- DON'T KNOWd GO TO R10
- REFUSEDr GO TO R10

R8. Does {NAME} have an email address we can use in case we need (his/ her) help to contact you for the next part of the study?

- YES1
- NO0 GO TO R10
- DON'T KNOWd GO TO R10
- REFUSEDr GO TO R10

R9. What is the email address (he/she) checks most often?

- _____ (STRING (500))
- EMAIL
- DON'T KNOWd
- REFUSEDr

R10. Thank you for answering all these questions. As I said earlier, we will send you a \$10 gift card to thank you for your time. Would you prefer a gift card to amazon.com (where you can make purchase or download music) , a \$10 gift card to Target, or a \$10 gift card to AMC movie theaters? (NEW)

CODE ONE ONLY

- A \$10 CARD FOR AMAZON.COM,.....1
- A \$10 CARD FOR USE AT TARGET.....2
- A \$10 CARD FOR AMC MOVIE THEATRES.....3

<END2> This is the end of our survey. You should receive your \$10 gift card in the next few weeks. If you have any questions about the study, or if your contact information changes, please call us toll-free at 866-964-7963. You can also visit our website at: <http://ies.ed.gov/ncee/nlts>. Thanks for taking time to answer these questions today.