

OMB Appendix K.

NLTS 2012 Baseline School Program Questionnaire



NLTS-2012

STUDENT'S SCHOOL PROGRAM QUESTIONNAIRE

Thank you in advance for the time spent completing this questionnaire—it is vital to the success of this important U.S. Department of Education study. Study findings will be critical as federal, state and local agencies work to improve the quality of services and outcomes for youth with and without disabilities.

Be assured that your answers will be completely confidential; no information will be reported that identifies you or your student.

For the NLTS-2012, Mathematica Research Policy and DIR are authorized to collect data under law 20 U.S.C. 123g;34CFR Part 99.

This questionnaire is to be completed by the teacher, counselor, or other school staff member who knows most about the special education program of the student identified below. If you are not that person, please give this questionnaire to the appropriate staff member and email us at XXX@XXXXX to tell us to whom you gave the questionnaire.

STUDENT NAME

If you prefer to complete the questionnaire on our secure website, you may do so at XXXXXX.XXX. Your log-in and password are XXXXXXXX XXXXXXXX. You may also call XXX-XXX-XXXX to complete the questionnaire by telephone or if you have any questions about the study or the participation of your school, staff, or students. Alternately, you may email us at XXXXXXXX, or visit our web site at XXXXXXXX.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0882. The time required to complete this information collection is estimated to average 30 minutes, including the time to review instructions, search existing data sources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20201-4651.

A. Student's Program

Please answer about the student whose name appears on the first page of this questionnaire.

A1. Which of the following responses describe this student? This student...

(NLTS2
SSPSDa1-
D1c modified)

MARK AS MANY RESPONSES AS APPLY

- 1 Does not have an IEP for special education or related services or a Section 504 plan

- 2 Had a Section 504 plan that was discontinued during the |_|_|_|_|_|_|_|-|_|_|_|_|_|_|_| SCHOOL YEAR
ENTER SCHOOL YEAR SECTION 504 PLAN WAS DISCONTINUED

- 3 Has a current Section 504 plan

- 4 Had an IEP that was discontinued before this school year |_|_|_|_|_|_|_|-|_|_|_|_|_|_|_|
ENTER SCHOOL YEAR IEP WAS DISCONTINUED

- 5 Has a current IEP or an IEP that was discontinued during this school year

ANSWER THIS QUESTIONNAIRE ONLY IF THIS STUDENT HAS A CURRENT IEP OR ONE THAT WAS DISCONTINUED DURING THIS SCHOOL YEAR.

IF THE STUDENT DOES NOT HAVE A CURRENT IEP OR ONE THAT WAS DISCONTINUED DURING THIS SCHOOL YEAR, GO TO THANK YOU ON PAGE 23.

IF YOU ARE NOT SURE, PLEASE ASK THE TEACHER OR COUNSELOR WHO KNOWS MOST ABOUT THIS STUDENT'S SPECIAL EDUCATION PROGRAM TO COMPLETE THE QUESTIONNAIRE.

A2. In column A, please indicate ALL of the student’s disabilities. Then, in column B, please mark the student’s one primary federal disability category.

(NLTS2
SSPSD2ab,
rev)

	MARK ONE FOR EACH ROW		MARK ONE ONLY
	Column A		Column B
	All Disabilities		Primary Disability
Yes	No		
a. Autism.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Deaf-blindness.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Deafness.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Emotional disturbance	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Hearing impairment, excluding deafness	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Intellectual disability (formerly called mental retardation)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
g. Multiple disabilities.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
h. Orthopedic impairment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
i. Other health impairment (including Attention Deficit Disorder /Attention Deficit Hyperactivity Disorder).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
j. Specific learning disability	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
k. Speech or language impairment.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
l. Traumatic brain injury	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
m. Visual impairment, including blindness	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>
n. Other – Specify:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>

IF THIS STUDENT IS IN A SCHOOL SERVING ONLY STUDENTS WITH DISABILITIES, PLEASE SKIP TO ITEM A4. ELSE CONTINUE TO A3.

A3. Some students may take a subject in multiple settings. Please indicate all the settings in which this student is now taking each subject listed below. Mark “not applicable” if the student does not take a subject.

(NLTS2
SSPS A3
modified)

PLEASE MARK ALL SETTINGS THAT APPLY FOR EACH SUBJECT

Subject	General education classroom (with or without resource room support)	Special education classroom	Individual instruction (e.g., home/hospital/ treatment center)	Community setting	Not Applicable (Student does not take this class)
a. Language arts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
b. Mathematics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
c. Science	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
d. Social studies/history	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
e. Foreign language	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
f. Art, music, drama	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
g. Physical education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
h. Life skills, social skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
i. Study skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
j. Career exploration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
k. Career and technical education (including computer skills).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
l. Other Subject – Specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

IF THIS STUDENT IS IN A SCHOOL SERVING ONLY STUDENTS WITH DISABILITIES, PLEASE COMPLETE A4. ELSE, SKIP TO B1.

A4. Some students may take subjects in multiple settings. Please indicate all the settings in which this student is now taking each subject listed below. Mark “not applicable” if the student does not take a subject.

(NLTS2
SSPS A3
modified)

PLEASE MARK ALL SETTINGS THAT APPLY FOR EACH SUBJECT

Subject	Class at this school	Class at another location	Individual Instruction (e.g. home or hospital)	Community Setting	Not Applicable (Student does not take this class)
a. Language arts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
b. Mathematics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
c. Science	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
d. Social studies/history	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
e. Foreign language	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
f. Art, music, drama	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
g. Physical education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
h. Life skills, social skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
i. Study skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
j. Career exploration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
k. Career and technical education (including computer skills).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
l. Other Subject – Specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

B. Access to Accommodations, Supports, and Services

The next questions are about the various types of school accommodations, supports, and services that are provided to this student.

B1. Which of the following accommodations or modifications are provided to this student?

(NLTS2
SSPS D-3)

MARK ONE FOR EACH ROW

	Yes	No
a. More time in taking tests.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Tests read to student.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Modified tests.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Alternate tests or assessments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Modified grading standards.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Slower-paced instruction.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Additional time to complete assignments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Shorter or different assignments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. More frequent feedback.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Physical adaptations (e.g., modifications to the classroom, special desks).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Large print or Braille books.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other accommodation or modification – Specify:.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B2. Which of the following kinds of additional supports or assistance are provided to this student?

(NLTS2
SSPS D-3)

**MARK ONE FOR EACH
ROW**

	Yes	No
a. Reader or interpreter, including sign language	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Teacher's aide, instructional assistant, or other personal aide	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Student progress monitored by special education teacher or related service provider	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Peer tutors	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Tutoring by an adult	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Behavior management program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Learning strategies/study skills assessment	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Self-determination and self-advocacy skills training.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B3. Which of the following learning aids are provided to this student?

(NLTS2
SSPS D-3)

**MARK ONE FOR EACH
ROW**

	Yes	No
a. Books on CD, tape, or podcasts.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Use of a calculator for activities not allowed other students (such as during tests).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Use of computers for activities not allowed other students (such as use of spell checker when other students do not use one)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Computer software designed for students with disabilities.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Computer-based assistive technology. Examples may include: alternative keyboards, Co:Writer, database software, graphic organizers and outlining managers, Inspiration, optical character recognition, speech-recognition programs, speech synthesizers, variable-speed tape recorders, or word-prediction programs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Captioned media.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Manipulatives.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Other learning aid – Specify:	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B4. Please indicate in Column A whether this student has received or will receive any of the following from or through the school system during this school year (2011-2012).

(NLTS2
SSPS A4a
and A4b)

For any activity this student does not receive, please indicate in Column B whether you believe he or she could benefit from it.

Activity	Column A Received?			Column B Could benefit?	
	Yes	No		Yes	No
a. Reproductive health education or services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	→	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Teen parenting instruction	1 <input type="checkbox"/>	0 <input type="checkbox"/>	→	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Child care for children of parenting teens.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	→	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Conflict resolution, anger management, violence prevention	1 <input type="checkbox"/>	0 <input type="checkbox"/>	→	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Substance abuse counseling or education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	→	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B5. Which of the following services has been provided to this student from or through the school system during this school year (2011-2012), including services the school contracted from other agencies?

(NLTS2 SSPS
D6 and D7
Modified)

MARK ONE FOR EACH ROW

	Service provided?		
	Yes	No	Don't Know
a. Adaptive physical education	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Assistive technology services/devices	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Audiology	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Behavioral intervention/specialist	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Speech or language therapy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Communication services (e.g. instruction in sign/ manual communication or lip reading, Braille, and other types of augmentative communication devices)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Health services (e.g., administering medication, oxygen)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Literacy services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Monitoring of a medical device that requires staff attention during the school day (e.g., suctioning equipment, catheter)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Mental health services, personal/group counseling, therapy, or psychiatric care	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Mobility training	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Occupational therapy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
m. Physical therapy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
n. Service coordination/case management	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
o. Social work services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
p. Special transportation because of disability	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
q. Training, counseling, or other supports/services <u>provided to student's family</u>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
r. Other – Specify:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

B5aa. Did/does this student get any services funded by Vocational Rehabilitation Services this school year (2011-2012)?

- Yes
 - No
 - Don't know
- GO TO B6

B5bb. Which of the following services did/does this student get from Vocational Rehabilitation Services?

MARK YES, NO, OR DON'T KNOW ON EACH ROW

	Service provided?		
	Yes	No	Don't Know
a. Career counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Goal setting and career planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Job assessment and appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health advice and promotion that supports working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Case management, referral, and service co-ordination.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Interventions to remove environmental, employment and attitudinal barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (<i>Please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about assistive technology. Assistive technology is any item, piece of equipment, or product that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

B6. Does this student's IEP require assistive technology?

- Yes
- No → GO TO B9

B7. What technology does this student use? What is the device called? If this student uses more than one device, please tell us about the one specified in the IEP or most important for his/her education.

(Please specify) _____

Please reference the device named in B7 above for B8 and B8a

B8. Is this student able to use this device effectively for its intended purpose?

Yes → GO TO B9

No



B8a. Why not?

MARK ALL THAT APPLY

- Device is not the right size, shape, or strength for this student
- Student is still learning how to use the device
- Student has been unable to learn how to use the device
- Device cannot go with student to the places where it is needed
- Device does not suit the student's actual needs
- Other reason(s) (Please specify)

B9. Have you personally been trained on ...

MARK ONE FOR EACH ROW

	Yes	No
a. How to serve students with assistive technology needs?	<input type="checkbox"/>	<input type="checkbox"/>
b. Legal issues related to assistive technology?	<input type="checkbox"/>	<input type="checkbox"/>
c. How to write IEPs for students who require use of assistive technology devices?	<input type="checkbox"/>	<input type="checkbox"/>
d. Resources to contact for information on assistive technology?	<input type="checkbox"/>	<input type="checkbox"/>
e. How to use a variety of assistive technologies?	<input type="checkbox"/>	<input type="checkbox"/>

C. IEP and Transition Planning

C1. When was the most recent IEP meeting for this student?

(NEW) / MONTH AND YEAR OF THE MOST RECENT IEP MEETING
MONTH YEAR

C2. Has there been any planning for transition to adult life for this student? In other words, have school staff, a parent, or the student begun to explore options the student might consider for life, work, or education after high school?

(NLTS2
SSPS E1,
REV)

Yes

No → **GO TO D1 (PAGE 21)**

Don't know → **PLEASE WORK WITH THE TEACHER OR COUNSELOR MOST FAMILIAR WITH THE STUDENT'S IEP OR TRANSITION PLAN TO COMPLETE THIS SECTION OF THE QUESTIONNAIRE.**

C3. What age or grade level was this student when transition planning first started for him or her?

(NLTS2
SSPS E2)

AGE OR GRADE

C4. Has this student received instruction specifically focused on transition planning (e.g., a specialized curriculum designed to help students assess options and develop strategies for leaving secondary school and transitioning to adult life)?

(NLTS2
SSPS E3)

Yes

No

C5. For this school year, what are the primary IEP goals for this student?

(NLTS2
SSPS D4)
Modified)

MARK ONE FOR EACH ROW

	Yes	No
a. Improve overall academic performance	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Improve academic performance in specific area(s)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Build social skills	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Improve appropriateness of general behavior	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Increase functional or life skills	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Improve fine or gross motor skills, mobility, or other physical functioning	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Enhance skills for self-advocacy and self-determination	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Improve speech and communication skills	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Define career goals	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Develop occupational and technical skills	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Prepare for postsecondary education	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C6. Is there a measurable indicator for one or more of this student's primary IEP goals listed in item C5?

- 1 All
- 2 Some
- 3 None

C7. For the period following high school, what are the primary goals of this student's educational program?

(NLTS2
SSPS E4
Modified)

MARK ONE FOR EACH ROW

	Yes	No	Don't Know
a. Attend a 2- or 4-year college?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. IF C7a= NO, ASK: Attend a career or technical school or training program?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Get competitive employment (includes military)?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. IF C7c= NO, ASK: Get supported employment (paid work in a community setting for those needing continuous support and for whom competitive employment is unlikely)?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. IF C7d= NO, ASK: Get into sheltered employment (where most workers have disabilities)?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Live independently?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. IF C7f= NO, ASK: Maximize functional independence?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Enhance social/interpersonal relationships and satisfaction?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Other educational program goal, not listed above (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C8. Does this student's transition plan or IEP specifically state what course of study or kinds of classes the student should pursue in order to meet his/ her post school transition goal(s)?

(NLTS2
SSPS E5)

- 1 Yes
- 0 No

C9. The next set of questions apply to students in specific grades. What is this student's current grade level this school year (2011-2012)?

(NLTS2
SSPSA1) **MARK ONE ONLY**

- 1 7th grade
- 2 8th grade
- 3 9th grade
- 4 10th grade
- 5 11th grade
- 6 12th grade
- 7 Ungraded high school equivalent
- 8 Ungraded less than high school equivalent → **GO TO D1 (PAGE 21)**

C10. In Column A, indicate who has actively participated in the student's transition planning. We define active participation as being involved in discussions regarding services or goals. Then, in Column B, indicate who actually attended the IEP meeting.

(NLTS2
SSPS E8
Modified)

MARK ONE FOR EACH ROW **MARK ONE FOR EACH ROW**

	Column A Participated in Process		Column B Attended Meeting	
	Yes	No	Yes	No
INDIVIDUALS				
a. A general education academic subject teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. A general education career and technical teacher or work study coordinator.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. A special education teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. A school administrator (e.g. principal, special education administrator).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. A school guidance counselor, social worker, or psychologist.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. A related services personnel (e.g. speech pathologist, occupational therapist).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. A parent or guardian.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. The student.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. A representative of post secondary educational institution.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
j. An employer.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
k. A counselor from the vocational rehabilitation agency.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
l. A representative from the Social Security Administration (SSA).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
m. An adult health-care representative.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
n. Other (<i>Please specify</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
_____	1 <input type="checkbox"/>	0 <input type="checkbox"/>		

C11. Did this student's parents or guardians actively participate in the transition process? (See C10g, Column A above.)

- (NEW)
- 1 Yes → **GO TO C13**
- 0 No

C12. To the best of your knowledge, why did this student's parent or guardian not actively participate in the transition planning process?

(NEW)

MARK ONE FOR EACH ROW

Was this a reason?

	Yes	No	Don't Know
a. No transition planning meetings were held	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Student did not want parent/guardian to participate	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Parent or guardian had work obligations	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Parent or guardian was ill or was taking care of others.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Parent or guardian does not speak English, has language barrier	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Parent or guardian was not in area or did not have transportation to school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Parent or guardian was not interested in participating	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. School had difficulty reaching parent or guardian to schedule meeting	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Parent did not show up for meeting	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Other (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C13. Which of the following best describes this student's role in his or her transition?

(NLTS2
SSPS E9)

MARK ONE ONLY

- 1 Student has not attended planning meetings or participated in the process
- 2 Student has been present in the discussions but participated very little or not at all
- 3 Student has provided some input into transition planning as a moderately active participant → **GO TO C15**
- 4 Student has taken a leadership role in the transition planning process, defining goals and identifying program or service needs → **GO TO C15**

C14. To the best of your knowledge, why didn't this student participate (or participate more fully) in the transition planning process?

(NEW)

MARK ONE FOR EACH ROW

Was this a reason?

	Yes	No	Don't Know
a. No transition planning meetings were held	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Student was not invited to the planning meetings	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Student was not interested in participation	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Student forgot about meeting	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Student was too ill to participate	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Student had another appointment or work obligation at time of meeting	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Student had no transportation to get to meeting	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Parent preferred student not attend	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Other reason – Specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C15. Have the following been contacted this school year about the students' activities when he/she leaves high school?

(NLTS2
SSPS E10
Modified)

MARK ONE FOR EACH ROW

	Yes	No	Don't know	Not Appropriate for Student
a. Colleges (2- or 4-year).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
b. Career and technical schools or training institutions	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
c. Support service personnel at college or technical training schools...	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
d. Vocational Rehabilitation Agency	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
e. U.S. military	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
f. Potential competitive employers	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
g. Job placement programs or agencies	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
h. Supported employment programs	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
i. Sheltered workshops	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
j. Mental health agencies	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
k. Social Security Administration	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
l. Congregate care facilities or institutions	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
m. Supervised residential support agencies	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
n. Adult day programs	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
o. Other social service agencies	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>
p. Other agencies (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	n.a. <input type="checkbox"/>

C16. Has information about services available after high school related to this student's disability been provided (either verbally or in writing), to his or her parents/guardians?

(NLTS2
SSPS E11,
modified)

MARK ONE ONLY

- n Not applicable; this student does not need services after high school
- 1 Yes
- 2 Not yet; information will be provided before the student graduates
- 0 No
- d Don't know

C17. What service or program needs were identified for this student for after high school in his or her IEP or transition plan?

(NLTS2
SSPS E12
Modified)

MARK ONE FOR EACH ROW

	Yes	No	Don't Know
a. Education accommodations to help pursue post secondary education	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Audiology	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Behavioral intervention	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Mental health services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Mobility training	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Nursing or other medical services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Occupational therapy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Physical therapy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Social work services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Speech, sign language, or communication therapy or services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Supported living arrangement	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Transportation assistance	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
m. Vision services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
n. Vocational training, placement or support	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
o. Assistive technology	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
p. Literacy services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
q. Other service or program (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C18. How much progress do you believe this student is making toward each kind of goal for the transition to adulthood?

(NLTS2
SSPS E6)

MARK ONE FOR EACH ROW

	No Progress	A Little Progress	Some Progress	A Lot of Progress	Not Applicable
a. Defining employment goals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>
b. Defining career goals.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>
c. Goals for postsecondary education and training	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>
d. Functional independence and independent living goals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>
e. Behavior management goals.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>
f. Social/interpersonal goals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>
g. Self-advocacy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>
h. Other type of goal – Specify:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>

C19. How well suited do you believe this student’s school program is for preparing him or her to achieve his or her transition goals?

(NLTS2
SSPS E7)

MARK ONE ONLY

- 1 Not at all well suited; the school program does not prepare him/her to achieve transition goals
- 2 Some what well suited; the school program provides a little preparation for achieving transition goals
- 3 Fairly well suited; the school program prepares him/her fairly well to achieve transition goals
- 4 Very well suited; the school program provides very good preparation for achieving transition goals

The next set of questions address challenges this student may face as he/ she prepares for the transition to adult life. For each challenge described below, please check the box to show whether this is a challenge for this student in securing a paid, job, obtaining post-secondary education, or living independently.

C20. To what extent is the student facing the following challenges?

(NEW)

MARK ALL THAT APPLY FOR EACH ROW

	Getting a paid job	Obtaining post-secondary education	Living Independently	Not applicable	Don't Know
a. Parental expectations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
b. Student's confidence in his / her own abilities ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
c. Student's personal skills - including use of transportation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
d. Student's behavior problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
e. Insufficient accommodations or supports.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
f. Lack of awareness of available options	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
g. Insufficient support identifying or applying to jobs, post-secondary schools, or independent housing arrangements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
h. Limited access to social or health services (including health insurance)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
i. Poor coordination with adult service providers ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>

C21. The next challenge applies only to jobs. Is fear of losing public benefits a barrier for this student getting a paid job?

(NEW)

- 1 Yes
- 0 No
- d Don't Know

C22. The next challenge applies only to further education. Are insufficient financial resources and access to financial aid a barrier to this student continuing his / her education?

(NEW)

- 1 Yes
- 0 No
- d Don't Know

C23. Are there any other challenges you know this student is facing in his / her transition to adult life?

(NEW)

- 1 Yes – Please specify: _____
- 0 No
- d Don't Know

D. Demographics

The next questions are about you.

D1. What are your one or two main roles in this school?

(NLTS2
SSPS F1
modified)

MARK ONE FOR EACH ROW

	Yes	No
a. General education classroom teacher	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Special education classroom teacher	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Resource room teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Related services provider (e.g., speech therapist)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Program or transition specialist.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Case manager.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. School psychologist	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. School guidance counselor	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Other (<i>Please specify</i>)..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

D2. In what capacity (or capacities) are you involved with this student?

(NLTS2
SSPS F2)

MARK ONE FOR EACH ROW

	Yes	No
a. Provide instruction directly to this student	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Provide related services directly to this student	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Provide consultation services to student's teacher(s)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Provide case management (e.g., program monitoring) for this student	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Program administrator/supervisor	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Supervise instructional assistant or para-educator assigned to work with this student	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Other (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

D3. Please indicate the extent to which you agree or disagree with each of the following statements.

(NLTS2F3)

MARK ONE FOR EACH ROW

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The school leadership has high expectations and standards for all students and teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The principal promotes instructional improvement among school staff.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. This school is a safe place for students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I feel well prepared to work with students with disabilities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D4. Are you Hispanic or Latino?

(New)

- 1 Yes – Hispanic or Latino
- 0 No – Not Hispanic or Latino

D5. Which best describes your race?

(New)

MARK ALL THAT APPLY

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White

D6. To the best of your knowledge, what do you expect this student’s school enrollment status to be for the next school year (2012-2013)?

(NLTS2
SSPS F5)

ANSWER YES OR NO FOR EACH ROW AND COMPLETE THE INFORMATION FOR EACH YES ANSWER.

	Yes	No
a. The student is expected to attend your school next year	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The student is expected to attend a different secondary school next year	1 <input type="checkbox"/>	0 <input type="checkbox"/>
NAME OF SCHOOL: _____		
CITY: _____		
STATE: _____		
c. The student is not expected to attend your school because he or she will: (MARK ALL THAT APPLY)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/> Graduate		
2 <input type="checkbox"/> Move		
3 <input type="checkbox"/> Exceed the age limit for services		
4 <input type="checkbox"/> Drop out		
d. The student is not expected to attend any school next year	1 <input type="checkbox"/>	0 <input type="checkbox"/>

THANK YOU AGAIN FOR COMPLETING THIS QUESTIONNAIRE.

AS SOON AS WE RECEIVE THIS QUESTIONNAIRE, WE WILL SEND YOUR \$25 THANK YOU.

PLEASE ENTER THE ADDRESS TO WHICH WE SHOULD SEND THE CHECK:

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

May we also have your email and telephone number in case we have any questions about your responses?

Email: _____ @ _____

Phone: (_____) - _____ - _____
Area Code Number

PLEASE RETURN THE QUESTIONNAIRE IN THE POSTAGE-PAID ENVELOPE.

**IF YOU DO NOT HAVE THE ENVELOPE, YOU MAY FAX THE QUESTIONNAIRE TO:
xxxxxxx at xxx-xxx-xxxx OR MAIL IT TO: NLTS-2012 STUDY**