THINK COLLEGE EVALUATION SYSTEM

PROGRAM LEVEL DATA

DEMOGRAPHICS

PD11. Please provide the number of applicants, as well as the number accepted to your program, for the 2019-2020 academic year:

PD11a1. Number of in-state applicants (accepted or rejected): _____

PD11a2. Number of in-state applicants who were accepted: _____

PD11b1. Number of out-of-state applicants (accepted or rejected): _____

PD11b2. Number of out-of-state applicants who were accepted: _____

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):

PD3. Is your TPSID affiliated with, or housed within, a particular school, college, academic department, or administrative office within your IHE?
- ☐ Yes - what is the name of the school, college, academic department, or administrative office?
- ☐ No

PD6a_1. What are the program's total operating expenses? $_____

PD6b. What were the total expenses for TPSID personnel this year? (By this, we mean the amount of money needed to pay for all wages, salaries, benefits, and other compensation for TPSID personnel. The purpose is to understand what is needed to adequately staff postsecondary programs for students with ID.) $___

PD7. Does your program operate during the summer months? (By operate, we mean do students attend your program during the summer to enroll in classes or receive other services or supports. If your program does not support students during the summer, you should answer "No.")
- ☐ Yes
- ☐ No

Total FTEs. Total FTEs this year (this is calculated based off of the staff records): ##.##
An FTE is the hours worked by one employee on a full-time basis (40 hours per week). The concept is used to convert the hours worked by several part-time employees into the hours worked by full-time employees.

PD12. Is the number above an accurate representation of the total number of FTEs needed to operate your program?
- ☐ Yes
- ☐ No

STUDENT CHARGES - Please provide a response for each charge type used by your program

In this section we collect information on charges to students who attend your program, including *tuition*, *fees*, and *room and board*. For the purpose of this collection:

- Tuition refers to the amount of money charged to students for instructional services.
- Required fees include all fixed sum charges that are REQUIRED of a majority of program students.
- Room refers to charges for rooming accommodations for a typical program student.
- Board refers to charges assessed to program students for an academic year for meals.

CH_Type. 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

CH_Total. What are the *average total charges* (including tuition, required fees, room and board) for this type of student to attend your Program? ___

CH_Comp. 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. (Complete Comprehensive fee components.)

Comprehensive Fee Components (Fill this out only if your program charges a comprehensive fee. Otherwise, skip to CH_Categories.)
- ☐ Tuition
- ☐ Required Fees
- ☐ Room
- ☐ Board
- ☐ Other - Please specify: _____

CH_Categories. Please indicate the categories for which you charge this type of student for each category selected.
- ☐ Tuition (if selected, specify the average charge to a Program student: $_____)
- ☐ Required Fees (if selected, specify the average charge to a Program student: $_____)
- ☐ Room (if selected, specify the average charge to a Program student: $_____)
- ☐ Board (if selected, specify the average charge to a Program student: $_____)

STAFF – This information is reported for each person who is considered a staff member for your program

Staff1. What type of employee best describes this staff member's job?

- ☐ Full professor
- ☐ Associate professor
- ☐ Assistant professor
- ☐ Junior professor
- ☐ Adjunct/Part time professor
- ☐ Dean or other Administrator
- ☐ Research staff
- ☐ Program staff
- ☐ Administrative staff
- ☐ Graduate student
- ☐ Undergraduate student

Staff 2_1. Please enter the average number of hours per week this person works for this TPSID campus. (If this person works for more than one TPSID site, enter the number of hours they work for this site.):

Weeks worked. If this person does not work the entire year, please enter the number of weeks out of the year that they work for the program here:_____

Staff4. Is this person paid using funds from your TPSID Grant?
- ☐ Yes
- ☐ No

ACADEMIC ACCESS

AA1. Are TPSID students required to take placement or ability to benefit tests in order to register for classes at your IHE?
- ☐ Yes
- ☐ No

For the next item, we ask you to provide information on your IHE's certificate/credential approval process. If this information is available on a public web page, you can provide a link to it under question AA2a. If you prefer to upload a document, you can upload this under question AA2b.

AA2a. If you have a webpage for your IHE's certificate/credential approval process, please provide a link to it here. (If you do not have a web page, go to AA2b.): _____

AA2b. Please upload a document on your IHE's certificate/credential approval process here:

CREDENTIALS OFFERED

Please provide the following information about the credential your program has **created.** Credentials that are already in existence at your IHE (e.g., certificates, associate degrees, bachelor's degrees) that TPSID students can access but that were not developed by your program *should not* be entered here.

Note: this form should be filled out for **each** credential your program has created.

Credential 1. Which type of credential are you reporting?
- ☐ Postsecondary award or certificate
- ☐ Associate degree
- ☐ Bachelor's Degree
- ☐ No credential is awarded
- ☐ Other. Please specify: _____

Credential 2. What is the name of this credential?: _____

Credential 3. Was this credential available prior to your initial TPSID grant funding?
- ☐ Yes
- ☐ No

Credential 4. Is it approved through IHE governance structure?
- ☐ Yes
- ☐ No

For Credential 5 The term ''industry-recognized'' credential means a credential that:

> A. is sought or accepted by employers within the industry or sector involved as a recognized, preferred, or required credential for recruitment, screening, hiring, retention or advancement purposes; and,

> B. where appropriate, is endorsed by a nationally recognized trade association or organization representing a significant part of the industry or sector.

Credential 5. Is it aligned with an industry-recognized credential?
- ☐ Yes, please specify: _____
- ☐ No

Credential 6. Can students who are not in the TPSID program earn the credential?
- ☐ Yes
- ☐ No

Credential 7. Who awards the credential upon completion?
- ☐ IHE
- ☐ IHE Continuing Education Department/School
- ☐ TPSID
- ☐ Local Education Agency

Credential 8. What is the typical (or expected) amount of time it will take for a student to earn this credential? Please answer both A and B.

A	B
☐ Less than 1	☐ Academic year(s)
☐ 1	☐ Semester(s)
☐ 2	☐ Trimester(s)
☐ 3	☐ Quarter(s)
☐ 4	☐ Other unit of time, specify: _____
☐ 5	
☐ 6	
☐ 7	
☐ 8	
☐ 9	
☐ 10	
☐ More than 10	

EMPLOYMENT AND CAREER DEVELOPMENT

EC1. Who provides the employment services or work-related direct supports for the students in your program? Check all that apply.

- ☐ We do not provide employment services or direct supports for the students in our program
- ☐ Our program's staff
- ☐ Career Services staff available to all students attending the IHE
- ☐ Peer mentors or supports
- ☐ LEA transition staff for dually-enrolled students
- ☐ State Vocational Rehabilitation Staff
- ☐ State Intellectual and Developmental Disability agency staff
- ☐ Separate/Contracted employment service provider
- ☐ Supervisors at the worksite
- ☐ Coworkers at the worksite
- ☐ Other (please specify:_____)

SOCIAL OPPORTUNITIES

SO1. Are TPSID students allowed to join registered student organizations at the IHE?
- ☐ Yes
- ☐ No

SO2. Have any of your TPSID students joined a registered student organization?
- ☐ Yes
- ☐ No

SO3. Are TPSID students allowed to attend social events on campus that are only available

to students at the IHE?
- ☐ Yes
- ☐ No

SO4. Have any of your TPSID students attended social events on campus that are only available to students at the IHE?
- ☐ Yes
- ☐ No

PLANNING AND ADVISING

PA1. Does the program use Person Centered Planning with participating students?
- ☐ Yes
- ☐ No

PA4. What is this program using for an academic advising process? Select one.

- ☐ Regular advising used by all students
- ☐ Separate advising system specially designed only for our program's students and administered by program staff
- ☐ Both

RESIDENTIAL ACCESS

RA1. Does this IHE provide institutionally owned/affiliated/operated housing for students?
- ☐ Yes, *Answer question RA2*
- ☐ No

RA2. Do this program's students have the opportunity to access this housing?
- ☐ Yes
- ☐ No

PEER SUPPORTS

PS1. Does your program use peer mentors?
- ☐ Yes, *Answer question* PS2
- ☐ No *There are no additional questions to answer in this section*

PS2. In which areas do peer mentors support this program's students? Check all that apply.
- ☐ Social
- ☐ Academic
- ☐ Independent living
- ☐ Employment
- ☐ Transportation
- ☐ Other (please specify:_____)

INTEGRATION WITH INSTITUTION OF HIGHER EDUCATION

IIHE1. Do any TPSID staff participate in existing IHE professional development?
- ☐ Yes
- ☐ No

IIHE7. Do this program's students follow the academic calendar used by the IHE?
- ☐ Yes
- ☐ No

IIHE8. Are this program's students held to the IHE's code of conduct?
- ☐ Yes, *Answer question IIHE9*
- ☐ No *Skip to question IIHE10*

IIHE9. How is this code of conduct shared with this program's students? Check all that apply.
- ☐ Reviewed with student
- ☐ Student is given a copy of the code of conduct
- ☐ Code of conduct is available but is not reviewed with or given directly to students
- ☐ Other (Please specify:_____)

IIHE_10_New. What types of strategies are used to communicate with family members of students attending this TPSID?
- ☐ The same communication strategies used for all students at the 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 this program's students receive a transcript? Select one.
- ☐ Yes, a regular transcript received by non-program students
- ☐ Yes, a transcript specifically for program students
- ☐ Yes, a regular transcript *and* a transcript specifically for program students
- ☐ No, they do not receive a transcript

IIHE12. Are this program's students issued ID cards?
- ☐ Yes
- ☐ No

IIHE15_1. Do students attend the regular orientation for new students at the IHE?
- ☐ Yes
- ☐ No

IIHE15_2. Do family members of students attend the regular orientation for new students at the IHE?
- ☐ Yes
- ☐ No

IIHE15_3. Do you provide a special orientation for TPSID students?
- ☐ Yes
- ☐ No

IHE15_4. Do you provide a special orientation for family members of TPSID students?
- ☐ Yes
- ☐ No

IIHE16. To the best of your knowledge, have this program's students used any of the following IHE resources in the past year? Check all that apply.

- ☐ Health center/counseling services
- ☐ Career services
- ☐ Registrar, Bursar, or financial aid office
- ☐ Tutoring services
- ☐ Library
- ☐ Bookstores
- ☐ Computer lab/Student IT services
- ☐ Sports and recreational facilities or Arts/cultural center
- ☐ Student center or Dining hall
- ☐ Disability services office
- ☐ Residential life
- ☐ Off-campus housing services
- ☐ Student did not use any of these resources this year

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
- ☐ Limits access to campus services, such as health services
- ☐ Not allowed to participate in graduation
- ☐ Not able to earn a credential other than TPSID credential
- ☐ Not considered alumni of the IHE
- ☐ Other

IIHE17. Please indicate if your IHE hosts a TRIO, GEAR UP or other college access program. Check all that apply. For information on TRIO Programs see: https://www2.ed.gov/about/offices/list/ope/trio/index.html. For information on GEAR UP programs see: https://www2.ed.gov/programs/gearup/index.html.
- ☐ TRIO
- ☐ GEAR UP
- ☐ Other college access program

IIHE18_1. If TRIO is checked, do you collaborate with this TRIO program?
- ☐ Yes
- ☐ No

IIHE19_1. If TRIO is checked, do your students receive services from this TRIO program?
- ☐ Yes
- ☐ No

IIHE18_2. If GEAR UP is checked, do you collaborate with this GEAR UP program?
- ☐ Yes
- ☐ No

IIHE19_2. If GEAR UP is checked, do your students receive services from this GEAR UP program?
- ☐ Yes
- ☐ No

IIHE18_3. If other college access program is checked, do you collaborate with this program?
- ☐ Yes
- ☐ No

IIHE19_3. If other college access program is checked, do your students receive services from this program?
- ☐ Yes
- ☐ No

COLLABORATION WITH OTHER PARTNERS – Report this information for each partner

CP1_New. Please select the organization the TPSID has an active partnership with:
- ☐ Education Agencies (K-12 Local and/or Regional)
- ☐ Community Rehabilitation Provider(s)
- ☐ Advocacy Groups
- ☐ Employers
- ☐ Vocational Rehabilitation
- ☐ State intellectual/Developmental Disability (IDD) services agency
- ☐ University Centers for Excellence in Developmental Disabilities (UCEDDs)
- ☐ Developmental disability councils (DD Councils)
- ☐ Other

CP_VR1. / Does your TPSID collaborate with your state Vocational Rehabilitation services to provide pre-employment transition services under WIOA?
- ☐ Yes
- ☐ No

If yes, in collaboration with state VR services do you provide to your TPSID participants:
- ☐ CP_VR1a. Self-advocacy instruction
- ☐ CP_VR1b. Work-based learning experiences
- ☐ CP_VR1c. Social skills and work place skills development

CP2. How frequently does this program interact with this organization? Check one.
- ☐ Annually
- ☐ Bi-annually
- ☐ Quarterly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily

CP3: What functions does this partner serve? Check all that apply.
- ☐ Advisory board/consultant
- ☐ Provides training to TPSID staff
- ☐ Provides direct service to TPSID students
- ☐ Provides career development opportunities for students
- ☐ Provides paid jobs for students
- ☐ Other

For VR partners, please describe the services VR provides to students: _

_____

CP4. Does this partner provide any of the following? Check all that apply.
- ☐ Funds for student tuition
- ☐ Funds for other student expenses (e.g., fees, room, board etc.)
- ☐ Funds for other program expenses (e.g., operating expenses)

FUNDING SOURCES

FS1. Which of the following sources of funds are you using to support the development, implementation, and operation of this program (e.g. to pay program staff & other expenses)? Check all that apply.
- ☐ IHE resources
- ☐ Medicaid
- ☐ Local school districts (LEDs)
- ☐ Other government-funded grants
- ☐ Private foundation grants
- ☐ Funding from state budget
- ☐ State intellectual/developmental disability (IDD) services agency funds
- ☐ State Vocational Rehabilitation agency funds
- ☐ Student tuition and fees
- ☐ Individual and/or corporate donors
- ☐ Other funding sources (please specify:_____)
- ☐ We don't use any of the sources listed above

FS2. How is your program meeting the match requirements for this the grant? Check all that apply.

Notes on matching funds requirement: In the FY 2015 competition, applicants were told they are required to get a matching contribution equal to at least 25 percent of the cost of the project, from non- Federal funds. Although matching funds can come from a variety of sources, including consortia members, the IHE to which these funds are obligated will remain the fiscal agent during the project performance period, and therefore will be responsible for the managing, documenting, and reporting of activities associated with these matching funds. The fiscal agent is responsible for maintaining records on the documented match for three years beyond the life of the grant.
- ☐ In-kind contributions
- ☐ Other monetary contributions

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.

Approved CTPs
FS3_1_1. (If FS3 = "We are an approved CTP") When did you submit your application? mm/dd/yyyy

FS3_1_2. (If FS3 = "We are an approved CTP") When did you receive approval? mm/dd/yyyy

Approved OR applied to become CTP
FS3_NCC2. (If FS3 = "We are an approved CTP" or "We have applied to become a CTP and are awaiting a response") Did you use resources developed by or provided by the NCC during your CTP application?
- ☐ Yes
- ☐ No

FS3_NCC1. If yes, how helpful were these resources?
- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not helpful at all

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, application components, etc.?
- ☐ Yes
- ☐ No

FS3_2_3. If yes, please describe these challenges:

Considering CTP
FS3_NCC. (IF FS3 = "We are considering becoming a CTP") Do you plan to use resources developed by or provided by the NCC as you consider a CTP application?
- ☐ Yes
- ☐ No

Not Considering
Please tell us why you are not considering becoming a CTP:

EVALUATION ACTIVITIES

EA4. Does your IHE and/or program collect follow-up data on students who exited this program (with or without a credential)? Select one.

- ☐ Yes, *Answer question EA5*
- ☐ No *There are no additional questions to answer in this section*
- ☐ Not yet *There are no additional questions to answer in this section*
- ☐ Don't Know *There are no additional questions to answer in this section*

EA5. For how long after exiting the program does the IHE and/or 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 program collect? Check all that apply.

- ☐ Type of job
- ☐ Earnings
- ☐ Hours worked per week
- ☐ Length of employment
- ☐ Volunteer or community service activities
- ☐ Living situation
- ☐ High school graduation rate
- ☐ Postsecondary graduation rate
- ☐ Transfer to 2 or 4-year colleges and universities
- ☐ Social or community involvement measures
- ☐ Self-determination measures
- ☐ Independent living measures
- ☐ Quality of life measures
- ☐ Other (please specify:_____)
- ☐ We do not collect any of these measures

STUDENT LEVEL DATA

Note: All references to "program" refer to the TPSID program that serves students with intellectual disabilities for which you are reporting data.

STUDENT CORE DATA

What was this student's first year in the program?
- ☐ 2009-10
- ☐ 2010-11
- ☐ 2011-12
- ☐ 2012-13
- ☐ 2013-14
- ☐ 2014-15
- ☐ 2015-16
- ☐ 2016-17
- ☐ 2017-18
- ☐ 2018-19
- ☐ 2019-20

During which term did this student begin attending your program?
- ☐ Fall term (beginning of Fall semester, quarter, etc.)
- ☐ Spring term (beginning of Spring semester, quarter, etc.)
- ☐ Summer term (select if student is enrolled for a full Summer term prior the Fall term)
- ☐ Other (select this if the terms listed do not accurately describe when the student started the program)

SC1. Student's Age in Years as of 10/1/**2019**:_____Note that the year for this item will be updated each fall. Ages entered will be automatically updated in the system.

SC2. Student's gender.
- ☐ Male
- ☐ Female
- ☐ Other

SC3. What is this student's ethnicity? Choose one.
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Question SC4 asks about this student's race. The race categories are those that are approved for data collection purposes by the U.S. Office of Management and Budget. For more information, visit the Office of Management and Budget Web site at: www.whitehouse.gov/omb/fedreg/1997standards.html. Students indicated as Hispanic or Latino for item SC3 may be of any race.

SC4. What is this person's race? Mark one or more races to indicate what this person considers himself/herself to be.
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ This student's race is unknown

SC5. What disabilities does this student have? Check all that apply.
- ☐ Intellectual disability
- ☐ Autism
- ☐ Deaf-blindness
- ☐ Deafness
- ☐ Developmental delay
- ☐ Emotional disturbance
- ☐ Hearing impairment
- ☐ Multiple disabilities
- ☐ Orthopedic impairment
- ☐ Other health impairment
- ☐ Specific learning disability
- ☐ Speech or language impairment
- ☐ Traumatic brain injury
- ☐ Visual impairment, including blindness

SC5a. What documentation did you use to confirm this student has an intellectual disability?
- ☐ ID was not confirmed through documentation
- ☐ Neuropsychological or psychological examination report
- ☐ Physician's documentation of disability
- ☐ Individualized Education Plan
- ☐ SSA Disability Determination
- ☐ Other (please specify:_____)

SC6. What types of benefits is this student receiving? Check all that apply.
- ☐ None
- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)
- ☐ Medicaid Benefits
- ☐ Other (please specify:_____)
- ☐ Don't Know

SC8. Which of the following best describes the curriculum and educational setting the student experienced in his/her high school prior to entry into the program? Check one.

□ Fully included (no special education classes)
□ Special education classes only
□ Spent majority of their time in inclusive setting
□ Spent majority of their time in special education classes
□ Other
□ Don't know

SC10. Was this student ever employed for pay at or above minimum wage prior to entry into the program? Choose one.
□ Yes
□ No
□ Don't know

ACADEMIC STATUS

AS1. Is this student dually enrolled (receiving special education services under IDEA AND enrolled in a postsecondary education program)?
□ Yes *Skip to question AS3*
□ No *Answer question AS2*

AS2. What is the student's high school graduation status? Choose one.
□ Received certificate of completion or attendance
□ Received standard diploma
□ Received modified or special diploma
□ Received GED/high school equivalency certificate
□ Dropped out
□ Other (please specify:_____)

AS3. What was the student's enrollment status in the IHE as of September 2019? Check all that apply.
 Note that the year for this item will be updated each fall.
□ Not enrolled
□ Enrolled as a TPSID program student
□ Enrolled as a special student
□ Matriculating as a regularly enrolled student at the IHE
□ Enrolled as a non-degree or continuing education student

AS3A. What is the residency status of this program student for the purposes of tuition and fees?
□ In-state student
□ Out-of-state student
□ Other (please specify:_____)

AS3A_1. Did this individual exit the program this year?
□ Yes (Complete Student Exit Survey)
□ No

AS3B. Which of the following best describes this student's enrollment status?
- ☐ Full Time
- ☐ Part Time Matriculating
- ☐ Non-Matriculating

AS4. What year of the program is the student in? Choose one.
- ☐ 1st year
- ☐ 2nd year
- ☐ 3rd year
- ☐ 4th year
- ☐ Beyond 4th year

AS8. Is this student seeking a degree or certificate offered by the IHE other than a credential offered by the program?
- ☐ Yes *Answer question AS9*
- ☐ No *Skip to question AS10*

AS11_1. Does this student get any supports or accommodations from the Disability Services Office (DSO) on your campus?

- ☐ Yes
- ☐ No

COURSES TAKEN BY STUDENTS

Please provide the following information for each course that had at least one program student enrolled in it this year:

Please enter the course code (e.g., ENG110) : _____
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?
- ☐ Yes
- ☐ No

CO2a. Which of the following best describes this course?
- ☐ Inclusive (attended by program and non-program students)
- ☐ Specialized (attended only by program students)

What is the length of the term for this course, e.g. semester, trimester, or quarter?
- ☐ Semester
- ☐ Quarter
- ☐ Trimester
- ☐ Other

How many credits are awarded for successful completion of this course? (Please report the number of credits awarded even if TPSID students do not earn these credits.): _____

What is the length of this course in contact hours? _____

CO2a_4. Which of the following best describes the primary instructor for this course? Check one.
- ☐ IHE faculty (Full-time or Adjunct)
- ☐ Secondary school teacher
- ☐ TPSID staff person
- ☐ Graduate student
- ☐ Undergraduate student
- ☐ Volunteer
- ☐ Other

CO2b_new. What type of credits are awarded for TPSID students who complete this course?
- ☐ Typical IHE credits that can be used towards a degree or certificate
- ☐ Credits that are only available to TPSID students that CANNOT be used towards a regular IHE degree or certificate
- ☐ Continuing education credits
- ☐ No credits are awarded to students who complete this course

STUDENT COURSE ENROLLMENTS

Please report the following information for each course a student is taking.

During which term did student take this course?
- ☐ Fall semester
- ☐ Spring semester
- ☐ Summer session
- ☐ 1st quarter
- ☐ 2nd quarter
- ☐ 3rd quarter
- ☐ 4th quarter
- ☐ 1st trimester
- ☐ 2nd trimester
- ☐ 3rd trimester

AC1. How is the student accessing this course? Choose one.
- ☐ Enrolled for credit that can only be used towards our program's credential
- ☐ Enrolled for standard IHE credit
- ☐ Enrolled not for-credit
- ☐ Audit
- ☐ Unofficially attending the course/sitting in

AC1_1. Does the student earn credit towards their TPSID credential by completing this course?
- ☐ Yes
- ☐ No

AC1_2. Did the student receive a grade for this course?
- ☐ Yes

☐ No

AC1_3. What grade did the student receive in this course?_____

AC2. Why is the student taking this course? Check all that apply.
  ☐ It is related to his/her career goals.
  ☐ It is related to his/her personal interest.
  ☐ It is required for the program credential.
  ☐ It is required for their degree/certificate.
  ☐ Other reason, (please specify:_____)

FINANCING EDUCATION

Fin_Aid. Did this student receive any of the following forms of Federal Financial Aid this year? Check all that apply.
  ☐ Federal Work Study (not State work study)
  ☐ Pell Grant
  ☐ Supplemental Educational Opportunity Grant
  ☐ Parent PLUS Loans

F1. Which of the following funding sources are used to pay tuition for this student? Check all that apply.
  ☐ Tuition is waived for this student
  ☐ Private pay (student and family)
  ☐ Scholarships
  ☐ State intellectual/developmental disability (IDD) services agency: state or local funds
  ☐ Local Education Agency
  ☐ Private student loans
  ☐ Federal/State grant
  ☐ Foundation/Private grant
  ☐ State Vocational Rehabilitation agency funds
  ☐ State IDD Services Agency: Medicaid Home and Community-Based Services (HCBS) Waiver funds
  ☐ Tuition Waivers via VR or Social Security
  ☐ National Service grants
  ☐ Social Security funds e.g. PASS plan
  ☐ Other funding source (please specify:_____)
  ☐ Don't know/None of these sources are used to fund the student's tuition

F2. Which of the following funding sources are used to pay for non-tuition expenses for this student? Check all that apply.
  ☐ Private pay (student and family)
  ☐ Scholarships
  ☐ State intellectual/developmental disability (IDD) services agency: state or local funds
  ☐ Local Education Agency
  ☐ Private student loans
  ☐ Federal/State grant

- ☐ Foundation/Private grant
- ☐ State Vocational Rehabilitation agency funds
- ☐ State IDD Services Agency: Medicaid HCBS Waiver funds
- ☐ Tuition Waivers via VR or Social Security
- ☐ National Service grants
- ☐ Social Security funds e.g. PASS plan
- ☐ Other funding source (please specify:_____)
- ☐ None of these sources are used to fund the student's non-tuition expenses

CAREER DEVELOPMENT ACTIVITIES

On this form, you will report information about students' career development and employment experiences this year. Please provide information for EACH student experience. Career development and employment experiences have been organized into 3 categories: career awareness and exploration, work-based learning, workforce participation/employment.

Type of career awareness or exploration	Academic term	How many times did this student do this activity during the term?	If # times > 0, did the student do this activity as part of a course they are enrolled in?	Select course
Company tour				
Career fair				
Job shadow				
Informational interview				

For each of the following categories, please indicate if the student did the particular activity in the given term as well as any other information requested.

Type of career awareness or exploration	Academic term	Did this student do this activity during the term? Y/N	If yes, did the student do this activity as part of a course they are enrolled in?	Select course
Labor market research				
Interest inventory				
Mock interview				
Create or revise resume				
Gathered references				
Created LinkedIn profile				

WBL1. Type of work-based learning
- ☐ Internship
- ☐ Service learning
- ☐ Student enterprise
- ☐ Apprenticeship

☐ Work training
☐ Other

Name of the organization student is doing WBL with:_____

Job start date: mm/dd/yyyy
Job exit date: mm/dd/yyyy (entered only if student leaves this job)

WBL2. Typical hours per week:_

WBL3. Is this experience paid or unpaid?
☐ Paid
☐ Unpaid

WBL4. If paid, hourly rate of pay:_

WBL5. If paid, who paid the student?
☐ Employer
☐ The TPSID program
☐ The host IHE
☐ Other

Workforce Participation

Workforce participation: These workforce participation activities reflect a primary purpose of earning income as opposed to performing work as part of a learning or career preparation activity. Students in these positions earn wages at or above minimum wage. These positions do not need to be related to student long term career intentions.

Please report the number of job applications submitted, number of job interviews completed, and number applications/interviews that resulted in paid employment.

Month	WP1. Number of job applications submitted during month	WP2. Number of job interviews this month	WP3. Number of job offers received this month

EMPLOYMENT

Please report the following information for each *paid job* the student has. Items with an * following them are updated each time the status for this item changes for a particular job.

Job10. Name of the employer:_____

Job11. 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)

Job16. Why did they leave this job? (Item is only answered by programs who report follow-up data and is only answered after a student exits a job.)
  ☐ Position was eliminated by employer (includes closure of business or job site)
  ☐ Individual did not want to work at this job
  ☐ Individual was fired (terminated with cause)
  ☐ Individual was laid off
  ☐ Individual left for a different paid job
  ☐ Other reason, please specify: Job16txt_____

Job1. Please select the category that best describes this job:
  ☐ Individual paid job
  ☐ Federal work-study
  ☐ Paid internships (for-credit)
  ☐ Paid internships (non-credit)
  ☐ Group paid work (Enclave or mobile work crew)
  ☐ Individual work training sites paid by stipend (below minimum wage)
  ☐ Group work training sites paid by stipend (below minimum wage)
  ☐ Sheltered workshop

Job2. Are there other employees in this workplace who have a disability?
  ☐ Yes
  ☐ No
  ☐ Don't know

Job9. How does this student get to their place of employment? Check all that apply.

Existing Transportation
  ☐ Drives self /Walks/rides bike
  ☐ Friend or Family member
  ☐ Public transportation or Para Transit or Taxi
  ☐ IHE transportation (Campus bus)
  ☐ Transportation Provided by IDD Agency

Program Specific Transportation
  ☐ LEA provided transport
  ☐ Program staff
  ☐ Other (please specify:_____)

Job12. (Answered for all jobs the student held at point of exit) Does this individual plan to remain at this job after exit?
  ☐ Yes

☐ No

ATTRIBUTES OF PAID JOBS

Note: Items with Pre-fix "JA" which is short for Job Attributes, are answered once by programs that do not report follow-up data on students who have exited their program. These data are reported at the time the job record is created.

Items with Pre-fix "JA" are updated each time one of the attributes changes by programs that asked to be able to report follow-up data on students who have completed their program.

JA1. Do you know this individual's exact hourly rate of pay at this job?
    ☐ Yes
    ☐ No

If yes: JA1a. Please provide this student's hourly rate of pay $_____

If no: JA1b. Please describe the wages earned at this job:
    ☐ Below minimum wage
    ☐ Minimum wage
    ☐ Above minimum wage
    ☐ Don't know

JA2. Do you know this individual's exact number of hours worked per week at this job?
    ☐ Yes
    ☐ No

If yes: JA2a. Please provide the number of hours worked _____

If no: JA2b. How many hours per week on average does the individual work in this job?
*
    ☐ Under 5 hours per week
    ☐ Between 5 and 10 hours per week
    ☐ Between 11 and 20 hours per week
    ☐ Between 21 and 30 hours per week
    ☐ Between 31 and 40 hours per week
    ☐ Over 40 hours per week

JA2 Continued (Item is only answered by programs who report follow-up data). **If working fewer than 20 hours per week,** why does this individual work less than full time? Please check all that apply.
    ☐ Concerned about losing Social Security/Medicaid benefits
    ☐ Health or disability status limits ability to work more hours
    ☐ Unable to get more hours at current job
    ☐ Attending postsecondary education
    ☐ Family obligations
    ☐ Other. Please describe _____

LIVING SITUATION

LS1. Where does this student live? Choose one.
- ☐ With Family
- ☐ In a residence provided by or associated with the IHE or program *Skip to question LS3*
- ☐ In another residence not provided by or associated with the IHE or program *Answer question LS2, do not answer question LS3*

LS2. In which type of residence not provided by or associated with the IHE or program does the student live? Choose one.
- ☐ Independent - on his/her own
- ☐ Supervised apartment or supported living situation
- ☐ Group home
- ☐ Host Family/Foster Care
- ☐ Other (please specify:_____)

LS3_1. In which type of residence offered by or associated with the IHE or TPSID program does the student live? Select one.
- ☐ Residence hall
- ☐ On-campus apartment
- ☐ Off-campus apartment
- ☐ Other

LS3_2. Which of the following best describes this residence? Select one.
- ☐ Available to all IHE students
- ☐ Specifically for TPSID students

LS4. Which of the following residential supports does the student receive? Check all that apply.
- ☐ None
- ☐ Roommate/suitemate who receives compensation
- ☐ An uncompensated roommate/suitemate who provides supports
- ☐ Residential Assistant or Advisor who provides supports
- ☐ Continuous staff support
- ☐ Intermittent or on-call staff support
- ☐ Other support (please specify:_____)

IMPACT OF WIOA

WIOA1. Did this student receive services from a state VR program this year?
- ☐ Yes
- ☐ No

WIOA1a. Was this student enrolled in a state vocational rehabilitation program (VR) at any point this year?
- ☐ Yes
- ☐ No

WIOA2. (If yes to WIOA1) Please check which of the following services this student received from your state Vocational Rehabilitation office during this year.

Note: If a student receives support from VR to pay tuition and non-tuition program expenses, this should be reported on the Student Financing Education form. You should not check other and report it here.

<u>Pre-ETS services</u>

- ☐ Post-Secondary Program Counseling
- ☐ Self-Advocacy Instruction
- ☐ Job Exploration Counseling
- ☐ Work Readiness Training
- ☐ Work-Based Learning Experiences

<u>Other services</u>

- ☐ Benefits counseling
- ☐ Social skills instruction
- ☐ Job coaching
- ☐ Supported employment
- ☐ Other

WIOA3. Is this student eligible for Medicaid?
- ☐ Yes
- ☐ No
- ☐ Student has not applied for Medicaid
- ☐ I don't know this student's Medicaid eligibility status

WIOA4. Is this student receiving Medicaid services?
- ☐ Yes
- ☐ No
- ☐ I don't know

STUDENT EXIT SURVEY

Exit details

EX1. What was this individual's date of exit from the program?:

mm/dd/yyyy

EX2. What were the reasons for the individual's exit?

Check all that apply
- ☐ Student completed TPSID program
- ☐ Student completed another degree or certificate program other than the TPSID program
- ☐ Transferred or continued on to another postsecondary education program *Answer question EX2a*
- ☐ Student no longer wanted to attend TPSID program
- ☐ Student was dismissed from TPSID program, please specify why: _____
- ☐ Unknown
- ☐ Other reason

EX2a. Which type of program did the student indicate plans to transfer to?
- ☐ A specialized postsecondary education program for students with ID
- ☐ A general postsecondary education program for students with and without ID

Academic Achievements
The section below is where you can report any and all academic credentials earned when the student exited. The first three pull down menus will allow you to select from a list of credentials created by your program. If this student earned more than three of those credentials or earned any credential(s) not created by your TPSID program, check the box for *another credential not listed* and write in the other credentials they earned.

EX3. Which credential or credentials did this student earn?

Credential 1: _____
Credential 2: _____
Credential 3: _____
    ☐ Another credential not listed

Did this student complete the coursework for any other credential, but did not earn the credential for some reason?
    ☐ Yes
    ☐ No

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.
    ☐ Service learning opportunities
    ☐ Unpaid internships (for-credit or not for-credit)
    ☐ Volunteering and/or Community service
    ☐ Unpaid individual work training sites
    ☐ Other unpaid/volunteer experience (please specify:_____)

EX6. In which type of residence did the student live at program exit? Choose one.
    ☐ With Family
    ☐ Independent - on his/her own
    ☐ Supervised apartment or supported living situation
    ☐ Group home
    ☐ Other (please specify:_____)

EX7. What types of benefits was this student receiving at program exit? Check all that apply.
    ☐ None

- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)
- ☐ Medicaid
- ☐ Other (please specify:_____)
- ☐ Don't Know

EX8. What types of health insurance did this student have at program exit? Check all that apply.
- ☐ None
- ☐ Medicaid
- ☐ Medicare
- ☐ Private health insurance
- ☐ Student health insurance
- ☐ Other, please specify:_____

EX_job. Did this student have a paid job on the day they exited from the program?

- ☐ Yes
- ☐ No