

**PHASE II (MS#019d(13)-H01)
PRODUCT OF STUDY #4**

University of Hawai'i at Manoa Center on Disability Studies
National Center for the Study of Postsecondary Educational Supports
A Rehabilitation Research & Training Center

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Survey of School to Work Transition

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SURVEY OF SCHOOL TO WORK TRANSITION

I. INTRODUCTION

Your answers to this survey will help the Rehabilitation Research and Training Center on Postsecondary Educational Supports at the University of Hawaii, Manoa gather information about how well you were supported when transitioning from college to work. Questions about your postsecondary preparation, transfer and on the job supports will be asked. It will also give the RRTC information about transfer services that are needed to ensure successful school to work transfer. Thank you for your time and cooperation!

II. BACKGROUND INFORMATION

Name _____ Telephone (____) _____

Mailing address _____

Street

City

State

1. What type of **postsecondary institution** did you attend? _____ # Of Years _____

2. What was your **major**? _____

3. **Highest** education degree completed:

1 1-Year Vocational Certificate

2 Associates Degree (AA/AS)

3 Bachelor's Degree (BA/BS)

4 Graduate Degree (PhD, MD)

4. Racial / Ethnic Group:

___ Hawaiian

___ Filipino

___ Samoan

___ Puerto Rican

___ Chinese

___ Portuguese

___ Tongan

___ Don't know

___ Japanese

___ Korean

___ Black

Other _____

___ Caucasian

___ Hispanic

___ American Indian/Alaskan Native

5. Are you **currently employed** in your profession of training? YES NO

6. How many years have you held your employment position? _____ What is your **annual salary**? _____

III. PREPARATORY POSTSECONDARY SUPPORTS

7. What types of **supports** did you request and/or receive **while you were enrolled** in postsecondary education? (Please **circle all** that apply)

1 Educational supports

5 Transportation supports

2 Career related supports

6 Other _____

3 Personal supports

7 None received. If you circle none, please go on to Section IV. Transition Supports.

4 Health related supports

How **satisfied** were you with the **supports** you requested/received **while you were enrolled**?

(Please **circle one** number)

1

2

3

4

5

Very dissatisfied

very satisfied

8. Which of the following **agencies** did you request or receive supports from **while you were enrolled**? (Please **circle all** agencies that have served you)

1 Vocational Rehabilitation (VR)

6 College Disabilities Support Services

2 Mental Retardation/ Developmental Disabilities

7 Mental Health Agency

3 Natural supports (Family, friends)

8 Other _____

4 SSA (Social security allowance, insurance, and/or disability insurance)

5 Labor (Job Training Partnership Act/Workforce Investment Act)

How **satisfied** were you with the **agencies** that you requested and/or received supports from **while you were enrolled**? (Please **circle one** number)

1

2

3

4

5

Very dissatisfied

very satisfied

SURVEY OF SCHOOL TO WORK TRANSITION

III. PREPARATORY POSTSECONDARY SUPPORTS (cont.)

9. Who **coordinated and/or managed** the supports that you asked for and/or received **while you were enrolled?** (Please **circle all** that apply.)

- | | |
|---------------------------------------|---------------------------|
| 1 Transition coordinator | 6 Family or friends |
| 2 Vocational rehabilitation counselor | 7 College counselor |
| 3 Disability support coordinator | 8 Veterans Administration |
| 4 Health related professional | 9 Other _____ |
| 5 Self | |

How **satisfied** were you with the **coordination and/or management** of the supports that you requested/received **while you were enrolled?** (Please **circle one** number)

- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| very dissatisfied | | | | very satisfied |

IV. TRANSITION SUPPORTS

10. What types of **supports** did you request and/or receive **during your transition** to the workplace? (Please **circle all** that apply)

- | | |
|--|---|
| 1 Job placement supports | 6 Time related supports (i.e., flex time) |
| 2 Assistive technology (i.e., phone amplifier) | 7 Physical supports (i.e., ramps) |
| 3 Health related accommodations | 8 Other _____ |
| 4 Transportation supports | 9 None received. If you circle none, please |
| 5 Essential function accommodations (i.e., reader) | go on to Section V. Employment Supports. |

How **satisfied** were you with the types of **supports** that you requested/received **during your transition** to the workplace? (Please **circle one** number)

- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| very dissatisfied | | | | very satisfied |

11. Which of the following **agencies** did you request and/or receive supports from **during the transition** from postsecondary education to the workplace? (Please **circle all** agencies that have served you)

- 1 Vocational Rehabilitation (VR)
- 2 Postsecondary program
- 3 Ticket to Work
- 4 Employer Disabilities Support Services
- 5 SSA (Social security allowance, insurance, and/or disability insurance)
- 6 Other _____

How **satisfied** were you with the **agencies** that provided supports **during your transition** from postsecondary education to the workplace? (Please **circle one** number)

- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| very dissatisfied | | | | very satisfied |

12. Who **coordinated and/or managed** the supports that you asked for and/or received **during the transition** from postsecondary education to the workplace? (Please **circle all** that apply)

- | | |
|---------------------------------------|--|
| 1 Department of Veterans Affairs | 6 Family or friends |
| 2 Vocational rehabilitation counselor | 7 Social Security Administration counselor |
| 3 Disability support coordinator | 8 Self |
| 4 Health related professional | 9 Other _____ |

How **satisfied** were you with the **coordination and/or management** of the supports that you requested/received **during the transition** from postsecondary education to the workplace? (Please **circle one** number)

- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| very dissatisfied | | | | very satisfied |

SURVEY OF SCHOOL TO WORK TRANSITION

V. EMPLOYMENT SUPPORTS

13. What types of **on-the-job supports** have you requested and/or received? (Please **circle all** that apply)

- | | |
|--|-----------------------------------|
| 1 Time relatd supports (i.e., flex time) | 5 Physical supports (i.e., ramps) |
| 2 Assistive technology (i.e., phone amplifier) | 6 Health related accommodations |
| 3 Essential function accommodations (i.e., reader) | 7 Other _____ |
| 4 None received. If you circle none, please go on to Section VI. Conclusion. | |

How **satisfied** are you with the types of **on-the-job supports** that you have requested/received? (Please **circle one** number)

- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| very dissatisfied | | | | very satisfied |

14. Which of the following **agencies** did you request and/or receive **on-the-job supports** from? (Please **circle all** agencies that have served you)

- | | |
|---|------------------------|
| 1 Vocational Rehabilitation (VR) | 4 Ticket to Work (SSA) |
| 2 Employer | 5 Other _____ |
| 3 Workforce Investment Act (Dept. of Labor) | |

How **satisfied** were you with the **agencies** that provided you with **on-the-job supports**? (Please **circle one** number)

- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| very dissatisfied | | | | very satisfied |

15. Who **coordinated and/or managed** the **on-the-job supports** that you asked for and/or received? (Please **circle all** that apply)

- | | |
|--|---------------------|
| 1 Ombudsman | 6 Family or friends |
| 2 Vocational rehabilitation counselor | 7 Self |
| 3 On-the-job Health related professional | 8 Other _____ |
| 4 Department of Veterans Affairs | |

How **satisfied** were you with the **coordination and/or management** of the **on-the-job supports** that you requested/received? (Please **circle one** number)

- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| very dissatisfied | | | | very satisfied |

VI. CONCLUSION

16. What have been the most **significant** barrier(s) to securing **employment**? Please **circle all** that apply.

Continuing education

- 1 Not looking for work
- 2 Lack of opportunities
- 3 Lack of job-seeking skills
- 4 Disability-related reasons
- 5 Lack of transportation
- 6 Financial disincentives (i.e., low wages)
- 7 Health insurance conflicts or disincentives
- 8 Other _____
- 9 Other _____

17. What **type** of disability do you have?

- | | | | |
|---------|----------|--------|-----------|
| Sensory | Physical | Mental | Emotional |
|---------|----------|--------|-----------|

18. How would you **classify** the **functioning limitations** of your disability?

- | | | |
|------|----------|--------|
| Mild | Moderate | Severe |
|------|----------|--------|

THANK YOU FOR YOUR PARTICIPATION!!!!