



PENNSYLVANIA EXIT SURVEY - Blank Form 13-14 - Cohort 4

Use this form to complete the survey with students who have dropped out, graduated, aged out or obtained a GED between September 1, 2013 and February 28, 2014.

Student Demographic Information

1.	Student Last Name	
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2.	Student First Name	
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3.	Is this student a "leaver" for this year?	No	☒
		Yes	☐

4.	Date student is exiting school MM/DD/YYYY	
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Check only ONE option			
5.	Manner in which student will exit school	Graduate with a high school diploma	☐
		Drop-out	☐
		Reach maximum age	☐
		Receive a GED	☐

6.	District of Residence (LEA)	
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7.	PA Secure ID	
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8.	Date of Birth MM/DD/YYYY	
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Check only ONE option			
9.	Gender	Female	☐
		Male	☐

Check only ONE option		
10.	PRIMARY Special Education Disability	<i>Mental Retardation</i>
		<i>Hearing Impairment including Deafness</i>
		<i>Speech or Language Impairment</i>
		<i>Visual Impairment including Blindness</i>
		<i>Emotional Disturbance</i>
		<i>Orthopedic Impairment</i>
		<i>Specific Learning Disability</i>
		<i>Deaf-Blindness</i>
		<i>Multiple Disabilities</i>
		<i>Autism</i>
		<i>Traumatic Brain Injury</i>
		<i>Other Health Impairment</i>

Check only ONE option		
11.	Ethnicity in School Records	<i>American Indian/Alaskan Native</i>
		<i>Black or African American</i>
		<i>Hispanic</i>
		<i>White</i>
		<i>Multiracial</i>
		<i>Asian</i>
		<i>Native Hawaiian or Other Pacific Islander</i>

Complete the Following Questions Using the Student's Most Current IEP

		<i>Check only ONE option</i>	
12.	What <u>education/training</u> post secondary goal is included in this student's IEP for the period immediately following high school?	<i>2 or 4 year college</i>	
		<i>Post-secondary vocational training program</i>	
		<i>Short-term education or employment training program</i>	
		<i>Community or technical college</i>	
		<i>Apprenticeship program</i>	
		<i>On-the-job training</i>	
		<i>Licensing program (Nursing, Cosmetology, etc.)</i>	
		<i>Adult continuing education courses</i>	
		<i>Adult Training Facility</i>	
		<i>Adult center program</i>	
		<i>Adult in-home program</i>	
		<i>Other training program</i>	
<i>Please describe: _____</i>			
<i>The IEP team has determined that this post-secondary goal is not applicable for the student</i>			

		<i>Check only ONE option</i>	
13.	What <u>employment</u> post secondary goal is included in this student's IEP for the period immediately following high school?	<i>Competitive employment</i>	
		<i>Military</i>	
		<i>Employed in family business</i>	
		<i>Self-employment</i>	
		<i>Supported employment (paid work in a community setting with support services)</i>	
		<i>Sheltered employment (where most workers have disabilities)</i>	
		<i>Employment that allows for technological and medical supports</i>	
		<i>The IEP team has determined that this post-secondary goal is not applicable for the student</i>	

		<i>Check only ONE option</i>	
14.	What <u>independent living</u> post secondary goal is included in this student's IEP for the period immediately following high school?	<i>Independent living</i>	
		<i>Family Support (will access community resources and programs with family support)</i>	
		<i>Agency Support (will access community resources and programs with agency support)</i>	
		<i>Other independent living goal area</i>	
		<i>Please describe: _____</i>	
<i>The IEP team has determined that this post-secondary goal is not applicable for the student</i>			

Exit Survey Student Section – Complete prior to the student exiting high school

Check ALL that apply			
15.	Identify each class/activity in which you took part in high school.	Career/technology education (vo-tech)	
		Community-based work instruction	
		Community-based life skills instruction	
		Unpaid work experience	
		Paid work experience	
		College prep	
		Academic instruction	

Check ALL that apply			
16.	Identify each accommodation you received in high school.	A note-taker	
		Extra time on tests or assignments	
		Books on tape	
		Electronic textbooks read to me using a computer	
		A tape recorder	
		A reader	
		Someone writing for me during tests	
		Personal care attendant	
		Sign Language Interpreter	
		Assistive Technology:	
		Please describe _____	
		Other:	
		Please describe _____	
		None	

Exit Survey STUDENT Questions
Contact Information after Leaving High School

Student Information					
Home Phone:	()	Cell Phone:	()		
Email address:					
Street address:					
City:		State:		Zip Code:	
Primary contact other than student					
Last Name:					
First Name:					
Relationship to Student:					
Home Phone:	()	Cell Phone:	()		
Email address:					
Street Address:					
City:		State:		Zip Code:	

Person Conducting Interview			
Last Name:			
First Name:			
Phone:	()	Email address:	

Check only ONE option		
Primary Role of Interviewer	<i>Teacher</i>	
	<i>Administrator</i>	
	<i>Transition personnel</i>	
	<i>Paraprofessional/ education assistant</i>	
	<i>School psychologist</i>	
	<i>School counselor</i>	
	<i>Please describe:</i> <div style="border-bottom: 1px solid black; width: 80%; margin-top: 5px;"></div>	