THINK COLLEGE EVALUATION TOOL

OMB CONTROL NUMBER: 1840-0825
EXPIRATION DATE: XX/XX/XXX

PROGRAM LEVEL DATA

Note: Program data are entered in full in your first year as a TPSID program. In subsequent years, program level data will be copied over from the prior year's record. We ask that you review, make any necessary edits where responses have changed, and then confirm the record is correct.

PROGRAM ATTRIBUTES

PD11. Please provide the number of applicants, as well as the number accepted to your program for the 2021-2022 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, etc)? ____

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

PD6. 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, salary, 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 regular 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

PD7a. Do you offer a summer transition program for incoming students?
- ☐ Yes
- ☐ No

PD9. (Ask in first year only) Did your college/university serve and/or support students with ID prior to receiving the TPSID grant?
- ☐ Yes
- ☐ No

(If yes to PD9) PD9a. What year did your program first enroll/support students? ___

PD10. Does your college/university offer the opportunity for students to earn micro-credentials? (A micro-credential is a certificate or badge documenting that a student gained knowledge or skills in a short learning experience)
- ☐ Yes
- ☐ No

(If yes to PD10) PD10a Are students in your program expected or required as part of their program of study to earn micro-credentials?
- ☐ Yes
- ☐ No

PD11. Has your program developed micro-credentials specifically for students in your program to earn?
- ☐ Yes
- ☐ No

PD12. Does your program offer instruction in any of the following skills? If yes, indicate how these skills are taught. (Note: these skill areas are taken from the absolute priority for the TPSID grant competition)

	Offer instruction?	How is this skill generally taught? Check all that apply: 1:1 instruction, college/university-offered seminar, program-specific course (i.e., specialized course), other
Academic skills	Yes No	(Drop down menu)
Social skills	Yes No	
Independent living skills	Yes No	
Self-advocacy skills	Yes No	
Career skills	Yes No	

Definitions:

- ☐ Academic skills are the skills necessary to be successful in college/university courses, such as time management, organization, note-taking, studying, research skills, presentation skills, writing, etc. This refers specifically to instruction in these skills that may occur either in conjunction with or outside of taking college/university courses.

- ☐ Social skills refer to the ability to make and maintain interpersonal relationships through pro-social interactions and communication.

- ☐ Independent living skills are skills an individual needs to live a productive and independent life. They include everything from personal care to money management, communication, and navigation etc.

- ☐ Self-advocacy skills refer to the ability to recognize and communicate one's needs.

- ☐ Career skills are the abilities needed to work and have a career. This refers specifically to instruction in these skills that may occur either in conjunction with or outside of having paid employment or paid/unpaid work-based learning.

CREDENTIALS OFFERED

In this section, you will report EACH credential in which you have students enrolled. If you do not offer a credential or do not have any students enrolled in a credential program, please complete the two questions below. Otherwise, skip to the credential table.

- ☐ If students in your program did not enroll in a credential this year, check this box.

  Please explain why students in your program did not enroll in any credential programs this year: _____

  Enter the credential programs in which you have students enrolled. Descriptions for the types of credentials appear below. Please enter a record for each program students are enrolled in.

- *Certificates* are credentials awarded by an education institution based on completion of all requirements for a program of study, including coursework and tests. They are not time limited and do not need to be renewed.

- *Apprenticeship certificates* are credentials earned through work-based learning and postsecondary earn-and-learn models. They are applicable to industry trades and professions. Registered apprenticeship certificates meet national standards.

- *Industry certifications* are credentials awarded by a certification body (not a school or government agency) based on an individual demonstrating, through an examination process, that they have acquired the designated knowledge, skills, and abilities to

perform a specific occupation or skill. It is time-limited and may be renewed through a re-certification process.

- *Licenses* are credentials that permit the holder to practice in a specified field. An occupational license is awarded by a government licensing agency based on pre-determined criteria. The criteria may include some combination of degree attainment, certifications, certificates, assessment, apprenticeship programs, or work experience. Licenses are time-limited and must be renewed periodically.

- *Associate degrees* are undergraduate degrees awarded to a student by a college or university usually after completion of a two- or three-year program of study. This is a level of qualification between a high school diploma or GED and a bachelor's degree.

- *Bachelor's degrees* are degrees awarded to a student by a college or university usually after completion of a four-year program of study.

Credential 1. Which type of credential are you reporting?
- ☐ Certificate
- ☐ Apprenticeship certificate
- ☐ Industry certification
- ☐ License
- ☐ Associate degree
- ☐ Bachelor's Degree
- ☐ No credential is awarded
- ☐ Other. Please specify: _____

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

Credential 1_1. Is this a culminating credential signifying the completion of the student's program of study and awarded prior to exit?
- ☐ Yes
- ☐ No

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

Credential 4. Is it approved through college/university 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 attending the TPSID program earn the credential?
- □ Yes
- □ No

Credential 7. Who awards the credential upon completion?
- □ College/university
- □ College/university continuing education department/school
- □ TPSID
- □ Local education agency
- □ An external entity (e.g., a certification body or government 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 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ More than 10	□ Academic year(s) □ Semester(s) □ Trimester(s) □ Quarter(s) □ Other unit of time, specify: _____

Credential 8c. What is the anticipated number of clock hours for this credential? _____

Credential 8d. What is the anticipated number of weeks of instructional time for this credential?

_____

Credential 9. Please provide a link to your course or program of study here: (if you don't have a link, you can upload a file).

Credential 10. Please upload or provide a link to the satisfactory academic progress policy for this credential.

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 college/university
- ☐ Peer mentors or supports
- ☐ LEA transition staff for students receiving special education services
- ☐ State Vocational Rehabilitation Staff
- ☐ State Intellectual and Developmental Disability agency staff
- ☐ External/Contracted employment service provider
- ☐ Supervisors at the worksite
- ☐ Coworkers at the worksite
- ☐ Other (please specify:_____)

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 TPSID students:
- ☐ CP_VR1a. Self-advocacy instruction
- ☐ CP_VR1b. Work-based learning experiences
- ☐ CP_VR1c. Workplace readiness training to develop social skills and independent living
- ☐ CP_VR1d. Job exploration counseling
- ☐ CP_VR1e. Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs

PLANNING AND ADVISING

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

PA5. When does person-centered planning (PCP) begin for each student?
- ☐ Prior to enrollment
- ☐ At enrollment

☐ Other, please specify:

PA6. How often are person-centered planning meetings held for each student?
- ☐ Once
- ☐ Annually
- ☐ Each academic term
- ☐ Other, please specify:

PA7. How is the information gathered through person-centered planning used?
- ☐ For career planning
- ☐ For developing program of study
- ☐ In advising/course selection
- ☐ For planning individual skill development
- ☐ For planning engagement in social activities
- ☐ For determining level of support
- ☐ For determining accommodations/modifications
- ☐ Other, please specify: _____

PA4. Describe the advising services used by students attending your program. Select one.
- ☐ Regular advising used by all students
- ☐ Separate advising system specially designed only for our programs students and administered by program staff
- ☐ Both

PA8. Does your program use any type of individual written learning plan or contract for inclusive courses taken by students? (Note: these plans could include accommodations, modifications, assessments, student work to be completed, or individualized learning objectives).
- ☐ Yes
- ☐ No

SOCIAL OPPORTUNITIES

SO1. Are TPSID students allowed to join registered student organizations at the college/university?
- ☐ 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 only available to students at the college/university?
- ☐ Yes
- ☐ No

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

RESIDENTIAL ACCESS

RA1. Does this college/university provide institutionally owned/affiliated/operated housing for students?
- □ This information is pulled in from publicly available data on your college/university.

RA2. Do students in this TPSID program have the opportunity to access this housing?
- □ Yes
- □ No

(If RA2 = No) RA2_2. Why are students unable to access this housing? Check all that apply

- □ Concerns from the college/university
- □ Students are not regularly matriculated students and cannot access housing
- □ Insufficient student housing availability
- □ We are planning for housing – it will be available in the future
- □ Other. Please specify: _____

(If RA2 = No) RA2_3. Are you in the process of seeking access to college/university housing for your TPSID students?
- □ Yes
- □ No

(If RA2_3 = Yes). When do you expect college/university housing to be available for your TPSID students? _____

RA2_4. Do students in your program have the opportunity to access some other type of housing away from family while attending your program (not owned/affiliated/operated by but connected with your program)?
- □ Yes
- □ No

RA3. If your program offers students access to housing, which of the following residential supports do students who live in college/university housing receive? Check all that apply.
- □ None
- □ Roommate/suitemate who receives compensation
- □ 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: _____

RA4. What is the move-in process for your students? Check all that apply
□ Students move in during traditional move-in days/times
□ Students move in on an early move-in day already available for other student groups (e.g., athletes)
□ We have a move-in day only for students in our TPSID program
□ Other, please specify:

RA5. What supports/programming does your program and college/university offer for the transition to living on campus? Check all that apply
□ Summer experience unique to the program
□ Summer experience for all incoming students
□ Orientation to campus housing provided by the college/university
□ Orientation to campus housing provided by the program
□ Program-specific meet and greet for all new and returning students and their families
□ Other, please specify:

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
□ College/university housing
□ Employment
□ Transportation
□ Other (please specify:_____)

PS3. What training and supervision is provided to peer mentors? Check all that apply
□ Formal training protocol at onboarding
□ Refresher training periodically
□ Regular group meetings with peer mentors for supervision
□ Regular 1:1 meeting with peer mentors for supervision
□ Other, please specify

PS4. (optional) Use this notes section to document your program's peer mentor training and supervision process:

PS5. How many total peer mentors do you have this year? _____

PS6. What is the approximate total number of hours peer mentors provided support to students in your program this year? (Note: sum all support hours provided by peer mentors to your students across the academic year). _____

PS7. Are peer mentors paid for the supports they provide to students enrolled in your program?
- ☐ Yes, all peer mentors are paid
- ☐ Some peer mentors are paid
- ☐ No, our peer mentors are not paid

PS8. Do peer mentors receive academic credit for the support they provide to students enrolled in your program?
- ☐ Yes, all peer mentors receive academic credit
- ☐ Some peer mentors receive academic credit
- ☐ No, our peer mentors do not receive academic credit

INTEGRATION WITH INSTITUTION OF HIGHER EDUCATION

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

IIHE7. Do students enrolled in this TPSID program follow the academic calendar used by the college/university?
- ☐ Yes
- ☐ No

IIHE8. Are students enrolled in this TPSID program held to the college/university's code of conduct?
- ☐ Yes, *Answer question IIHE9*
- ☐ No *Skip to question IIHE10*

IIHE9. How is the college/university code of conduct shared with students enrolled in this TPSID program? Check all that apply.
- ☐ College/university code of conduct is reviewed with students
- ☐ Students receive a copy of the college/university code of conduct
- ☐ Students receive a plain language version of the college/university code of conduct
- ☐ The college/university code of conduct is available but is not provided to or reviewed with students
- ☐ Other (Please specify:_____)

IIHE9a. How often is the college/university code of conduct reviewed with students enrolled in the TPSID?
- ☐ Once at the beginning of the student's first term
- ☐ Annually
- ☐ Each academic term

☐ We do not review the code of conduct with students
☐ Other. Please specify:

IIHE9b. How are students supported for code of conduct violations? (e.g., To understand what rule has been broken, understand consequences, tell their side of the story)
☐ Supports available through the college/university for all students (e.g., Ombuds Services)
☐ Program-specific supports
☐ Both
☐ Not sure, we have not dealt with this yet
☐ Other. Please specify: _____

IIHE9c. How are students supported to make a complaint? (e.g., against another student or staff/faculty/administrator)
☐ Supports available through the college/university for all students
☐ Program-specific supports
☐ Both
☐ Not sure, we have not dealt with this yet
☐ 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 college/university
☐ 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 students enrolled in this TPSID program receive a transcript? Select one.
☐ Yes, student receive a regular transcript like other non-program students
☐ Yes, students receive a transcript specifically for TPSID program students
☐ Yes, students receive a regular transcript *and* a transcript specifically for TPSID program students
☐ No, students do not receive a transcript

IIHE12_New. Are students issued an official student ID from the college/university?
☐ Yes
☐ No

IIHE15_1. Do students attend the regular orientation for new students at the college/university?
☐ Yes
☐ No

IIHE15_2. Do family members of students attend the regular orientation for new students at the college/university?
☐ Yes
☐ No

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

IIHE15_4. Do you provide a special orientation for family members of TPSID students?
- □ Yes
- □ No

IIHE16. To the best of your knowledge, have students enrolled in this TPSID program used any of the following college/university 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
- □ Students 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 college/university?
- □ Yes
- □ No

(If yes to IIHE16a) IIHE16a_1 What impact does the enrollment status of TPSID students have? Check all that apply.
- □ Later registration, must wait to 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 college/university
- □ Other

IIHE17. Collaboration with internal partners. For each of the college/university departments/offices/entities listed below:
- a. Do you interact with this department/office/entity? Yes/No
- b. (If yes to a) How often do you interact with this office/entity? Once a week, once a month, quarterly, each academic term, annually, as needed, other

c. (If yes to c) Do you consider them an active partner in the operation of your program? Yes/No

	IIHE17a. Do you interact with this department/office/ entity?	IIHE17b. Frequency of interaction	IIHE17c. Do you consider them an active partner in the operation of your program?
President/chancellor or provost/vice-president for academic affairs	Yes No	Drop down list: Once a week, once a month, quarterly, each academic term, annually, as needed, other (please specify: ___)	Yes No
Faculty senate			
Staff senate/council			
Student government			
Student groups and organizations			
Admissions/Enrollment office			
Residential Life office			
Disability support services			
Financial aid			
Student affairs			
Title IX office			
Dean or Chair of the College/School/department in which your program is housed			
Registrar			
Campus police/security office			
University Foundation/Endowment Office			
Human Resources			
Continuing Education			
Other, please specify:			

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.
- □ college/university resources
- □ Medicaid

- □ Local Education Agencies (LEAs)
- □ 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 do not get funding other than TPSID grant funding

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 2020 competition, applicants were told they are required to get a matching contribution equal to at least 25 percent of cost of the project, from non-Federal funds. Although matching funds can come from a variety of sources, including consortia members, the college/university to whom 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 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

FS2_1. (If you checked in-kind contributions) Which types of in-kind contributions, did you receive? Check all that apply.
- □ Faculty/staff time
- □ Rent
- □ Physical space
- □ Materials
- □ Waving overhead
- □ Rent for space
- □ VR drawdown
- □ Other

FS2_2. (If you checked other monetary contributions) What types of 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

A project of the Institute for Community Inclusion at the University of Massachusetts Boston, 100 Morrisey Blvd, Boston MA 02125
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(If FS3 = We are an approved CTP or We have applied to become a CTP and are awaiting a response) FS3_1_1. When did you submit your application? mm/dd/yyyy

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

(If FS3 = We are an approved CTP or We have applied to become a CTP and are awaiting a response) FS3_2_2. 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: _____

(If FS3 = We are not a CTP and have no plans to become one) FS3_2_4. Why you are not considering becoming a CTP? _____

COLLABORATION WITH OTHER PARTNERS – Report this information for each partner

Important Note: When reporting partnerships, please create a partnership for each external organization you work with. For instance, if you work with multiple local school systems, please create a partner record and select "Education Agencies (K-12 or higher education, local and/or regional)" for item CP1 for each local school system you work with. Other partners you may need to create multiple records for include CRPs and advocacy groups. You can enter specific information about these partners in the notes field below CP1.
- □ Check this box if your TPSID program did not partner with any external organizations this year
  (If checked) Please explain why your program did not have any partners this year: _____

CP1_New. Please select the organization the TPSID has an active partnership with:
- □ Education agencies (K-12 or higher education, 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)
- □ Statewide alliance of postsecondary education programs
- □ Regional alliance of postsecondary education programs
- □ Other, please specify: _____

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
- □ Enables program to collaborate across postsecondary education programs
- □ Other

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)

CP_Note. Add any additional notes on this partner (optional): _____

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.

Note: please report what a typical student is CHARGED to attend your program – not what they pay after scholarships/other financial support. If tuition or fees are waived, please report the amount that would be charged before being waived.

- □ Check this box if your TPSID program did not have any charges this year
  (If checked) Please explain why your program did not have any charges this year:

  _____

□ Check this box if your TPSID program is not able to report student charges using the options provided here.
(If checked) Please explain why you are not able to report charges using the options provided. A member of our team will then be in touch: _____

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
   □ Part time student
   □ Full time 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: $_____)

STUDENT LEVEL DATA

Note: All references to "Program" refer to the TPSID program enrolling students with intellectual disability for which you are reporting data. These data are reported for each student in your program.

STUDENT CORE DATA

First_Year. 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
- □ 2020-21
- □ 2021-22
- □ 2022-23
- □ 2023-24

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. What was this student's age in years as of 10/1/2022:__ (Note that the year for this item will be updated each Fall? Ages entered will be automatically updated in the system.)

SC2. With what gender does this student identify?
- □ Male
- □ Female
- □ Non-binary
- □ 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, see https://www.census.gov/topics/population/race/about.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 identifies with.
- □ Asian
- □ American Indian or Alaska Native
- □ Black or African American
- □ Native Hawaiian or Other Pacific Islander
- □ White
- □ This student's race is unknown

SC_ID. Does this student have an intellectual disability?
- □ Yes
- □ No

SC5. What disabilities does this student have (other than intellectual disability)? Check all that apply
- □ None of these disabilities
- □ 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

(If SC_ID = Yes). 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
- □ Document from another government agency such as VR or Medicaid
- □ Other (please specify:_____)

SC6. What types of government benefits is this student receiving? Check all that apply. Note: this question asks only about benefits received. Information on funding for program costs or VR/Medicaid services received is reported elsewhere

- □ None
- □ SSI (Supplemental Security Income)
- □ SSDI (Social Security Disability Insurance)
- □ Medicaid benefits (e.g., waiver)
- □ Other (please specify:_____)
- □ Don't Know

SC8. Which of the following best describes the curriculum and educational setting the student experienced in their 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 an equal amount of their time in inclusive and special education settings
- □ Spent majority of their time in special education classes
- □ Homeschool
- □ Other, please specify: _____
- □ 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

SC16. Does the student have a legal guardian?

- □ Yes
- □ No
- □ Not sure

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? Please refer to the inclusive vs. specialized course decision tree.
- □ Inclusive (attended by program and non-program students)
- □ Specialized (attended only by program students)

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

Credits. 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):

_____

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

CO2b_new. What type of credits are awarded for TPSID students who complete this course?
- □ Typical college/university 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 college/university degree or certificate
- □ Continuing education credits
- □ No credits are awarded to students who complete this course

CO2a_3 (for specialized courses only) Does this course appear in your college/university's course catalog?
- □ Yes
- □ No

CO3. (For specialized courses only) What subjects are covered in this course? Check all that apply.
- □ Academic skills
- □ Career preparation instruction
- □ Independent living instruction
- □ Technology training/computer literacy
- □ Social skills training
- □ Travel training instruction
- □ Other. Please specify: _____

□ Check here if this course is offered at an external site (e.g., students take this course through another college/university)
   If checked, which college/university offers this course: _____

STUDENT COURSE ENROLLMENTS

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

Course name: _____

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. Which of the following best describes the student's enrollment in this course from the perspective of the college/university? Choose one.
- □ Enrolled for credit that can only be used towards the TPSID credential
- □ Enrolled for standard college/university credit
- □ Enrolled not for-credit or as a non-credit student
- □ Audit
- □ Unofficially attending the course/sitting in

AC1_2. Did the student receive a grade for this course? (Note: this could be a letter grade or pass/fail)
- □ Yes
- □ No

AC2a. Is the student taking this course because it is related to their career goals?
- □ Yes
- □ No

AC3. Was this course delivered in person, fully online, or hybrid (both in person and online)?
- □ In person
- □ Fully online
- □ Hybrid

ACADEMIC STATUS

- □ Check here if this student exited without attending the program. You should check this when a student planned to enroll but did not end up attending the program.

AS3A_1. Did this individual exit the program this year?

□ Yes (Complete Student Exit Survey)
□ No

AS1. Is this student receiving special education services under IDEA AND enrolled in the postsecondary education program?
□ Yes
□ No

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
□ Still enrolled – has not yet completed high school
□ Other (please specify:_____)

AS3. What was the student's enrollment status in the college/university as of September 2022? 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
□ Enrolled as a matriculating student at the college/university
□ 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:_____)

AS3B. Which of the following best describes this student's enrollment status?
□ Full Time
□ Part Time

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

AS14. In what credential program(s) is the student currently enrolled?
Select from dropdown list of credentials offered by the program.

☐   AS14b. Check this box if the student has not yet decided on a credential program.

AS14a. Is the student enrolled in any other credential program other than those listed above?
- ☐   Yes
- ☐   No

(If yes to AS14a) AS14atxt. If so, which credentials? _____

AS11_1a. Is the student registered with the Disability Services Office (DSO) to receive supports or accommodations?
- ☐   Yes
- ☐   No

AS11_1. Did this student get any supports or accommodations from the Disability Services Office (DSO) on your campus this year?
- ☐   Yes
- ☐   No

AS11_2. (If "Yes" to previous question) Please indicate the degree to which the DSO provided supports/accommodations for this student on-campus.
- ☐   The DSO provides all supports/accommodations for this student
- ☐   The DSO provides some supports/accommodations for this student and other entities (program staff, faculty, peer mentors, etc.) provide the rest.

(If no to AS11_1 or no to AS11_1a) AS11_3. Was this student denied services from the DSO?
- ☐   Yes
- ☐   No

(If yes to AS11_3) AS11_3txt. Why was this student denied services from the DSO? _____

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 a 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:_____)
- □ Don't know/None of these sources are used to fund the student's non-tuition expenses

WIOA IMPACT

WIOA1a. Was this student enrolled in a state vocational rehabilitation program (VR) at any point this year?

- □ Yes
- □ No

WIOA1. Did this student receive services or funding from a state VR program this year?

- □ Yes
- □ No

(If no to WIOA1) WIOA1_1. Was this student denied services or funding from a VR program this year?

- □ Yes
- □ No

If yes, please explain why: _____

WIOA2. (If yes to WIOA1) Please check which of the following services this student received from your state Vocational Rehabilitation office during this year (other than pre-ETS services – see WIOA2a).

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 section.

- □ Rehabilitation counseling and guidance
- □ Disability restoration services (e.g., therapy, medical/surgical/medicinal interventions, cognitive strategies, or other treatments targeted to ameliorate disability-related functional limitations, other than Assistive Technology)
- □ Benefits counseling
- □ Social skills instruction
- □ Job readiness training
- □ Job coaching
- □ Supported or customized employment (SE/CE)
- □ Assistive technology
- □ Other. Please specify: _____

WIOA2a. Did the student receive any of the following pre-ETS services this year?
- □ Self-advocacy instruction
- □ Work-based learning experiences and/or internships
- □ Workplace readiness training to develop social skills and independent living
- □ Job exploration counseling
- □ Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs

WIOA3. Has this student applied for Medicaid benefits?
- □ Yes
- □ No
- □ Student has not applied for Medicaid
- □ I don't know this student's Medicaid application status

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

(If yes to WIOA4) WIOA5. Does this student use a Medicaid Home and Community Based Services (HCBS) waiver to support them in this program?
- □ Medicaid waiver pays for the cost of attendance (tuition, fees)
- □ Medicaid waiver pays for the cost of housing
- □ Medicaid waiver pays for non-employment related supports from a person or persons

□ Medicaid waiver pays for employment supports/services
□ Student does not use Medicaid waiver funds to support them in this program.
□ Other. Please specify: _____

LIVING SITUATION

LS1. Did this student live in a residence provided by or associated with the college/university or program at any point during this year?
□ Yes. *Skip to question LS3_1*
□ No. *Answer question LS2 only*

LS2. In which type of residence not provided by or associated with the college/university or program did the student live? Choose one.
□ Independent - on their own
□ With family
□ Supervised apartment or supported living situation
□ Group home
□ Other (please specify:_____)

(If LS1 = Yes) LS3_1. Which type of residence offered by or associated with college/university or TPSID program did the student live? Select one.
□ Residence hall
□ On-campus apartment
□ Off-campus apartment
□ Other

(If LS1 = Yes) LS3_2. Which of the following best describes this residence? Select one.
□ Available to all college/university students
□ Specifically, for TPSID students

(If LS1 = Yes) LS4. Which of the following residential supports does the student receive? Check all that apply.
□ None
□ Roommate/suitemate who receives compensation
□ An roommate/suitemate who provides supports without compensation
□ Residential Assistant or Advisor who provides supports
□ Continuous staff support
□ Intermittent or on-call staff support
□ Other support (please specify:_____)

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, job seeking, and employment.

Career Awareness and Exploration

Career awareness and exploration is defined as workforce preparation activities that build awareness of careers as well as awareness of specific types of jobs within certain careers. Activities involve introducing students to workplaces for the purpose of gaining information about an industry or job. Other activities include building general skills required for participating in job search activities.

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? Y/N
Company tour			
Career fair			
Job shadow			
Informational interview			

For each of the following categories, please note 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? Y/N
Labor market research			
Interest inventory			
Mock interview			
Create or revise resume			
Gathered references			
Created LinkedIn profile			

Work-Based Learning

Work-based learning experiences are time-limited activities designed to help students develop and practice workplace-specific skills as well as general employment or soft skills. The primary purpose of work-based learning is to prepare for a particular job or improve general employment skills. Can be paid or unpaid. Can be related or unrelated to coursework. This includes internships.

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

Name of the employer or organization student is engaged in WBL with:___

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

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
- □ Other

□ Check this box if this WBL resulted in paid employment (also copy into an employment record)

Check if this applies:
- □ Student had no WBL this year
  - o If checked, please enter why: _____

Job seeking

Job seeking is defined as activities in which students apply for and/or gain paid employment, including completing and submitting job applications and participating in actual job interviews.

Please report for each month: 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

PAID EMPLOYMENT

Employment is work paid by an employer done with a primary purpose of earning income as opposed to performing work as part of a learning or career preparation activity. Employed students earn wages at or above federal minimum wage. These positions do not need to be related to students' long-term career intentions. Employment does not include internships.

Please report the following information for each *paid job* the student has.

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)

JOB1. Please select the category that best describes this job:
- □ Individual paid job
- □ Federal work-study
- □ Group paid work (Enclave or mobile work crew)
- □ Self-employed
- □ Sheltered workshop
- □ Other. Please describe: _____

Job 1_2. Who pays the student at this job?
- □ Employer
- □ The TPSID program
- □ Other. Please specify: _____

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 federal minimum wage
- □ Federal minimum wage
- □ Above federal 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 student's average hours worked per week _____

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

JA6. Which of the following best describes this individual's field of employment?
- □ Computer, mathematical, architecture, engineering, and science occupations
- □ Education, training, and library occupations
- □ Arts, design, entertainment, sports, media occupations
- □ Protective service occupations
- □ Food preparation and service-related occupations
- □ Building and grounds cleaning and maintenance occupations
- □ Personal care and service occupations
- □ Sales and related occupations
- □ Office and administrative support occupations
- □ Construction and extraction occupations
- □ Installation, maintenance, and repair occupations
- □ Military specific occupations
- □ Other occupation
- □ Other. Please specify: _____

Check if this applies:
- □ Student had no paid employment this year
    - o If checked, please enter why: _____
- □ Student had no WBL this year
    - o If checked, please enter why: _____

STUDENT EXIT SURVEY

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
- □ Student transferred to another postsecondary education program *(Answer EX2a)*

- ☐ Student no longer wanted to attend TPSID program. Please specify why: _____
- ☐ Student was dismissed from TPSID program. Please specify why: _____
- ☐ Student left program due to issues from COVID-19
- ☐ Unknown
- ☐ Other reason. Please specify: _____

(If EX2 = Student transferred to another postsecondary education program) EX2a. Which type of program did the student indicate plans to transfer to?
- ☐ A non-degree postsecondary education program for students with ID
- ☐ A degree postsecondary education program for students with and without ID

Academic Achievements

The section below is where you can report all academic credentials earned <u>at the point of exit or at any time</u> during their enrollment in your program. The first three pull down menus will allow you to select from a list of credentials offered to students in your program. If this student earned more than three of those credentials or earned any credential(s) not listed, check the box for *another credential not listed* and write in the other credentials they earned.

- ☐ Check this box if the student did not earn a credential

EX3. Which credential or credentials did this student earn? Please report all credentials the student earned while in your program.

Credential 1: _____
Credential 2: _____
Credential 3: _____
- ☐ Another credential not listed. (This might be a credential taken at another college/university, or a credential earned by completing a non-college/university training/curriculum [e.g., online ServSafe certification]. If it is a credential earned at your college/university, please add to your list of credentials so that it will appear in the drop-down list).
  Please specify the other credential. (If the credential was taken at another college/university or online, please specify where):

  _____

EX3_additional. Did this student complete the coursework for any other credential, but did not earn the credential for some reason?
- ☐ Yes
- ☐ No

EX3_additional_credential. If yes, what credential? _____
EX3_additional_reason. Why did they not earn this credential? _____

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 their 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/Home and Community Based Waiver Program
- □ Other (please specify:_____)
- □ Don't Know

EX9. Did this student indicate plans to continue to further postsecondary education?
- □ Yes
- □ No

Which college/university: _____

Which academic program: _____

EX_job. On the day the student exited the program, did they hold paid employment that was expected to continue?
- □ Yes
- □ No

If the student does not have a paid job on the day of exit from the program, you will receive periodic reminders to report any jobs the student obtained up to 90 days after exit.

For any jobs held by the student on the day of exit or obtained up to 90 days after exit, you will be asked to report:
- Employer
- Job title
- Job type
- Job start date
- Job exit date (if applicable)
- Will the student remain in the job after exit?
- Hourly earnings

- Weekly hours worked

FOLLOW-UP

TPSIDs are required to report follow-up data on students who complete their programs once per year for 5 years. The following survey is used to gather follow-up data on former students.

Please take a few minutes to tell us about what you are doing now. This survey helps make college better for students like you. If you are unsure about how to answer, ask a family member or friend to help you. Please return the survey in the envelope provided. Thank you!

Date completed: _____

Please check one:
- ☐ I am completing this survey myself

  or
- ☐ Someone helped me complete the survey

Work

1. How many different paid jobs do you have now? _____job(s)

2. Has your job status changed because of COVID-19?

   If so, how has your job status changed? Select all that apply:
   - ☐ I was laid off
   - ☐ My job is on hold and will start again when my employer re-opens
   - ☐ I lost my job because I had to move out of the area
   - ☐ I now work from home
   - ☐ Other/Note _____

   _____

3. Thinking about all the jobs you have, about how many hours do you usually work in one week? _____hours

Next, we will ask you about any <u>individual paid jobs</u> that you have.

An <u>individual paid job</u> means you make at least federal minimum wage ($7.25 an hour) and you get paid for your work by your employer. This can include self-employment.

4. Is at least one of your jobs an individual paid job?   Yes   No

If you answered yes to question 4, answer **questions 5-15 (on the next page)**.
If you have more than one job, only answer these questions for the individual paid job where you spend the <u>most time working</u>.

If you answered no to question 4, skip to **question 16**.

At your individual paid job where you spend the most time:

5. What is the name of the company or business you work for?
(For example, Target or FedEx. If you are self-employed, write "self")

_____

6. What is your job title? _____

7. About how many hours do you work in one week at this job? _____ hours

8. Do you want to work more hours?   Yes   No   Don't know

9. When did you start this job? Enter the date: _____

10. How much are you paid per hour at this job? (Hint: look on your paystub).
$_____   per hour

11. Overall, how happy are you with this job? Choose one:
     Very happy   Happy   Unhappy   Very unhappy

12. Have you received a raise in the last year? Yes No Don't know

13. Do you receive any of these benefits at your job? Check all that apply.
   ☐ Paid time off   ☐ Life insurance

   ☐ Sick leave   ☐ Retirement account (this might be
                                            called a 401(k) or IRA)

   ☐ Health insurance   ☐ I don't know

14. Is this the same job you had a year ago? Yes   No   Don't know

15. If you answered no to question 14, what changed? Check one.
   ☐ I have a new position with a new employer
   ☐ I have a new position with the same employer
   ☐ I have the same position, but my job description has changed

Now answer the following question (**everyone**).

16. In the past year have done any other type of work or work experience? Check all that apply.
- ☐ Group paid work (enclave or mobile work crew) (You work with a group of people with disabilities often moving from one worksite to another. You all do the same type of work (i.e., cleaning crew). You may make less than minimum wage.)
- ☐ Sheltered workshop (You work in a location with other people with disabilities where you and your coworkers receive supports. You are typically paid less than minimum wage.)
- ☐ Unpaid internship (You learn how to do a particular type of job so that you are more qualified for that type of job in the future, but you are not paid)
- ☐ Paid internship (You learn how to do a particular type of job so that you are more qualified for that type of job in the future and you are paid)
- ☐ Unpaid work experience (You do some unpaid work for training, but you do not have a regular paid job with an employer)

17. Are you looking for a job now? Yes   No   Don't know
   a. If yes, why are you looking for a job? _____

   _____

Other

18. In the last year, have you taken any classes at a college, university, or vocational/technical school or online?   Yes   No   Don't know

   a. If you have, what is the name of the school and the program?
      School (for example, Palmetto County Community College)

      _____
      Program (for example, the Graduate Transition Program)

      _____

   b. Did you earn a degree or certificate?   Degree   Certificate   Neither   Don't know

   c. If you did, what is the name of the degree or certificate?
   _____

(if no to 18). 18d. Would you like to take classes in the future?
Yes   No   Maybe

19. In the last year, have you done any volunteer work or community service?
Yes   No   Don't know

20. Do you spend time each week at a day program or center with other people with disabilities?
Yes   No   Don't know

21. Overall, how happy are you with your social life currently? Choose one:
    Very happy   Happy   Unhappy   Very unhappy

22. Where do you live now? Choose one:
    ☐ I rent an apartment or home   ☐ Group home
    ☐ I wwn my home   ☐ Other: _____
    ☐ I live in my family's home

23. Who do you live with? Check all that apply:
    ☐ No one, just me   ☐ With a roommate or roommates
    ☐ With a family member   ☐ With a significant other or spouse
    ☐ Other:

    _____

24. Do you receive any of these benefits? Check any that you know of:
    ☐ None   ☐ Unemployment
    ☐ SSI (supplemental security income)   ☐
    ☐ SSDI (social security disability insurance)   ☐ Other:

    ☐ Medicaid/waiver   _____
                                            ☐ Don't know

25. Do you have health insurance? Yes   No   Don't know
                    Thank you!
                                            Updated 2/8/22

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0825. Public reporting burden for this collection of information is estimated to average 19.8 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (citing authority: Higher Education Opportunity Act of 2008). If you have comments or concerns regarding the status of your individual submission of this survey, please contact Shedita Alston, Office of Postsecondary Education, shedita.alston@ed.gov, 202-453-7090, directly. [Note: Please do not return the completed survey to this address.]