

OMB No.:
Expiration Date:

INTRODUCTION

We are interested in learning more about how high schools can help young people succeed. Your school district was selected for the research because it received money as part of the Youth CareerConnect (YCC) program that the U.S. Department of Labor (DOL) funded. When DOL gave schools money, it also asked Mathematica Policy Research to conduct a study about high school. This study includes a short survey. Your parent or guardian has given permission for you to participate in this study and complete this survey.

The survey should take around 30 minutes to complete. To thank you for completing the survey, we will send you a gift card worth [FILL \$25 OR \$40]. The card can be used anywhere that a credit or debit card can be used.

The survey will ask about your experiences in school, courses you have taken, your behavior in school, activities, and plans for future education. All the information you give will be protected and used only for research. Your information may be linked with federal or state administrative data, such as your school grades or attendance record, for future study purposes.

Nothing bad will happen to you if you don't want to participate. You can stop being in the study or completing the survey at any time. However, with your input, youth programs can become stronger, more appropriate, and better able to meet youth needs in the future.

If you have any questions about the study or the survey, please feel free to contact Alicia Harrington by phone at 1-844-213-9986 or by e-mail at contact@ycc-study.com. If you have any questions about your rights as a research volunteer, please call the New England Institutional Review Board at 1-800-232-9570.

- Click here if you agree with these statements1 GO TO V1
- Click here if you do not agree with these statements.....0 END

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is xxxx-xxxx. Public reporting burden for this collection of information is voluntary and is estimated to average 30 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Jessica Lohmann at 202-693-5087 or Lohmann.Jessica@DOL.gov and reference the OMB Control Number xxxx-xxxx.

I. IDENTITY VERIFICATION

First, let's confirm some of your information to make sure you are the right person to take this survey.

ALL
FILL: FIRST NAME, MIDDLE NAME AND LAST NAME FROM PRE-LOAD

I1. Is this the correct spelling of your name?

[FILL FIRST NAME] [FILL MIDDLE NAME] [FILL LAST NAME]

- Yes..... 1 GO TO I2
- No, my name is misspelled or has changed.....0 GO TO I1a

HARD CHECK: IF I1 = NO RESPONSE; **Please provide an answer to this question and continue.**

I1=0
FILL FIELDS WITH PRELOADED NAME DATA

I1a. Please correct the spelling of your name below.

First name

 (STRING 20)

Middle name

 (STRING 20)

Last name

 (STRING 20)

HARD CHECK: IF I1a_FirstName = NO RESPONSE; **Please provide the correct spelling of your first name.**

HARD CHECK: IF I1a_LastName = NO RESPONSE; **Please provide the correct spelling of your last name.**

ALL
IF I1 = 1, FILL: **FIRST NAME** FROM PRE-LOAD
IF I1 = 0, FILL: **FIRST NAME** FROM I1A

I2. Are you usually called [FIRST NAME] or do you go by another name?

- I go by [FIRST NAME].....1 GO TO I3
- I go by another name.....0
- NO RESPONSE.....M GO TO I3

I2 = 0

I2a. What other name do you go by?

Name

(STRING 20)

NO RESPONSE
M

ALL

I3. What is your gender?

- Male
.....
1
.....
- Female
.....
0
.....

ALL

I4. What is your date of birth?

PROGRAMMER: INSERT DROPDOWNS WITH FOLLOWING RANGES

Month Day Year

(1-12) (1-31) (1995 - 2005)

NO RESPONSE.....M

SOFT CHECK: IF I4 = NO RESPONSE; **Please provide an answer to this question and continue.**
To continue to the next question without providing a response, click the continue button.

PROGRAMMER VERIFICATION BOX I4

SET DOB_VERIFY:
IF I4 DOB MATCHES PRELOADED DOB, SET DOB_VERIFY = 1 AND SKIP TO SECTION
A;
IF I4 = M, OR I4 DOB DOES NOT MATCH PRELOADED DOB, OR PRELOADED DOB = M,
SET DOB_VERIFY = 0 AND CONTINUE TO I5.

IF I4 = M, OR V4 DOB DOES NOT MATCH PRELOADED DOB, OR PRELOADED DOB = M, SET
DOB_VERIFY = 0

15. There may be a problem with some of our records. A representative from Mathematica will give you a call to verify our information.

PROGRAMMER: DISPLAY THE FOLLOWING QUESTIONS ON THE SAME SCREEN.

What is the best number to reach you?

Check here if you don't have a phone number.....1

Which of the following is the best time to reach you?

PROGRAMMER: DROPDOWN OPTIONS INCLUDE: Anytime, Weekday mornings, Weekday
afternoons, Weekday evenings, Weekend mornings, Weekend afternoons,
 Weekend evenings

What is your personal email address that you check most often? Please do not list a school email address, unless it is the only email address you use.

Check here if you don't have an email.....1

SOFT CHECK: IF I5_phone = NO RESPONSE; **Please provide a phone number so we can help you complete the survey. If you don't have a phone number, please check the box.**

PROGRAMMER VERIFICATION BOX I5.1
SEND CASE TO SUPERVISOR REVIEW.
SEND ALERT WITH THE INFORMATION COLLECTED AT I5.

A. ACADEMICS AND CAREER PREPARATION

We would now like to ask about your school and your school activities.

ALL

A1. During the 2017-2018 school year, are you attending or enrolled in high school?

If you are in school right now, but just on break or vacation, select "yes" below.

- Yes.....1 GO TO A3
- No.....0

HARD CHECK: IF A1 = NO RESPONSE; Please provide an answer to this question and continue.

A1=0

A1a. Did you drop out of high school before graduating?

- Yes.....1
- No.....0
- NO RESPONSE.....M

HARD CHECK: IF A1a = NO RESPONSE; Please provide an answer to this question and continue.

A2. Here are some reasons other people have given for leaving school. Which of these would you say applied to you?

Select all that apply

- You graduated
.....
1
- You obtained your GED
.....
2
- You didn't like school
.....
3
- You couldn't get along with your teachers or fellow students
.....
4
- You felt you didn't belong at school
.....
5
- You did not feel safe at school
.....
6
- You were suspended or expelled from school
.....
7
- You missed too many school days
.....
8
- You couldn't keep up with your schoolwork or were getting poor grades
.....
9
- You thought you would not pass the state competency test or high school requirements
.....
10
- You thought it would be easier to get a GED
.....
11
- You planned to or got married or became the father/mother of a baby
.....
12
- You had to care for a member of your family
.....
13
- You couldn't work and go to school at the same time

.....
14

Some other reason (SPECIFY)

.....
99
.....

Specify (STRING 250)

ALL

IF A1=1: FILL "currently attend in Spring 2018 "

IF A1=0: FILL "last attended"

A3. What is the name and location of the school you [currently attend in Spring 2018 / last attended]?

School Name

City

State (INSERT DROPDOWN)

NO RESPONSE.....M

ALL
IF A2≠1 OR 2: FILL “do you plan to ” IF A2=1 OR 2: FILL “did you”

A3a. In what month and year [do you plan to / did you] obtain your high school diploma or GED?

<input type="text"/>	<input type="text"/>
Month	Year

- I do not plan to get a high school diploma.....M
- NO RESPONSE.....M

ALL
IF A1=1: FILL “do”; IF A1=0: FILL “did” IF A1=1: FILL “currently attend in Spring 2018 ”; IF A1=0: FILL “last attended”

A4. In general, how much [do / did] you like the school you [currently attend in Spring 2018 / last attended]?

Select one only

- I like it a lot
.....
1
.....
- I like it
.....
2
.....
- It's okay
.....
3
.....
- I don't like it at all
.....
4
.....
- NO RESPONSE.....M

ALL
IF A1=0: FILL “If you are not currently enrolled in school, think about the school you last attended.”

The next series of questions are related to activities you may have participated in during high school.

For these questions, think about the school you currently attend in Spring 2018. [If you are not currently enrolled in school, think about the school you last attended.]

Please consider all of your experiences at this school, not only those experiences during the most recent semester.

ALL
IF A1=1: FILL “do”; IF A1=0: FILL “did”
IF A1=1: FILL “learn”; IF A1=0: FILL “learned”
IF A1=1: FILL “improve”; IF A1=0: FILL “improved”
IF A1=1: FILL “talk”; IF A1=0: FILL “talked”
IF A1=1: FILL “teach”; IF A1=0: FILL “taught”
IF A1=1: FILL “count”; IF A1=0: FILL “counted”
IF A1=1: FILL “are”; IF A1=0: FILL “were”

A5. At your school, [do / did] you...

	SELECT ONE PER ROW		
	YES	NO	DON'T KNOW
a. Have a physical space to gather with students who take similar classes?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Have two or more of your classes with the same group of students?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Take two or more classes with the same teacher?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Have a career focus (for example, computers, health) that you [learn / learned] about in two or more classes?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Participate in activities (including classes) that [improve / improved] your computer skills?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Participate in activities (including classes) that [talk / talked] about how to do better in school (for example, how to study or take notes)?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Participate in activities (including classes) that [talk / talked] about what you need to do to be successful at work (for example, show up on time, work in a team, dress appropriately) ?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Participate in activities (including classes) that [teach / taught] you technical skills you can use in a job (for example, computer coding, patient care, video editing, customer service)?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. Have projects that [count/counted] toward your grade in more than one course?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
j. Complete a capstone course that brings together knowledge learned? A capstone course is a class usually completed at the end of high school that uses skills and information you have learned throughout your education.	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
k. Participate in activities (including classes) that prepare you for college entrance exams (such as ACT or SAT) ?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
l. Take dual enrollment courses? These are courses that are taken while you are in high school and, if passed, count towards credit for a college degree.	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
m. Take AP courses?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL

IF A1=1: FILL "or are you currently taking"

A6. Did you take [or are you currently taking] Algebra I?

Yes

.....
1
.....

No

.....
0
.....

.....
GO TO A8
.....

.....
NO RESPONSE.....M GO TO A7

SOFT CHECK: IF A6 = NO RESPONSE; **Please provide an answer to this question to continue.**

To continue to the next question without providing a response, click the continue button.

A6=1

IF A1=1: FILL "IF YOU HAVE TAKEN IT MORE THAN ONCE, ANSWER FOR YOUR MOST RECENT COURSE. IF YOU ARE CURRENTLY TAKING ALGEBRA I, CHOOSE YOUR CURRENT GRADE."; IF A1=0: FILL "IF YOU HAVE TAKEN IT MORE THAN ONCE, ANSWER FOR YOUR MOST RECENT COURSE."

A6a. What grade were you in when you took Algebra I?

[If you have taken it more than once, answer for your most recent course. If you are currently taking Algebra I, choose your current grade. / If you have taken it more than once, answer for your most recent course.]

Select one only

8th grade or earlier

.....
1
.....

9th grade

.....
2
.....

10th grade

.....
3
.....

11th grade

.....
4
.....

12th grade

.....
5

.....

NO RESPONSE.....M

SOFT CHECK: IF A6a = NO RESPONSE; Please provide an answer to this question to continue.

To continue to the next question without providing a response, click the continue button.

A6=1

A6b. What was your final grade in Algebra I?

Select one only

- A (between 90-100)
.....
1
.....
- B (between 80-89)
.....
2
.....
- C (between 70-79)
.....
3
.....
- D (between 60-69)
.....
4
.....
- Below D (anything less than 60)
.....
5
.....
- Your class was not graded
.....
6
.....
- You haven't completed the course yet
.....
7
.....
- NO RESPONSE.....M

SOFT CHECK: IF A6b = NO RESPONSE; **Please provide an answer to this question to continue.**
To continue to the next question without providing a response, click the continue button.

A6=1 OR M

IF A1=1: FILL "or are you currently taking"

A7. Did you take [or are you currently taking] Algebra II?

- Yes
.....
1
.....
- No

.....
0

.....
GO TO A8

.....
NO RESPONSE.....M GO TO A8

SOFT CHECK: IF A7 = NO RESPONSE; Please provide an answer to this question to continue.
To continue to the next question without providing a response, click the continue button.

A7=1

IF A1=1: FILL "If you have taken it more than once, answer for your most recent course. If you are currently taking Algebra II, choose your current grade."; IF A1=0: FILL "If you have taken it more than once, answer for your most recent course."

A7a. What grade were you in when you took Algebra II?

[If you have taken it more than once, answer for your most recent course. If you are currently taking Algebra II, choose your current grade. / If you have taken it more than once, answer for your most recent course.]

Select one only

- 8th grade or earlier
.....
1
.....
- 9th grade
.....
2
.....
- 10th grade
.....
3
.....
- 11th grade
.....
4
.....
- 12th grade
.....
5
.....
- NO RESPONSE.....M

SOFT CHECK: IF A7a = NO RESPONSE; **Please provide an answer to this question to continue.**
To continue to the next question without providing a response, click the continue button.

A7=1

A7b. What was your final grade in Algebra II?

Select one only

- A (between 90-100)
.....
1
.....
- B (between 80-89)

-
 2

- C (between 70-79)

- 3

- D (between 60-69)

- 4

- Below D (anything less than 60)

- 5

- Your class was not graded

- 6

- You haven't completed the course yet

- 7

- NO RESPONSE.....M

SOFT CHECK: IF A7b = NO RESPONSE; Please provide an answer to this question to continue.
To continue to the next question without providing a response, click the continue button.

ALL

FILL SCHOOL START DATE FROM PRELOAD

IF A1=0: FILL "If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended."

A8. Since [SCHOOL START DATE], did you do any of the following work-based learning activities through your school? [If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended.]

	SELECT ONE PER ROW		
	YES	NO	DON'T KNOW
a. Take field trips to workplaces	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Follow someone around <u>one-on-one</u> at work to learn what they do	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Follow someone around <u>as part of a group</u> at work to learn what they do	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Regularly talk <u>one-on-one</u> with someone from outside of school about jobs (mentor)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Regularly talk <u>as part of a group</u> with someone from outside of school about jobs (mentor)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Regularly talk <u>one-on-one</u> with someone from your school other than a counselor about school (mentor)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Regularly talk <u>as part of a group</u> with someone from your school other than a counselor about school (mentor)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Have a paid internship	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. Have an unpaid internship	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
j. Work in a school-based enterprise where you made things or provided services for customers or clients (for example, operating a student store or restaurant, designing websites or apps, making videos or building structures)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
k. Practice interviewing	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
l. Work on developing a resume	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
m. Learn how to negotiate a salary for a job	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL

FILL **SCHOOL START DATE** FROM PRELOAD

FILL **LOCAL AJC** FROM PRELOAD

IF A1=0: FILL "IF YOU WERE NOT ENROLLED IN SCHOOL ON [SCHOOL START DATE], THINK ABOUT THE SCHOOL YOU LAST ATTENDED."

A9. Since [SCHOOL START DATE], did you do any of the following career preparation activities through your school? [If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended.]

SELECT ONE PER ROW

	YES	NO	DON'T KNOW
a. Learn how to work in a team	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Learn how to make decisions	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Learn how to lead a team	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Learn how to handle conflict	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Learn how to be a good citizen	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Do community service learning. Community service learning is a hands-on learning activity for students that also includes a community service component.	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Take a test to see what career interests you have	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Take a test to see how ready you are for work (for example, WorkKeys or other job skills assessment tools)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. Earn a "badge" for a specific skill, talent or other achievement.	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
j. Take courses that lead to an industry-recognized credential	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
k. Prepare for a certification exam	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
l. Get a license or certificate that would help you get a job	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
m. Get an apprenticeship	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
n. Get referred to and enroll in a training program outside of school	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
o. Get referred to a program at [LOCAL AMERICAN JOB CENTER]	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL

FILL SCHOOL START DATE FROM PRELOAD

IF A1=0: FILL "IF YOU WERE NOT ENROLLED IN SCHOOL ON [SCHOOL START DATE], THINK ABOUT THE SCHOOL YOU LAST ATTENDED."

A10. Since [SCHOOL START DATE], did **your school** pay for any of the following? [If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended.]

SELECT ONE PER ROW

	YES	NO	DON'T KNOW
a. Test fees (for example, SAT or ACT, certification examinations)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. School supplies (for example, laptops or textbooks)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Work clothes or uniforms	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Work-related equipment (for example, drafting tools, personal computer)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Transportation (for example, bus transportation or passes, car rides to school activities)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Childcare	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Other dependent care (for example, elder care)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL

FILL SCHOOL START DATE FROM PRELOAD

IF A1=0: FILL "IF YOU WERE NOT ENROLLED IN SCHOOL ON [SCHOOL START DATE], THINK ABOUT THE SCHOOL YOU LAST ATTENDED."

A11. Since [SCHOOL START DATE], did you get any of the following support services at school? [If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended.]

SELECT ONE PER ROW

	YES	NO	DON'T KNOW
a. Individualized tutoring	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Homework assistance	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Special education programs or services (such as an IEP)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Help with making up credit for classes you didn't take or pass (credit recovery)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL

FILL SCHOOL START DATE FROM PRELOAD

IF A1=0: FILL "IF YOU WERE NOT ENROLLED IN SCHOOL ON [SCHOOL START DATE], THINK ABOUT THE SCHOOL YOU LAST ATTENDED."

A12. Since [SCHOOL START DATE], did you receive any of the following support services at school? [If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended.]

SELECT ONE PER ROW

	YES	NO	DON'T KNOW
a. Health care services/referrals	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Leadership development opportunities	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Psychological counseling either at school or referred for services outside school	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Training in peer counseling	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Services for English language learners	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Services for students with physical disabilities	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Services for students from low-income families	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Services for pregnant and parenting students	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL

FILL SCHOOL START DATE FROM PRELOAD

IF A1=0: FILL "IF YOU WERE NOT ENROLLED IN SCHOOL ON [SCHOOL START DATE], THINK ABOUT THE SCHOOL YOU LAST ATTENDED."

A13. Since [SCHOOL START DATE], did you receive any support services at school other than the ones previously listed? [If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended.]

(STRING 250)

ALL

FILL SCHOOL START DATE FROM PRELOAD

IF A1=0: FILL "IF YOU WERE NOT ENROLLED IN SCHOOL ON [SCHOOL START DATE], THINK ABOUT THE SCHOOL YOU LAST ATTENDED."

A14. Since [SCHOOL START DATE], as part of your school activities, did you do any of the following related to making plans for your future? [If you were not enrolled in school on [SCHOOL START DATE], think about the school you last attended.]

SELECT ONE PER ROW

	YES	NO	DON'T KNOW
a. Visit one or more 2-year college campuses	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Visit one or more 4-year college campuses	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Have someone from college come talk to your high school classes	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Talk to a counselor about which classes to take	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Talk to a counselor about going to college or education goals	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Talk to a counselor about your work or career goals	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Get assistance with financial aid planning	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Get assistance with completing a Free Application for Federal Student Aid (FAFSA)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. Get assistance with learning how to apply to college	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL

A15. Do you feel that you...

SELECT ONE PER ROW

	YES	NO	DON'T KNOW
a. Understand what courses you need to take to attend a 4-year college?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Understand what courses you need to take to attend a 2-year college?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Understand what courses you need to take to graduate from high school?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Understand what kind of education or training you need beyond high school to have the kind of career you want?	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

ALL
IF A1=1: FILL "are"; IF A1=0: FILL "were" IF A1=0: FILL "in the last term before you dropped out"

A16. How important [are / were] good grades to you [in the last term before you dropped out]?

Select one only

- Very important
.....
1
.....
- Important
.....
2
.....
- Somewhat important
.....
3
.....
- Not important at all
.....
4
.....
- NO RESPONSE.....M

ALL
IF A1=1: FILL "is" IF A1=0: FILL "was" IF A1=1: FILL "do" IF A1=0: FILL "did"

A17. In a typical week when school [is / was] in session, about how much time [do / did] you spend on homework?

Description	Hours
a. Time spent on homework during school hours , such as during study hall	<input type="text"/> (RANGE 0-168)
b. Time spent on homework before or after school hours on weekdays	<input type="text"/> (RANGE 0-168)
c. Time spent on homework during the weekend	<input type="text"/> (RANGE 0-168)

ALL

A18. Did you participate in the following school-sponsored activities in the past twelve months?

PROGRAMMER: ITEM H SHOULD BE AN EXCLUSIVE RESPONSE AND IF H=1, SKIP TO A20.

SELECT ONE PER ROW

	YES	NO
a. Sports	1 <input type="radio"/>	0 <input type="radio"/>
b. Band, orchestra, chorus, choir, school play, or musical	1 <input type="radio"/>	0 <input type="radio"/>
c. Student government	1 <input type="radio"/>	0 <input type="radio"/>
d. National Junior Honor Society (NJHS) or other academic honor society	1 <input type="radio"/>	0 <input type="radio"/>
e. Clubs such as service clubs, academic clubs, hobby clubs, school yearbook, newspaper, or literary magazine	1 <input type="radio"/>	0 <input type="radio"/>
f. Vocational education club or vocational student organization (for example, DECA, VICA, FFA, FHA)	1 <input type="radio"/>	0 <input type="radio"/>
g. Something else (<i>specify</i>) <input type="text"/>	1 <input type="radio"/>	0 <input type="radio"/>
h. Did not participate in any school-sponsored activities	1 <input type="radio"/>	

IF A18A, B, C, D, E, F, OR G=1

FILL EACH ITEM BASED ON WHETHER A18A, B, C, D, E, F, OR G=1

A19. How many of each type of activity did you participate in the past twelve months?

PROGRAMMER: ONLY DISPLAY ITEMS THAT =1 IN A18.

	NUMBER OF SUCH ACTIVITIES
a. Sports	<input type="text"/> (RANGE 1-10)
b. Band, orchestra, chorus, choir, school play, or musical	<input type="text"/> (RANGE 1-10)
c. Student government	<input type="text"/> (RANGE 1-10)
d. National Junior Honor Society (NJHS) or other academic honor society	<input type="text"/> (RANGE 1-10)
e. Clubs such as service clubs, academic clubs, hobby clubs, school yearbook, newspaper, or literary magazine	<input type="text"/> (RANGE 1-10)
f. Vocational education club or vocational student organization (for example, DECA, VICA, FFA, FHA)	<input type="text"/> (RANGE 1-10)
g. Something else (<i>specify</i>) <input type="text"/>	<input type="text"/> (RANGE 1-10)

ALL

A20. How many times did the following things happen during the past 3 months in which you were in school?

SELECT ONE PER ROW

	NEVER	1-2 TIMES	3-4 TIMES	5 OR MORE TIMES
a. I was late for school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I cut or skipped classes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I had an unexcused absence from school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I got in trouble for not following school rules	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I was suspended or put on probation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

B. EDUCATION PLANS

The next few questions ask about your educational achievements and plans for the future.

ALL

B1. Do you currently hold any degrees, certificates or licenses that you got through your high school coursework or activities? For example, you may have earned a CNA license or a certification for CPR, Microsoft Office programs, Adobe, OSHA, AutoCAD, or other occupational skills.

Yes

.....
1
.....

No.....0 GO TO B3

Don't know.....d

NO RESPONSE.....M GO TO B3

B1=1

B2. What degrees, certificates or licenses did you get?

Degree/Certificate/License (STRING 250)

Degree/Certificate/License (STRING 250)

Degree/Certificate/License (STRING 250)

Don't know.....d

NO RESPONSE.....M

ALL

B3. Do you think you will receive a vocational certificate?

A vocational certificate is a certificate from a college or trade school for completion of a program providing job-focused training for specific careers such as physician's assistants, paralegals, pharmacy technicians, automotive mechanics, or information systems programmers.

I already have one.....2

Yes

.....
1
.....

- No.....0
- I don't know.....d
- NO RESPONSE.....M

ALL

B4. As things stand now, how far do you think you will get in school?

SELECT ONE ONLY

- Less than high school degree (will not graduate or get a general education development (GED) certificate)
.....
1
- High school diploma or GED.....2
- Technical or trade school.....3
- 2-year college graduate.....4
- 4-year college graduate.....5
- Masters, Ph.D. or other advanced degree (such as an MD for doctors or LLD for lawyers)
.....
6
- I don't know.....d
- NO RESPONSE.....M

ALL

B5. As things stand now, what is the job or occupation that you expect to have at age 30?

Job title

(STRING 20)

- I don't plan to be working at age 30
0
- I don't know
d

NO RESPONSE

.....
M
.....

B5 != 0, M, OR D

B6. How certain are you that this will be your job or occupation at age 30?

SELECT ONE ONLY

- Very certain
.....
1
- Fairly certain.....2
- Not certain.....3
- NO RESPONSE.....M

C. WORK EXPERIENCE

The next questions are about your work experience.

ALL

C1. Have you ever worked for pay, not counting work around the house?

SELECT ONE ONLY

- Yes, I currently have a job
.....
1
.....
- Yes, I have worked in the past but am not currently working.....2

When did your last job end?

MONTH DAY YEAR
(1-12) (1-31) (2012-2017)

- No, I have never had a job.....0 GO TO D 1
- NO RESPONSE.....M GO TO D
-1

C1=1 OR 2

C2. Was this work...

SELECT ONE ONLY

- During the summer?
.....
1
- During the school year?
.....
2
- Both, during the school year and the summer?
.....
3
- NO RESPONSE.....M

C1=1 OR 2

C2a. Have you ever had a job arranged through your school?

- Yes
.....
1
- No

.....
0

I don't know

.....
d

NO RESPONSE.....M

C1= 1 OR 2

IF C1=1: "How many hours per week do you currently work at all paid jobs? "

IF C1=2: "If you are not currently working, how many hours per week did you work at your most recent job"

C3. [How many hours per week do you currently work at all paid jobs? / If you are not currently working, how many hours per week did you work at your most recent job?] Your best guess is fine.

HOURS PER WEEK

(RANGE 1-80)

NO RESPONSE..... M

C1= 1 OR 2

IF C1=1: "currently work "

IF C1=2: "most recently worked"

IF C1=1: "work "

IF C1=2: "worked"

C4. In a few words, please describe where you [currently work / most recently worked].

For example, the name of the restaurant or store.

If you [work /worked] at more than one job, please tell us about the one in which you [work / worked] the most hours.

(STRING 250)

NO RESPONSE..... M

C1= 1 OR 2

IF C1=1: "at your current job "

IF C1=2: "at your most recent job"

IF C1=1: "work "

IF C1=2: "worked"

C4a. In a few words, please describe your job title [at your current job / at your most recent job].

For example, babysitter, cashier, or cook.

If you [work /worked] at more than one job, please tell us about the one in which you [work / worked] the most hours.

(STRING 250)

NO RESPONSE..... M

C1= 1 OR 2

IF C1=1: "are at your current job "

IF C1=2: "were at your most recent job"

IF C1=1: "work "

IF C1=2: "worked"

C4b. In a few words, please describe what your duties [are at your current job / were at your most recent job].

For example, mowed lawns or stocked shelves.

If you [work /worked] at more than one job, please tell us about the one in which you [work / worked] the most hours.

(STRING 250)

NO RESPONSE.....M

D. MORE ABOUT YOU

The next few questions ask your opinions and other experiences.

ALL

D1. Here are some statements related to how you may feel about yourself. For each statement, please indicate how much each item is like you. Be honest – there are no right or wrong answers.

	SELECT ONE PER ROW				
	VERY MUCH LIKE ME	MOSTL Y LIKE ME	SOMEWHAT LIKE ME	NOT MUCH LIKE ME	NOT LIKE ME AT ALL
a. New ideas and projects sometimes distract me from previous ones.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Delays and obstacles don't discourage me. I bounce back from disappointments faster than most people.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I have been obsessed with a certain idea or project for a short time but later lost interest.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I am a hard worker.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I often set a goal but later choose to follow a different one.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I have difficulty keeping my focus on projects that take more than a few months to complete.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. I finish whatever I begin.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. I am diligent.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

ALL

D2. Do you have any children?

Yes

.....
1
.....

No.....0 GO TO D4

NO RESPONSE.....M GO TO D4

IF D2=1

D3. Do the children live with you?

- Yes
.....
1
.....
- No.....0
NO RESPONSE.....M

IF D3=0

D3a. Do the children rely on you for financial support?

- Yes
.....
1
.....
- No.....0
NO RESPONSE.....M

ALL

D4. Have you done any of the following?

In the table below, mark if you have ever done the activity in the first column. In the second column, mark if you have done the activity in the last month.

As a reminder, all responses you provide are private and will not be shared with your school or parent/guardian.

PROGRAMMER: IF R SELECTS "NO" FOR AN ITEM, THEY SHOULD NOT BE ABLE TO CHECK OFF "LAST MONTH"

SELECT ONE PER ROW PER COLUMN

	EVER		LAST MONTH
	YES	NO	
a. Drank alcohol	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
b. Used or tried marijuana	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
c. Used or tried another kind of drug	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>

ALL

D5. Have you ever been arrested or taken into custody for a crime or illegal offense?

- Yes.....1
- No.....0 GO TO E1
- NO RESPONSE.....M GO TO E1

IF E4=1

D6. How many times have you been arrested or taken into custody for a crime or illegal offense?

NUMBER OF ARRESTS

NO RESPONSE.....M

E. GIFT CARD INFO

ALL

- E1. These last questions are about how to contact you. We will be sending your gift card in the next two weeks and need to make sure we have your correct address.**

What is your mailing address?

(STRING 200)

Street Address 1

(STRING 200)

Street Address 2

(STRING 200)

City

(INSERT DROPDOWN)

State

(STRING 10)

Zip

HOME PHONE

CELL PHONE

WORK PHONE

OTHER PHONE

NO RESPONSE.....M

IF ANY E1 PHONE COMPLETED

- E2. In whose name is the above home telephone number listed?**

(STRING 20)

First Name

(STRING 20)

Last Name

NO RESPONSE.....M

Thank you for taking the time to complete this survey.