

INDICATOR 14: POST-SCHOOL OUTCOMES SURVEY

SPECIAL EDUCATION - GUIDANCE BRIEF FOR STUDENTS AND FAMILIES



The Oklahoma State Department of Education (OSDE) annually surveys students who exit school a year after they leave. This survey is called the indicator 14: Post-School Outcomes (PSO) survey. We use the survey results to improve transition programs and services in our local school districts. Our goal for Oklahoma is to improve our overall response rate to at least 30% in the next few years, eventually increasing it to more than 50%.

WE WANT TO HEAR FROM YOU!

WE WANT TO KNOW WHAT YOU HAVE BEEN DOING SINCE HIGH SCHOOL!

IT'S QUICK AND EASY! IT'S IMPORTANT!

WE NEED YOUR HELP!

- 1. Update your student and family contact information.** Before you leave school, please make sure that your student and family contact information is up to date, including first and last names, addresses, phone numbers with area codes, and long-term emails (e.g., Yahoo, Gmail, AOL), not a school email.
- 2. Participate in the PSO Survey.** About a year after leaving school, you will be contacted by email, text message, and/or phone by someone representing OSDE and your school. It might be your former teacher, someone else from your school, or a survey company called Data Driven Enterprises.
 - **Email Messages:** If the school has your email, you will get an email from Data Driven Enterprises. The email message will include a link that you can click on to complete the survey online in just a few minutes.
 - **Text Messages:** You will also get a text message from Data Driven Enterprises. The text message will include a link that you can click on to complete the survey online in just a few minutes.
 - **Phone Interview:** If you do not respond by email or text, you'll get a phone call. It might be from your former teacher, someone else from your school, or a survey company called Data Driven Enterprises.

- 3. Be informed about the survey.** See the survey questions on the following pages.



PSO SURVEY QUESTIONS

A. EDUCATION SECTION

A1. At any time in the past year, have you attended any school, education, or job training program (for example, enrolling in a college or university and/or participation in an occupational training program, a church or humanitarian mission, or the job corps)?

A2a. Have you attended a high school completion program including an Adult Basic Education or GED program?

A2a1. How many terms or semesters have you completed?

A2b. Have you attended a short-term education or employment-training program such as the Job Corps, WIA, or Department of Rehabilitation Services?

A2b1. How many terms or semesters have you completed?

A2c. Have you attended a vocational or technical school – (a certificate program or less than a 2-year program)?

A2c1. How many terms or semesters have you completed?

A2d. Have you attended a training program that lasts at least a year for a particular occupation?

A2d1. How many terms or semesters have you completed?

A2e. Have you attended a two-year community or technical college?

A2e1. How many terms or semesters have you completed?

A2f. Have you attended a four-year college or university?

A2f1. How many terms or semesters have you completed?

A2g. Have you participated in a formal humanitarian program such as the Peace Corps, Vista, AmeriCorps, or a Church Mission?

A2g1. How many terms or semesters have you completed?

A2h. Have you attended an educational program while incarcerated?

A2h1. How many terms or semesters have you completed?



B. EMPLOYMENT SECTION

- B1. Which of the following best describes your current employment status?**
- B2. Have you/did you work at this job for at least 90 days?**
- B3. Is/was your job:**
- B4. On this job, are you (were you) paid at least minimum hourly wage (\$7.25/hour in Oklahoma)?**
- B5. Would you say that you usually work at least 20 hours a week?**
- B6. How many hours do you (did you) usually work per week at this job? Provide one number, not a range. _____**

C. COMPETITIVE INTEGRATED EMPLOYMENT SECTION

- C1. What is the name of the company you work/worked for? _____**
- C2. Does the company where you work have at least 15 employees?**
- C3. When doing your job, did you interact or talk with co-workers without a disability to get your job done? If you are unsure, give your best guess.**
- C4. In this job, were you or are you eligible for a pay raise or promotion? If you are unsure, give your best guess.**
- C5. Were you paid the same as other people who work in a similar job with the same skills, experience and training? If you are unsure, give your best guess.**
- C6. In this job, did you receive benefits (such as group insurance like health, dental, vision, paid sick leave or vacation social security, unemployment insurance, workers' compensation)? If you are unsure, give your best guess.**

