Charting My Path for Future Success Project

Appendix B: Student Survey

JULY 2024

**This is an English language version of the Charting My Path Project Student Survey.**

Welcome

The *Charting My Path for Future Success* (“Charting My Path”) project is a national study sponsored by the U.S. Department of Education to test two new programs meant to help students with **Individualized Education Programs (IEPs)** reach their goals after high school. Your school district was chosen to be a part of this study. The study includes a survey of students who have an IEP and who are nearing the end of high school.

IEP stands for “Individualized education program.” It is a document that describes the educational plan for a student with a disability. Among other things, your IEP talks about your annual goals, what you’ll do in school this year, what supports and services your school will provide, and where your learning will take place.

**Assent**

|  |
| --- |
| **We would like you to complete this short survey. The survey asks about your goals for your future, experiences setting goals, and understanding of resources and information that can help prepare you for life after high school.**  The survey should take about 30 minutes to complete.  **Your answers to this survey are important.** Your answers will help make transition support programs better for students in the future. |

The survey is voluntary. You can skip any questions you don’t want to answer. You can stop filling out the survey at any time. There are no right or wrong answers.

We will not share your answers with your parents or guardians, anyone at your school, or anyone other than the study team. We will not use your name in any report. We will destroy all responses at the end of the study.

**Privacy Act Statement & Notice of Confidentiality.** The purpose of this project is to assess whether two transition support programs help students prepare for and attain their goals beyond high school. The U.S Department of Education is authorized to conduct this project under Section 664 of the Individuals with Disabilities Education Act (IDEA, 20 U.S.C. 1464). Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific program, district or individual. Any willful disclosure of such information for non-statistical purposes, except as required by law, is a class E felony.

**Paperwork 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 1850-0979. Public reporting burden for this collection is estimated to average 33 minutes per response, including the time to review instructions and complete and review the information collection. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, application or survey, please contact (National Center for Education Evaluation/Institute of Education Sciences U.S. Department of Education, 550 12th Street SW, Washington, DC 20202) directly. (Note: Please do not return the completed instrument, form, application or survey to this address.)

If you have any questions about the study or the survey, please feel free to contact the study team by e-mail at [chartingmypath@air.org](mailto:chartingmypath@air.org). If you have questions about your rights as a research volunteer, please call the American Institutes for Research Institutional Review Board at [phone number].

If you are ready to take the survey, press the “Take Survey” button.

**Take Survey**

Student Background

|  |  |
| --- | --- |
| School Name | Auto populated |
| School ID | Auto populated |
| First Name | Auto populated |
| Last Name | Auto populated |
| Date of Birth (MM/DD/YYYY) | Auto populated |

Please confirm your first name, last name, date of birth, and school name. Is this information correct?

* Yes **-> Start the survey**.
* No **-> Please talk to your teacher**.

## A. Self-Determination Assessment

[Source: This section includes a subset of items from the Arc-SDS.]

Directions for A1–A7: For each statement below, choose the option that best describes how you act in that situation. Choose only one option for each statement. There are no right or wrong answers.

A1. I do chores in my home*.*

* Never, even if I have the chance.
* Sometimes when I have the chance.
* Most of the time I have the chance.
* Every time I have the chance.

A2. I go to my appointments and meetings*.*

* Never, even if I have the chance.
* Sometimes when I have the chance.
* Most of the time I have the chance.
* Every time I have the chance.

A3. My friends and I choose activities that we want to do*.*

* Never, even if we have the chance.
* Sometimes when we have the chance.
* Most of the time we have the chance.
* Every time we have the chance.

A4. I volunteer for things that I am interested in*.*

* Never, even if I have the chance.
* Sometimes when I have the chance.
* Most of the time I have the chance.
* Every time I have the chance.

A5. I make long-term career plans.

* Never, even if I have the chance.
* Sometimes when I have the chance.
* Most of the time I have the chance.
* Every time I have the chance.

A6. I work or have worked to earn money*.*

* Never, even if I have the chance.
* Sometimes when I have the chance.
* Most of the time I have the chance.
* Every time I have the chance.

A7. I choose how to spend my personal money*.*

* Never, even if I have the chance.
* Sometimes when I have the chance.
* Most of the time I have the chance.
* Every time I have the chance.

Directions for A8–A10: This section tells the beginning and end of three stories. For each story, read the beginning and the end, and then decide what the middle of the story should be. Write down the middle of the story. There are no right or wrong answers.

A8. **Beginning**. You are sitting in a planning meeting with your parents and teachers. You want to take a class where you can learn to work as a cashier in a store. Your parents want you to take the Family and Childcare class. You can only take one of the classes.

**Middle**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End**. The story ends with you taking a vocational class where you will learn to be a cashier.

A9. **Beginning**. Your friends are acting like they are mad at you. You are upset about this.

**Middle**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End**. The story ends with you and your friends getting along just fine.

A10. **Beginning**. You are in a club at school. The club advisor announces that the club members will need to elect new officers at the next meeting. You want to be the president of the club.

**Middle**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End**. The story ends with you being elected as the club president.

Directions for A11–A18: For each statement below, choose one option based on how much you agree or disagree. There are no right or wrong answers.

A11. I have the ability to do the job I want*.*

* Strongly disagree
* Disagree
* Agree
* Strongly agree

A12. I can make good choices*.*

* Strongly disagree
* Disagree
* Agree
* Strongly agree

A13. If I have the ability, I will be able to get the job that I want*.*

* Strongly disagree
* Disagree
* Agree
* Strongly agree

A14. I will be able to work with others if I need to*.*

* Strongly disagree
* Disagree
* Agree
* Strongly agree

A15. I am loved because I give love.

* Strongly disagree
* Disagree
* Agree
* Strongly agree

A16. I like myself.

* Strongly disagree
* Disagree
* Agree
* Strongly agree

A17. Other people like me.

* Strongly disagree
* Disagree
* Agree
* Strongly agree

A18. I am confident in my abilities.

* Strongly disagree
* Disagree
* Agree
* Strongly agree

## B. Expectations for School, Work, and Living Situation after High School

B1. Thinking about how far I will go in school, I think I will..*. (Choose one option based on the highest level of education you expect to get.)*

* Not finish high school or get a GED
* Get a high school diploma or a GED
* Finish technical or trade school
* Get a 2-year college degree
* Get a 4-year college degree
* Get a master’s degree, Ph.D., or other advanced degree (such as MD, JD, MBA)

[Source: National Longitudinal Transition Study-2012 (NLTS-2012).]

B2. When I am 25, I think I will be living… *(Choose one option.)*

* At home with family.
* Away from family with supervision (in a setting like a group home, or a shared living arrangement with someone who can assist me and monitor my daily activities).
* Away from family without supervision.

[Source: Adapted from NLTS-2012.]

Directions for B3–B4: For the statements below, choose “Yes” if you agree and “No” if you disagree.

B3. When I am 25, I will have a paid job.

* No
* Yes

[Source: Adapted from NLTS-2012.]

B4. When I am 25, I will earn enough money to support myself.

* No
* Yes

[Source: Adapted from NLTS-2012.]

## C. Meetings and Plans for Transition out of High School

C1. During this school year, I have gone to a meeting with my IEP team to make a plan for my life after high school. *(These meetings may be called IEP meetings or transition planning meetings.)*

* No
* Yes
* I don’t know

[Source: Adapted from NLTS-2012.]

**[IF YES, ANSWER QUESTIONS C2–C6]**

Please think about your experiences with the transition planning meeting(s) you went to this school year. For each statement below, choose one option based on how much you agree or disagree.

C2. I understand everything that is decided at my transition planning meetings.

* Strongly disagree
* Disagree
* Agree
* Strongly agree

[Source: My Life Student Transition Planning Assessment.]

C3. I express my ideas and opinions at my transition planning meetings.

* Strongly disagree
* Disagree
* Agree
* Strongly agree

[Source: My Life Student Transition Planning Assessment.]

C4. I help run my transition planning meetings (for example, managing the meeting agenda, participating in discussions during the meeting).

* Strongly disagree
* Disagree
* Agree
* Strongly agree

[Source: My Life Student Transition Planning Assessment.]

C5. I talk with my teacher or other school staff before my transition planning meetings to plan them.

* Strongly disagree
* Disagree
* Agree
* Strongly agree

[Source: My Life Student Transition Planning Assessment.]

C6. I lead my transition planning meetings (for example, introducing myself and other team members, setting the direction of the discussions, goals, and plans).

* Strongly disagree
* Disagree
* Agree
* Strongly agree

[Source: Adapted from NLTS-2012]

Now think about how your parent or guardian works with you to prepare you for life after high school.

C7a. During this school year, my parent or guardian has talked to me about my goals for life after high school.

* No
* Yes

[Source: Constructed by the study team for this project.]

**[IF YES, ANSWER C7b]**:

C7b. During this school year, my parent or guardian has talked to me about my goals… *(Choose one option.)*

* Rarely (a few times a year)
* Sometimes (every couple of months)
* Often (once a month or more)

[Source: Constructed by the study team for this project.]

C8a. During this school year, my parent or guardian has helped me work towards my goals for life after high school (for example, by helping me fill out job applications, explore colleges, or prepare a resume).

* No
* Yes

[Source: Constructed by the study team for this project.]

**[IF YES, ANSWER C8b]**:

C8b. During this school year, my parent or guardian has helped me work towards my goals for life after high school… *(Choose one option.)*

* Rarely (a few times a year)
* Sometimes (every couple of months)
* Often (once a month or more)

[Source: Constructed by the study team for this project.]

## D. Awareness of Transition Resources at School and in the Community

Think about how you can get help from your school, community, family, friends, or someone else to prepare for your postschool goals. For example, think about whether you know how to start a conversation asking for support from adults in school or your family, or whether you know how to fill out application forms for services from community organizations.

D1a. I know how to get help with learning about different jobs or careers.

* No
* Yes

[Item constructed by study team for this project.]

**[IF YES, ANSWER D1b]**

D1b. I know how to get help with learning about different jobs or careers from… (*You can choose more than one option*):

* School programs or adults at school
* Community organizations or adults in my community outside of school
* My family
* My friends
* Someone else: Please describe who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Item constructed by study team for this project.]

D2a. I know how to get help with learning about the education or training needed for jobs that I want.

* No
* Yes

[Source: Adapted from NLTS-2012.]

**[IF YES, ANSWER D2b]**

D2b. I know how to get help with learning about the education or training for jobs that I want from... (*You can choose more than one* *option*):

* School programs or adults at school
* Community organizations or adults in my community outside of school
* My family
* My friends
* Someone else: Please describe who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Source: Adapted from NLTS-2012.]

D3a. I know how to get help with getting a job after high school.

* No
* Yes

[Item constructed by study team for this project.]

**[IF YES, ANSWER D3b]**

D3b. I know how to get help with getting a job after high school from… (*You can choose more than one option*):

* School programs or adults at school
* Community organizations or adults in my community outside of school
* My family
* My friends
* Someone else: Please describe who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Item constructed by study team for this project.]

D4a. I know how to get help with finding help paying for college or other types of school after high school.

* No
* Yes

[Source: Adapted from NLTS-2012.]

**[IF YES, ANSWER D4b]**

D4b. I know how to get help with finding help paying for college or other types of school after high school from… (*You can choose more than one option*):

* School programs or adults at school
* Community organizations or adults in my community outside of school
* My family
* My friends
* Someone else: Please describe who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Source: Adapted from NLTS-2012.]

D5a. I know how to get help with meeting my disability and health needs after high school.

* No
* Yes

[Item constructed by study team for this project.]

**[IF YES, ANSWER D5b]**

D5b. I know how to get help with meeting my disability and health needs after high school from... (*You can choose more than one option*):

* School programs or adults at school
* Community organizations or adults in my community outside of school
* My family
* My friends
* Someone else: Please describe who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Item constructed by study team for this project.]

D6a. I know how to get help with living on my own (for example, financial, housing, or transportation help).

* No
* Yes

[Item constructed by study team for this project.]

**[IF YES, ANSWER D6b]**

D6b. I know how to get help with living on my own from… (*You can choose more than one option*):

* School programs or adults at school
* Community organizations or adults in my community outside of school
* My family
* My friends
* Someone else: Please describe who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Item constructed by study team for this project.]

## E. Student Activities to Meet Goals

E1. Thinking about activities to prepare for education or a career after high school, I have... (*You can choose more than one option.)*

* Worked in a job for which I got paid.
* Worked in an unpaid job or internship.
* Met with a Vocational Rehabilitation (VR) Counselor.
* Passed a high school class to earn college credit.
* Passed any college class.
* Visited a college.
* Applied to a college or training program I will go to after high school. [Programming note: Ask in wave 2 and wave 3 only.]
* Filled out a financial aid form for college. [Programming note: Ask in wave 2 and wave 3 only.]

[Source: Adapted from the NLTS-2012.]

Now think about your daily life and activities. Indicate whether the following statements are true.

E2. I have a driver’s license or learner’s permit.

* No
* Yes

[Source: NLTS-2012.]

E3. I have a public transportation card (for example, to ride the bus, train, or subway).

* No
* Yes

[Source: Adapted from NLTS-2012.]

E4. I have my own bank account.

* No
* Yes

[Source: Adapted from NLTS-2012.]

E5. I know how to use a debit or credit card to pay for things.

* No
* Yes

[Source: Adapted from NLTS-2012.]

E6. I can use an ATM or cash machine without any help.

* No
* Yes

[Source: Adapted from NLTS-2012.]

E7. I usually make my own appointments when I need them (for example, for visiting a doctor or getting a haircut).

* No
* Yes

[Source: Adapted from NLTS-2012.]

## F. Experience with Transition Support Services Delivered by [SDLMI-Transition *OR* SDLMI-Transition with Mentoring] [Programming note: Ask in wave 2 and wave 3 only; ask only for treatment students.]

[Source: All items in this section were constructed by the study team for this project.]

Think about your experience as part of [SDLMI-Transition *OR* SDLMI-Transition with Mentoring] – the transition program that you have been participating in. Choose “Yes” if you agree, and “No” if you disagree with each of the next statements.

F1. The program helps me identify goals for after high school that I can work towards.

* No
* Yes

F2. The program helps me identify goals for after high school that are based on my interests.

* No
* Yes

F3. The program helps me monitor my progress towards my goals.

* No
* Yes

F4. The program helps me communicate about my goals and plans with my IEP team.

* No
* Yes

F5. The program helps me discuss my goals and plans with my parent/guardian.

* No
* Yes

F6. The program helps me access the right resources to support my progress towards my goals.

* No
* Yes

We would like to understand if you had any difficulties with any parts of the [SDLMI-Transition *OR* SDLMI-Transition with Mentoring] program. Choose “Yes” if you agree and “No” if you disagree with each of the next statements.

F7. It was hard for me to take time from my schedule to attend the program sessions.

* No
* Yes

F8. It was hard for me to take planned steps towards my goals on my own.

* No
* Yes

F9. It was hard for me to get accommodations to complete program activities.

* No
* Yes