

Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
<b><u>PROGRAM DEMOGRAPHICS</u></b>	
PD11. Please provide the number of applicants, as well as the number accepted to your program for this year:	
PD11_a1. Number of in-state applicants (accepted or rejected)	Open end numeric
PD11_a2. Number of in-state applicants who were accepted	Open end numeric
PD11_b1. Number of out-of-state applicants (accepted or rejected)	Open end numeric
PD11_b2. Number of out-of-state applicants who were accepted	Open end numeric
PD11_C. What are the reasons students are not accepted (e.g. disability label, need housing (not available), lack of funding, family support, student level of support needs)	Open end text
PD3. Is your TPSID affiliated with a particular school, college, or academic department within your IHE?	-Yes -No
PD6a_1. What is your TPSID program's total operating expenses? \$_____	
PD6b. What was the total operating expense for TPSID personnel this year?	Open end numeric
PD7. Does your TPSID operate during the summer months?	-Yes -No
PD9. (Ask in first year only) Did your IHE serve and/or support students with ID prior to receiving the TPSID grant?	-Yes -No
Based on your staff data entry, the total number of FTEs for your program this year was:	Calculated field
PD12. Is the number above an accurate representation of the total number of FTEs needed to operate your program	-Yes -No
PD13. (If no to PD12) How many FTEs were used to operate your TPSID this year?	Open end numeric
<b><u>STAFF – This information is reported for each TPSID staff person</u></b>	
Staff1. What type of employee best describes this staff member's job?	-Full professor -Associate, Assistant, or adjunct professor -Dean or other Administrator -Research staff -Program staff -Administrative staff -Graduate student -Undergraduate students
Staff2_1. Please enter the average number of hours per week this person works for the TPSID program	Open end numeric box
<b><u>ACADEMIC ACCESS</u></b>	

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AA1. Are TPSID students required to take placement or ability to benefit tests in order to register for classes at your IHE?	-Yes -No
AA2a. Please provide a link to a webpage for your IHE's certificate/credential approval process:	Open end text
AA2. What types of credentials are available to students who attend your TPSID? Check all that apply.	
We do not offer a credential	Checkbox
Associate degree granted by the Institution of Higher Education available to both TPSID and non-TPSID students Skip to question AA4	Checkbox
<del>Bachelor's degree granted by the institution of higher education available to both TPSID and non-TPSID students Skip to question AA4</del>	Checkbox
Certificate granted by the Institution of Higher Education available to both TPSID and non-TPSID students <i>Skip to question AA4</i>	Checkbox
Has this credential been approved through the IHE governance structure and is it officially awarded and recognized by the host IHE?	-Yes -No
Which of the following best describes this credential?	-This an existing credential at the IHE? -This was a newly developed credential.
Is this certificate aligned with an existing labor market certification? Then if yes, name it.	-Yes -No
Certificate specifically for TPSID students granted and approved by the Institution of Higher Education and not available to other students	Checkbox
Has this credential been approved through the IHE governance structure and is it officially awarded and recognized by the host IHE?	-Yes -No
Which of the following best describes this credential?	-This an existing credential at the IHE? -This was a newly developed credential.
Is this certificate aligned with an existing labor market certification? Then if yes, name it.	-Yes -No
Specialized certificate or other exit document specifically for TPSID students granted and approved by the TPSID program (Not the hosting IHE) and not available to other students	Checkbox
Has this credential been approved through the IHE governance structure and is it officially awarded and recognized by the host IHE?	-Yes -No
Which of the following best describes this credential?	-This an existing credential at the IHE? -This was a newly developed credential.
Is this certificate aligned with an existing labor market certification? Then if yes, name it.	-Yes -No
Specialized certificate designed for TPSID students issued from the local education agency not available to other students	Checkbox
Has this credential been approved through the IHE governance structure and is it officially awarded and recognized by the host IHE?	-Yes -No
Which of the following best describes this credential?	-This an existing credential at the IHE? -This was a newly developed credential.
Is this certificate aligned with an existing labor market certification? Then if yes, name it.	-Yes -No
Another credential not listed (Please specify : _____).	Checkbox
Has this credential been approved through the IHE governance structure and is it officially awarded and recognized by the host IHE?	-Yes -No

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Which of the following best describes this credential?	-This an existing credential at the IHE? -This was a newly developed credential.
Is this certificate aligned with an existing labor market certification? Then if yes, name it.	-Yes -No
AA4_New. Has your program developed a satisfactory academic progress policy?	- Yes - No
AA4_Document. If Yes to AA4_New, Please upload a copy of your policy here:	
<b>EMPLOYMENT AND CAREER DEVELOPMENT</b>	
EC1. Who provides the employment services or work-related direct supports for the students in your TPSID program? Check all that apply.	
We do not provide employment services or direct supports for the students in our TPSID program	
Career Services staff available to all students attending the IHE	-Job search services -Employment support services
Peer mentors or supports	-Job search services -Employment support services
LEA transition staff for dually-enrolled students	-Job search services -Employment support services
State Vocational Rehabilitation Staff	-Job search services -Employment support services
State Intellectual and Developmental Disability agency staff	-Job search services -Employment support services
Separate/Contracted employment service provider, e.g. Community Rehab Provider	-Job search services -Employment support services
Supervisors at the worksite	-Job search services -Employment support services
Coworkers at the worksite	-Job search services -Employment support services
Other (please specify: _____)	-Job search services -Employment support services
<b>PLANNING AND ADVISING</b>	
PA1. Does the TPSID use Person Centered Planning with students in the program?	-Yes -No
PA4. What is the TPSID using for an academic advising process? Check one.	-Regular advising system used by all students -Separate advising system for TPSID students -Both

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<b><u>SOCIAL OPPORTUNITIES</u></b>	
SO1. Are TPSID students allowed to join registered student organizations at the IHE? Y/N	-Yes -No
SO2. Have any of your students joined a registered student organization? Y/N	-Yes -No
SO3. Are TPSID students allowed to attend social events on campus that are only available to students at the IHE? Y/N	-Yes -No
SO4. Have any of your students attended social events on campus that are only available to students at the IHE? Y/N	-Yes -No
<b><u>RESIDENTIAL ACCESS</u></b>	
*We will provide information about whether or not the institution has housing for students.	
RA2. Do TPSID students have the opportunity to access this housing?	-Yes -No
RA2_1. Why are students unable to access this housing?	-Concerns from IHE -Students are not regularly matriculated students and cannot access housing -Insufficient student housing availability -Planning for housing – will be available in future -Other
RA3. (If RA2 = Yes) Which of the following residential supports do students who live in IHE housing receive? Check all that apply.	
" None	Checkbox
" Roommate/suitemate who receives compensation	Checkbox
" An uncompensated roommate/suitemate who provides supports	Checkbox
" Residential Assistant or Advisor who provides supports	Checkbox
" Continuous staff support	Checkbox
" Intermittent or on-call staff support	Checkbox
" Other support (please specify: _____)	Checkbox
<b><u>PEER SUPPORTS</u></b>	
PS1. Does your TPSID use peer mentors?	-Yes -No
PS2. In which areas do peer mentors support TPSID students? Check all that apply.	
Social	Checkbox
Academic	Checkbox

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Independent living	Checkbox
Employment	Checkbox
Transportation	Checkbox
Other (please specify: _____)	Checkbox
<b><u>INTEGRATION WITH INSTITUTION OF HIGHER EDUCATION</u></b>	
IIHE1. Do any TPSID staff participate in existing IHE professional development?	-Yes -No
IIHE7. Do TPSID students follow the academic calendar used by the IHE?	-Yes -No
IIHE8. Are TPSID students held to the IHE's code of conduct?	-Yes -No
IIHE9. How is this code of conduct shared with TPSID students? Check all that apply.	
Reviewed with student	Checkbox
Student is given a copy of the code of conduct	Checkbox
Code of conduct is available but is not reviewed with or given directly to students	Checkbox
Other (Please specify: _____)	Checkbox
IIHE_10_New. What types of strategies are used to communicate with family members of students attending this TPSID?	IHE - Communication strategies specifically for family members of students attending the TPSID - Both - We do not communicate with family members of students attending the TPSID
IIHE11. Do TPSID students receive a transcript? Select one.	- Yes, an official transcript from the IHE - Yes, a transcript from the TPSID program - Yes, both an official transcript and a transcript from the TPSID program - No, they do not receive a transcript
IIHE12_New. Are students issued an official student ID from the IHE?	- Yes - No
IIHE 15_1. Do student attend the regular orientation for new students at the IHE?	- Yes - No
IIHE 15_2. Do family members of students attend the regular orientation for new students at the IHE?	- Yes - No
IIHE 15_3. Do you provide a special orientation for students?	- Yes - No
IIHE 15_4. Do you provide a special orientation for family members of students?	- Yes - No

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IIHE16. To the best of your knowledge, have TPSID students used any of the following IHE resources in the past year? Check all that apply.	- Yes - No
Health center/counseling services	Checkbox
Career services	Checkbox
Registrar, Bursar, or financial aid office	Checkbox
Tutoring services	Checkbox
Library	Checkbox
Bookstores	Checkbox
Computer lab/Student IT services	Checkbox
Sports and recreational facilities or Arts/cultural center	Checkbox
Student center or Dining hall	Checkbox
Disability services office	Checkbox
Residential Life	Checkbox
Off-campus housing services	Checkbox
Students did not use any of these resources this year.	Checkbox
IIHE16a. Does the enrollment status of TPSID students impact their access to any privileges or processes that apply to matriculated students at the IHE?	- Yes - No
If yes, what impact? Check all that apply.	
Register for classes after matriculated students	
Limits access to student organizations	
Which organizations?	
Limits access to campus services, such as health services	
Which services?	
Not allowed to participate in graduation	
Not awarded an IHE approved credential	
Not considered alumni of the IHE	
OTHER – text box	
IIHE17. Does your IHE host a TRIO, GEAR UP or other college access program? Check all that apply	
TRIO	Checkbox
GEAR UP	Checkbox
Other college access program (please specify)	Checkbox
IIHE18. If TRIO is checked, do you collaborate with this TRIO program?	- Yes - No
IIHE19. If TRIO is Checked, do your students receive services from this TRIO program?	- Yes - No

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IIHE18. If GEAR UP is checked, do you collaborate with this GEAR UP program?	- Yes - No
IIHE19. If GEAR UP is Checked, do your students receive services from this GEAR UP program?	- Yes - No
IIHE18. If other college access program is checked, do you collaborate with this program?	- Yes - No
IIHE19. If other college access program is checked, do your students receive services from this program?	- Yes - No
<b><u>COLLABORATION WITH OTHER PARTNERS – Report this information for each partner</u></b>	
CP1_New. Please select the organization the TPSID has an active partnership with: Add a tool tip about other possible ones like PTICs and Private foundations	<ul style="list-style-type: none"> <li>-Education Agencies (K-12, Local, and Regional)</li> <li>-Vocational Rehabilitation</li> <li>-Community Rehabilitation Provider(s)</li> <li>-State intellectual/Developmental Disability (IDD) services agency</li> <li>-Advocacy Groups</li> <li>-Employers</li> <li>-University Centers for Excellence in Developmental Disabilities (UCEDDs)</li> <li>-Developmental disability councils (DD Councils)</li> <li>-Other</li> </ul>
If VR is selected	
CP_VR1. Does your TPSID collaborate with your state Vocational Rehabilitation services to provide pre-employment transition services?	- Yes - No
If yes:	
In collaboration with state VR services do you provide to your TPSID participants:	
CP_VR1a. Self-advocacy instruction	- Yes - No
CP_VR1b. Work-based learning experiences	- Yes - No
CP_VR1c. Social skills and work place skills development	- Yes - No
CP2. How frequently does the TPSID interact with this organization? Check one.	<ul style="list-style-type: none"> <li>-Annually</li> <li>-Bi-annually</li> <li>-Quarterly</li> <li>-Monthly</li> <li>-Weekly</li> <li>-Daily</li> </ul>

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CP3: What functions does this partner serve? Check all that apply.	
Advisory board/consultant	Checkbox
Provides direct service to TPSID students	Checkbox
Provides training to TPSID staff	Checkbox
Provide career development opportunities for students	Checkbox
Provide paid jobs for students	Checkbox
Other (please specify: _____)	Checkbox
CP4 . Does this partner provide any of the following? Check all that play?	
Funds for student tuition	Checkbox
Funds for other students expenses (fees, room, board, etc.)	Checkbox
Funds for other program expenses (operating expenses)	Checkbox
<b>FUNDING SOURCES</b>	
FS1. Other than the funding you received from the Office of Postsecondary Education, which of the following sources of funds are you using to support the development & implementation of your TPSID program (e.g. to pay TPSID staff & other expenses)? Check all that apply.	
IHE resources	Checkbox
Medicaid	Checkbox
Local Education Agency (LEA)	Checkbox
Other government-funded grants	Checkbox
Private foundation grants	Checkbox
Funding from state budget	Checkbox
State intellectual/developmental disability (IDD) services agency funds	Checkbox
State Vocational Rehabilitation agency funds	Checkbox
Student Tuition and Fees	Checkbox
Individual and/or corporate donors	Checkbox
FS2. How is your program meeting the match requirements for this the grant? Check all that apply.	- In-kind contributions - Other monetary contributions
FS2_1. If FS2 = "in-kind" to in-kind which kinds you received? Check all that apply	
faculty/staff time	Checkbox
rent	Checkbox
physical space	Checkbox
materials	Checkbox
waving overhead	Checkbox
rent for space	Checkbox
VR drawdown	Checkbox
Other	Checkbox
FS2_2. What types of other monetary contributions?"	Text Box



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FS3. What is this program's Comprehensive Transition Program (CTP) status?	-We are an approved CTP -We have applied to become a CTP and are awaiting a response - We are considering becoming a CTP -We are not a CTP and have no plans to apply to become one
FS3_1_1. (If FS3 = We are an approved CTP ) When did you submit your application: mm/dd/yyyy	Date
FS3_1_2. (If FS3 = We are an approved CTP ) When did you receive approval: mm/dd/yyyy	Date
FS3_2_1. (If FS3 = We have applied to become a CTP and are awaiting a response ) When did you submit your application: mm/dd/yyyy	Date
FS3_2_2. (If FS3 = We are an approved CTP or We have applied to become a CTP and are awaiting a response) Did your program experience challenges during the approval process, e.g. communication, applications components, etc.?	-Yes -No
FS3_2_3. If yes, please describe these challenges: _____	Open end text
<b><u>CHARGES TO STUDENTS</u></b>	
Which Type of Student Charges Structure are you reporting?	-All Students (use when charges to students do not vary based on residential status) -In-State -Out-of-state -In-County -Out-of or Non-County -City Resident -Student who is NOT a city resident -International Student -Other Type of Student
What are the average total charges (including tuition, required fees, room and board) for this type of student to attend your program?	Open end numeric
If charges for this type of student are not broken out into individual categories because your Program charges a comprehensive fee that is all inclusive check here and all that apply from the list below.	Checkbox
Tuition	Checkbox
Required Fees	Checkbox
Room	Checkbox
Board	Checkbox
Other (Please specify:)	Checkbox
Please indicate the categories for which you charge This type of student for each category selected.	
Tuition	Checkbox
Required Fees	Checkbox
Room	Checkbox

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Board	Checkbox
<b><u>POST EXIT DATA COLLECTION EFFORTS</u></b>	
EA4. Does your IHE and/or TPSID program collect follow-up data on students who exited the TPSID program (with or without a credential)? Select one.	-Yes -No
EA5. For how long after exiting the program does the IHE and/or TPSID program collect data on students? Select one.	-1 year -2 years -3 years -4 years -5 or more years
EA6. Which follow-up data does the IHE and/or TPSID program collect? Check all that apply.	
Type of job	Checkbox
Earnings	Checkbox
Hours worked per week	Checkbox
Length of employment	Checkbox
Volunteer or community service activities	Checkbox
Postsecondary graduation rate	Checkbox
Transfer to 2 or 4-year colleges and universities	Checkbox
Social or community involvement measures	Checkbox
Independent living measures	Checkbox
Quality of life measures	Checkbox
Other (please specify: _____)	Checkbox
<b><u>STUDENT CORE DATA</u></b>	
What was this student's first year in the TPSID program? (Note: if this student attended your program prior to 2010-11, you should still enter 2010-11 since this is when your program first received TPSID funding)	-2009-10 -2010-11 -2011-12 -2012-13 -2013-14 -2014-15 -2015-16
SC1. Student's Age in Years as of 10/1/2015: _____	
SC2. Student's gender.	-Male -Female
SC3. What is this student's ethnicity? Choose one.	-Hispanic or Latino -Not Hispanic or Latino

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SC4. What is this person's race? Mark one or more races to indicate what this person considers himself/herself to be.	
Asian	Checkbox
American Indian or Alaska Native	Checkbox
Black or African American	Checkbox
Native Hawaiian or Other Pacific Islander	Checkbox
White	Checkbox
This student's race is unknown	Checkbox
SC5. What disabilities does this student have? Check all that apply	
None of these disabilities	Checkbox
Autism	Checkbox
Deaf-blindness	Checkbox
Deafness	Checkbox
Developmental delay	Checkbox
Emotional disturbance	Checkbox
Hearing impairment	Checkbox
Intellectual disability	Checkbox
Multiple disabilities	Checkbox
Orthopedic impairment	Checkbox
Other health impairment	Checkbox
Specific learning disability	Checkbox
Speech or language impairment	Checkbox
Traumatic brain injury	Checkbox
Visual impairment, including blindness	Checkbox
SC5a. What documentation did you use to confirm this student has an intellectual disability?	
ID was not confirmed through documentation	Checkbox
Neuropsychological or psychological examination report	Checkbox
Physician's documentation of disability	Checkbox
Individualized Education Plan	Checkbox
SSA Disability Determination	Checkbox
Other (please specify: _____)	Checkbox
SC6. What types of benefits is this student receiving? Check all that apply.	
None	Checkbox
SSI (Supplemental Security Income)	Checkbox
SSDI (Social Security Disability Insurance)	Checkbox
Medicaid Benefits	Checkbox
Other (please specify: _____)	Checkbox
Don't Know	Checkbox

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SC8. Which of the following best describes the curriculum and educational setting the student experienced in his/her high school prior to entry into this program? Check one.	<ul style="list-style-type: none"> <li>- Fully included (no special education classes)</li> <li>- Special education classes only</li> <li>- Spent majority of their time in inclusive setting</li> <li>- Spent majority of their time in special education classes</li> <li>- Other</li> <li>- Don't Know</li> </ul>
SC10. Was this student ever employed for pay at or above minimum wage prior to entry into the TPSID program? Choose one.	<ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> </ul>
SC13. Please indicate this student's total household income during 2015. Please include all income earners residing in this student's household:	<ul style="list-style-type: none"> <li>-&lt;\$25,000</li> <li>-\$25,000-\$49,999</li> <li>-\$50,000-\$74,999</li> <li>-\$75,000-\$99,999</li> <li>-\$100,000-\$149,999</li> <li>-\$150,000-\$200,000</li> <li>-&gt;\$200,000</li> </ul>
<b><u>ACADEMIC STATUS</u></b>	
AS1. Is this student dually enrolled (receiving special education services under IDEA AND enrolled in a postsecondary program)?	<ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> </ul>
AS2. What is the student's high school graduation status? Choose one.	<ul style="list-style-type: none"> <li>-Received certificate of completion or attendance</li> <li>-Received standard diploma</li> <li>-Received modified or special diploma</li> <li>-Received GED/high school equivalency certificate</li> <li>-Dropped out</li> <li>-Other</li> </ul>
AS3 What was the student's enrollment status in the IHE as of September 2016? Check all that apply.	
Not enrolled	Checkbox
Enrolled as a TPSID program student	Checkbox
Enrolled as a special student	Checkbox
Matriculated as a regularly enrolled student at the IHE	Checkbox
Enrolled as a non-degree or continuing education student	Checkbox

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AS3A. What is the residency status of this TPSID student for the purposes of tuition and fees?	-In-State Student -Out-of-state Student -Other (Please Specify):
AS3B. Which of the following best described this student's enrollment status?	-Full time -Part Time Matriculating -Non Matriculating
AS3A_1. Did this individual exit the TPSID during this academic year?	-Yes -No
AS4. What year of the TPSID program is the student in? Choose one.	-1st year -2nd year -3rd year -4th year -Beyond 4th year
AS5. Is this the student's final year in the TPSID program?	-Yes -No
AS6. Is this student seeking the meaningful credential offered by TPSID?	-Yes -No
AS8. Is this student seeking a degree or certificate offered by the IHE other than a credential offered by the TPSID?	-Yes -No
AS11_1. Does this student get any supports or accommodations from the Disability Services Office (DSO) on your campus?	-Yes -No
AS11_2. If "Yes" to previous question, Please indicate the degree to which the DSO provides supports/ accommodations for this student on-campus.	- The DSO provides all of the supports/accommodations for this student - The DSO provides some of the supports/accommodations for this student and other entities (program staff, faculty, peer mentors, etc.) provide the rest.
AS11_3. (If no to AS11_1) Was this student denied services from the DSO?	-Yes -No
AS11_3txt. (If yes to AS11_3). Why were they denied services from the DSO?	Open end text
<b><u>COURSE ENROLLMENTS</u></b>	

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<p>BEGINNING IN FALL 2015 - WE WILL SPLIT THE COURSE DATA ENTRY INTO AREAS FOR INCLUSIVE AND SPECIALIZED COURSES</p> <p>TOOL TIP</p> <p>An INCLUSIVE course is one which is available to regularly matriculated IHE students and is accessed via the regular registration process at the IHE, lasts the length of an entire term, and is attended by regularly matriculated students.</p> <p>A SPECIALIZED course is only available to TPSID students, not regularly matriculated students at the IHE, is developed/designed for students with ID and attended primarily or exclusively by students with ID</p>	
CO1.What is the Course Title:	
CO1_1. Does this course have prerequisites that must be met before the student can enroll in this course? E.g. declared major, completion of lower level courses?	<ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul>
CO2a_1. (for specialized courses only) How long do students attend this course?	<ul style="list-style-type: none"> <li>-Students do not attend this course for a full academic term</li> <li>- Students attend this course for the full academic term, e.g. semester or quarter</li> </ul>
CO2a_2. (If "less than full term to CO2a_1) please describe how frequently and for how many class meetings this course meets? i.e. how many weeks does the course meet? How many class meetings per week	<p>Enter the total number of weeks this course meets here (if it is easier for you to enter the total number class meetings, you may skip this and enter it in the space below: _____</p> <p>Enter total number of class meetings here: _____</p>
CO2a_3. (for specialized courses only) Does this course appear on your IHE's course catalog?	<ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul>
CO2a_4. Which of the following best describes the primary instructor for this course? Check one.	<ul style="list-style-type: none"> <li>- IHE faculty (Full-time or Adjunct)</li> <li>- Secondary school teacher</li> <li>- TPSID staff person</li> <li>- Graduate student</li> <li>- Undergraduate student</li> <li>- Volunteer</li> <li>- Other, specify: _____</li> </ul>
CO2b_new. What type of credits are awarded for students who complete this course?	<ul style="list-style-type: none"> <li>- Typical IHE credits that can be used towards a degree or certificate</li> <li>- Credits that are only available to TPSID students that CANNOT be used towards a regular IHE degree or certificate</li> <li>- Continuing education credits</li> <li>- No credits are awarded to students who complete this course</li> </ul>
CO3. (for specialized courses only) What subjects are covered in this course? Check all that apply.	
Academic skills	Checkbox
Career preparation instruction	Checkbox
Independent Living Instruction	Checkbox

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Technology training/computer literacy	Checkbox
Social skills training	Checkbox
Travel training instruction	Checkbox
Other (please specify: _____)	Checkbox
Please report the following information for each course a student is taking.	
AC1. Which of the following best describes the student's enrollment in this course? Choose one.	- Enrolled for standard IHE credit - Enrolled as a non-credit student or auditing course - Unofficially attending /sitting in on course
AC1_1. Does student earn credit towards their TPSID credential by taking this course?	- Yes - No
AC1_2. Did this student receive a grade for this course?	- Yes - No
AC1_3. What grade did the student receive in this course?	open end text
AC2. Why is the student taking this course? Check all that apply.	
It is related to his/her career goals	Checkbox
It is related to his/her personal interest	Checkbox
It is required for credential	Checkbox
It is required for their degree/certificate	Checkbox
<b><u>FINANCING EDUCATION</u></b>	
Did this student receive any of the following forms of Federal Financial Aid this Year? Check all that apply.	
Federal Work Study (not a State work study)	Checkbox
Pell Grant	Checkbox
Supplemental Educational Opportunity Grant	Checkbox
Parent PLUS Loans	Checkbox
F1. Which of the following funding sources are used to pay tuition for this TPSID student? Check all that apply.	
Tuition is waived for this student	Checkbox
Private pay (student and family)	Checkbox
Scholarships	Checkbox
State intellectual/developmental disability (IDD) services agency: state or local funds	Checkbox
Local Education Agency	Checkbox
Private student loans	Checkbox
Federal/State grant	Checkbox
Foundation/Private grant	Checkbox

Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
State Vocational Rehabilitation agency funds	Checkbox
State IDD Services Agency: Medicaid Home and Community-Based Services (HCBS) Waiver funds	Checkbox
Tuition Waivers via VR or Social Security	Checkbox
National Service grants	Checkbox
Social Security funds e.g. PASS plan	Checkbox
Other funding source (please specify: _____)	Checkbox
None of these sources are used to fund the students tuition	Checkbox
<b>F2. Which of the following funding sources are used to pay for non-tuition expenses for this TPSID student? Check all that apply.</b>	
Private pay (student and family)	Checkbox
Scholarships	Checkbox
State intellectual/developmental disability (IDD) services agency: state or local funds	Checkbox
Local Education Agency	Checkbox
Private student loans	Checkbox
Federal/State grant	Checkbox
Foundation/Private grant	Checkbox
State Vocational Rehabilitation agency funds	Checkbox
State IDD Services Agency: Medicaid HCBS Waiver funds	Checkbox
Tuition Waivers via VR or Social Security	Checkbox
National Service grants	Checkbox
Social Security funds e.g. PASS plan	Checkbox
Other funding source (please specify: _____)	Checkbox
None of these sources are used to fund the student's non-tuition expenses	Checkbox
<b><u>CAREER DEVELOPMENT/EMPLOYMENT</u></b>	
<b>CDE1. Which of the following unpaid/volunteer experiences did the student participate in this year? Check all that apply.</b>	
This student did not participate in unpaid/volunteer experiences this year	Checkbox
Service learning opportunities	Checkbox
Unpaid internships (For credit and not for-credit)	Checkbox
Volunteering and/or Community service	Checkbox
Unpaid individual work training sites	Checkbox
Other unpaid/volunteer experience, please specify: _____)	Checkbox
Please report the following information for each <i>paid job</i> the student has. Items with an * following them are updated each time the status for this item changes for a particular job.	
Name of the employer: _____	
Student's Job Title at this job: _____*	
Job start date: mm/dd/yyyy	
Job exit date: mm/dd/yyyy (entered only if student leaves this job)	



Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
JOB1. Please select the category that best describes this job setting:	<ul style="list-style-type: none"> <li>- Individual paid job</li> <li>- Paid internship (For-credit or non-credit)</li> <li>- Federal work-study</li> <li>- Group paid work (Enclave or mobile crew)</li> <li>- Work training site</li> <li>- Sheltered workshop</li> </ul>
Job1_2. Who pays the student at this Job? (Hide if Job 1 = Federal Work Study)	<ul style="list-style-type: none"> <li>- The employer</li> <li>- The TPSID program</li> <li>- The host IHE</li> <li>- Other (please specify)</li> </ul>
JA1. Do you know this individual's exact hourly rate of pay?	<ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> </ul>
JA1a. Please provide the student's hourly rate of pay:	
JA1b. Please describe the wages earned at this job:	<ul style="list-style-type: none"> <li>-Below minimum wage</li> <li>-Minimum wage</li> <li>-Above minimum wage</li> <li>-Don't know</li> </ul>
JA2. Do you know this individual's exact hours worked?	<ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> </ul>
JA2a. Please provide this student s average hours worked per week	
JA2b. How many hours per week on average does the individual work in this job?*	<ul style="list-style-type: none"> <li>-Under 5 hours per week</li> <li>-Between 5 and 10 hours per week</li> <li>-Between 11 and 20 hours per week</li> <li>-Between 21 and 30 hours per week</li> <li>-Between 31 and 40 hours per week</li> <li>-Over 40 hours per week</li> </ul>
JA2. continued. Why does this individual work no more than 20 hours per week? Please check all that apply.	
Concerned about losing Social Security/Medicaid benefits	Checkbox
Health or disability status limits ability to work more hours	Checkbox
Unable to get more hours at current job	Checkbox
Attending postsecondary education	Checkbox
Family obligations	Checkbox
Other Reason. Please describe:	Checkbox
JA6. Which of the following best describes this individual s field of employment?	
Computer, mathematical, architecture, engineering, and science occupations	Checkbox
Education, training, and library occupations	Checkbox
Arts, design, entertainment, sports, media occupations	Checkbox
Healthcare practitioners and technical occupations	Checkbox

Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
Protective service occupations	Checkbox
Food preparation and serving related occupations	Checkbox
Building and grounds cleaning and maintenance occupations	Checkbox
Personal care and service occupations	Checkbox
Sales and related occupations	Checkbox
Office and administrative support occupations	Checkbox
Construction and extraction occupations	Checkbox
Installation, maintenance, and repair occupations	Checkbox
Production occupations	Checkbox
Transportation and material moving occupations	Checkbox
Military specific occupations	Checkbox
Other OCCUPATION. Please describe:	Checkbox
<b><u>WIOA IMPACT</u></b>	
WIOA1. Did this student receive services from a state VR program this year?	-Yes -No
(If no to WIOA 1) WIOA1_1. Was this student denied services from a VR program this year? If yes, please explain why.	-Yes -No
(If yes to WIOA 1) WIOA2. Please check which of the following services this student received from your state Vocational Rehabilitation office during this year:	
Benefits counseling	Checkbox
Self-advocacy instruction	Checkbox
Work-based learning experiences (e.g., internships, trial work experience)	Checkbox
social skills instruction	Checkbox
work place skills instruction	Checkbox
job coaching	Checkbox
supported employment	Checkbox
other (please specify) ___	Checkbox
WIOA3. Is this student eligible for Medicaid?	-Yes -No
WIOA4. Is this student receiving Medicaid services?	-Yes -No
WIOA5. If yes: What services or supports does Medicaid pay for (check all that apply):	
Transportation	Checkbox
Day support	Checkbox

Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
Personal care attendant	Checkbox
Other (Please specify)	Checkbox
<b><u>SOCIAL PARTICIPATION</u></b>	
SP_New. This year, how much time did this student spend during a typical week doing the following activities?	
SP_New1. Attending classes/labs	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week
SP_New2. Studying/homework	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week
SP_New3. Socializing with friends in person	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week
SP_New4. Exercising or sports	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week

Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
SP_New5. Student clubs and groups	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week
SP_New6. Household/childcare duties	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week
SP_New7. Commuting	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week
SP_New8. Online social networks (Facebook, Twitter, etc.)	-None -< 1 hr. per week -1-2 hrs. per week -3-5 hrs. per week -6-10 hrs. per week -11-15 hrs. per week -16-20 hrs. per week -Over 20 hrs. per week
<b><u>LIVING SITUATION</u></b>	
LS1. Where does this student live? Choose one.	- With Family - In a residence provided by or associated with the IHE - In another residence NOT provided by or associated with the IHE

Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
LS2. In which type of residence not provided by or associated with the IHE or TPSID program does the student live? Choose one.	<ul style="list-style-type: none"> <li>-Independent - on his/her own</li> <li>-Supervised apartment or supported living situation</li> <li>-Group home</li> <li>-Other</li> </ul>
LS3_1. Which type of residence offered by or associated with IHE or TPSID program does the student live? Select one.	<ul style="list-style-type: none"> <li>- Residence hall</li> <li>- On-campus apartment</li> <li>- Off-campus apartment</li> <li>- Other</li> </ul>
LS3_2. Which of the following best describes this residence? Select one.	<ul style="list-style-type: none"> <li>- Available to all IHE students</li> <li>- Specifically for TPSID students</li> </ul>
LS4. Which of the following residential supports does the student receive? Check all that apply.	
None	Checkbox
Roommate/suitemate who receives compensation	Checkbox
An uncompensated roommate/suitemate who provides supports	Checkbox
Residential Assistant or Advisor who provides supports	Checkbox
Continuous staff support	Checkbox
Intermittent or on-call staff support	Checkbox
Other support (please specify: _____)	Checkbox
<b>STUDENT EXIT SURVEY</b>	
EX1. What was this individual's date of exit: mm/dd/yyyy	
EX2. What were the reasons for the individual's exit? Check all that apply	
Completed TPSID program and earned TPSID credential <i>skip to question EX3</i>	Checkbox
Completed degree or certificate program available to TPSID and non-TPSID students <i>skip to question EX3</i>	Checkbox
Transferred to another postsecondary education program Go to EX2a and Skip EX3 and EX4-EX4d if they did not complete the TPSID program or earn a degree	Checkbox
Student no longer wanted to attend TPSID program Please specify why: _____ <i>then skip to question EX3a</i>	Checkbox
Student was dismissed from TPSID program. Please specify why: _____ <i>then skip to question EX3a</i>	Checkbox
Unknown <i>skip to question EX3a</i>	Checkbox
Other reason, please specify: _____ <i>then skip to question EX3a</i>	Checkbox
EX2a. Which type of program did the student indicate plans to transfer to?	
A specialized postsecondary education program for students with ID:	Checkbox
A general postsecondary education program for students with and without ID:	Checkbox

Question Text	Response Choices - Choose one response questions have a list. Checkbox items say Checkbox and the text in column A is the choice
<b>Academic Achievements</b>	
EX3. Which types of credential or credentials did this individual earn? Check all that apply and specify when checked	
Associate degree granted by the Institution of Higher Education available to both TPSID and non-TPSID students	Checkbox
Bachelor's degree granted by the Institution of Higher Education available to both TPSID and non-TPSID students	Checkbox
Certificate granted by the Institution of Higher Education available to both TPSID and non-TPSID students	Checkbox
Certificate specifically for TPSID students granted by the Institution of Higher Education and not available to other students	Checkbox
Specialized certificate or other exit document specifically for TPSID students granted by the TPSID program (Not the hosting IHE) and not available to other students	Checkbox
Specialized certificate designed for TPSID students issued from the local education agency not available to other students	Checkbox
Another credential not listed (Please specify: _____).	Checkbox
<b>Employment/Career development</b>	
EX5. Which of the following unpaid/volunteer experiences was this individual participating in at program exit? Check all that apply	
This individual did not participate in unpaid/volunteer experiences at the time of exit from the program	Checkbox
Service learning opportunities	Checkbox
Unpaid internships (for credit and not for-credit)	Checkbox
Volunteering and/or Community service	Checkbox
Unpaid individual work training sites	Checkbox
Other unpaid/volunteer experience, (please specify: _____)	Checkbox
<b>Residential</b>	
EX6. In which type of residence did the student live at program exit? Choose one	-With Family -Independent - (alone or with roommates/partner) -Supervised apartment or supported living situation -Campus housing (if student transferred) -Group home -Other
<b>Benefits</b>	
EX7. What types of benefits was this student receiving at program exit? Check all that apply.	
None	Checkbox
SSI (Supplemental Security Income)	Checkbox
SSDI (Social Security Disability Insurance)	Checkbox
Medicaid	Checkbox
Other (please specify: _____)	Checkbox
Don't Know	Checkbox