

Charting My Path for Future Success Project

Appendix C: School Staff Survey of Transition Services



JULY 2024

Introduction

Thank you for participating in the *Charting My Path for Future Success* study.

We are interested in learning more about what high schools can do to help youth with disabilities prepare for their transitions out of high school. To help with this, we are asking staff members to fill out a short survey about each of their students. This survey asks about students' participation in transition-related activities and supports in school as well students' and their parents'/guardians' engagement in the student's transition planning process.

In order to complete the survey, you will likely need to gather information necessary to answer the survey questions. For example, to answer questions on employment preparation activities a student participated in, you may need to access a range of sources of information such as the student's portfolio of activities; IEP; transition, career, or CTE plans; or counselor notes about the student. This information may be held by multiple school staff members who work with the student. We ask that you review the survey questions, then coordinate with these individuals to collect any documentation you need before you begin the survey.

The survey should take you about 20 minutes to complete for each student, including about 10 minutes per student to gather information from colleagues as needed and 10 minutes to respond to the survey questions once you have the necessary information readily available.

This Survey of Transition Supports collects students' personally identifiable information (PII). The Department of Education and the study evaluation team take data security and student privacy seriously for all of our education, workforce, and youth support projects. We will carefully implement district research office rules and adhere to Federal confidentiality laws.

AIR uses strict data security practices to protect the privacy of all information collected. We will keep survey responses in a secure location and all information shared will be confidential within the study team. The study team will not use responses from this survey in published documents and we will not share responses with anyone outside the team. The study team will not provide information that identifies you, the students reported on in this survey, your school, or your district to anyone outside the team, except as required by law. The study team will destroy all survey responses at the end of the study.

For more details about this study, please contact the study team at chartingmypath@air.org.

For questions about the rights of research participants in this study, please contact the Chair of AIR's Institutional Review Board by email at IRBChair@air.org or by phone at 1-800-634-0797, or by mail at c/o IRB, 1400 Crystal Drive, 10th Floor, Arlington, VA 22202.

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 an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 1850-0979. The time required to complete this collection of information is estimated to average 0.33 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this form, or comments/concerns regarding the status of your individual submission of this form, please write to: Institute of Education Sciences, NCEE, 550 12th Street SW, Washington, DC 20202.

A. Staff Background

Section A asks you to provide some information about yourself. You will only need to complete Questions A1–A3 once.

A1. Please fill out the following information about yourself.

School Name	Auto populated
School ID	Auto populated
Student name	Auto populated
First Name	
Last Name	
Job Title/Primary Role	

A2. For how many years have you been in your current role (round to the nearest whole year and exclude the current school year)? _____

A3. What is the approximate class size (number of students) you teach or support during a typical instructional period in your current role? _____

Please answer the following question about the student for whom you are completing the current survey. You will answer this question for each student.

A4. What is your relationship to [insert student name]? _____

B. Student Participation in Transition Services and Activities

We would like to ask some questions about [insert student name]'s participation in transition-related activities or supports in school. When answering these questions, please think about [insert student name]'s participation in school- or district-based activities since the beginning of the school year (including current participation). This may include participation in activities sponsored by the school or district, or recommendations for outside services provided to the student by the school.

B1. Since the beginning of the school year, which of the following activities or supports has [insert student name] participated in through the school or district, or been connected to by the school or district, to help in employment preparation? Please mark all options that apply.

- Pre-employment transition services or pre-ETS
- Formal assessment of career skills or interests, such as Self-Directed Search or Career Interest Inventory
- Career counseling
- Job readiness or prevocational training
- Instruction in looking for jobs
- Job shadowing, work exploration (paid or unpaid)
- Internship, apprenticeship, or temporary job (paid or unpaid)
- School work-study job or work in a school-based business
- Co-op job, that is, work experience as part of a class the student took for credit
- Tech-prep, entrepreneurship, or specific job skills trainings
- Referrals to potential employers for paid work
- Referrals to potential employers for unpaid work
- Referrals to other job placement supports

[Source: Adapted from the National Longitudinal Transition Study-2 School Program Survey and the High School Longitudinal Study of 2009 School Counselor Base Year Questionnaire]

B1a. [If “Pre-employment transition services or pre-ETS” is checked in B1]: As part of the pre-ETS services, which of the following activities did [insert student name] participate in? Please mark all options that apply.

- “ Job exploration counseling, like exploring career options, learning about job skills.
- “ Work-based learning experiences, like participating in paid and non-paid work experiences.
- “ Counseling on post-high school education or training opportunities, like learning about college admission, or program application processes.
- “ Workplace readiness activities, like learning social skills and behavior that can help you be ready for a workplace.

Instruction in self-advocacy, like learning skills to convey your interests and desires, and plan your own life.

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

B2. Since the beginning of the school year, has [insert student name] received supports from the school for any of the following activities? If yes, please indicate whether any of these supports were delivered in formal instruction (school-based, structured group or one-on-one sessions) by an adult). (The adult could be a teacher, instructor, mentor, or other staff person.)

	(B2.a.) Yes/No [If yes, answer B2.b]	(B2.b.) Were any of these supports delivered in formal instruction (school- based, structured group, or one-on- one sessions) by an adult? [If yes, answer B2.c]	(B2.c.) Total number of sessions the student participated in since the beginning of the school year
Building self-determination skills including goalsetting, making choices, and problem solving.	_____	_____	Group sessions: _____ One-on-one sessions: _____
Reflecting on how the transition goals and services in their IEPs align with their plans and preferences and whether adjustments are needed.	_____	_____	Group sessions: _____ One-on-one sessions: _____
Taking active steps and monitoring progress towards postschool goals. Examples of active steps toward postschool goals could include researching careers, submitting a job application, or applying for federal student financial aid (FAFSA).	_____	_____	Group sessions: _____ One-on-one sessions: _____

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

B3. For the statement below, select one option based on how much you agree or disagree.

	Strongly agree	Agree	Disagree	Strongly disagree
[Insert student name]'s transition plan includes courses of study that will reasonably enable [insert student name] to meet their postsecondary goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Source: Adapted from state Indicator 13 rubrics]

C. Student and Parent Engagement in Transition Planning

We would now like to ask you about [insert student name]'s and their family's engagement in the student's transition planning process.

C1. Since the beginning of the school year, how many times has [insert student name] met with you or other school staff on the IEP team to talk about their goals and plans for what they will do after high school? Please include any official meeting that involved discussion of [student name]'s goals and plans for after high school. For example, this may include IEP meetings and transition planning meetings. _____ (Total count) _____

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

C2. Since the beginning of the school year, how many times has [insert student name]'s family (parent or guardian) met with you or other school staff on their IEP team to talk about [insert student name]'s goals and plans for what they will do after high school? Please include any official meeting that involved discussion of [student name]'s goals and plans for after high school. For example, this may include IEP meetings and transition planning meetings. _____ (Total count) _____

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

C3. [If C2 is 1 or more]: For each statement below, please indicate to the best of your knowledge the extent to which parents or guardians did each of the following in their official meeting(s) since the beginning of the school year to discuss [student name]'s goals and plans for after high school. Select one option.

	To a great extent	To some extent	Very little	Not at all
[Insert student name]'s parents or guardians shared their ideas and opinions during the meeting(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert student name]'s parents or guardians talked with school staff before or after the meeting(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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