Post-Graduation Follow-up Survey on Technology and Work Outcomes

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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Improving the Quality of Higher Education Programs for Students with Disabilities
Ohio State University Collaborative Site
Post-Graduation Follow-Up Survey on Technology and Work Outcomes

Interviewer……………………………………… Date of Interview ..............................

Subject ID…………………………………….. College/University ..............................

Directions: Thank you for agreeing to participate in this research study. This is an important study and your responses will help us to better understand the experiences of individuals with disabilities in colleges and universities across the nation. Let me give you a brief overview of what the survey will cover. First, I will ask you some information about yourself. Then I will ask about the accommodations you received while you were in college. Some of the questions will refer to assistive technology that you may have used. Finally, I will ask about your transition to work after college and the accommodations you may have needed in the workplace. For your participation, you will receive $25. The interview should take about 30 minutes. Of course you have the right to not answer any question you choose, and you may stop the interview at any time. Your participation is completely voluntary, and if you decide to stop the interview, you will still receive the $25. You are also free to ask for clarification of any question when necessary. Please note that all your responses will be kept confidential and will not be shared with anyone other than project staff.

In addition, for research purposes only, we would like to audio record the interview process. Again, all your responses will be kept confidential and the tape will not be shared with anyone other than project staff. However, we require your consent in order to record. If no consent is given, we will conduct the interview without recording and you will still receive the $25 compensation. Do you grant us permission to record the interview with you? _____Yes _____No

I. General Information

1. Age
   ○ 18-24
   ○ 25-34
   ○ 35-44
   ○ 45-54
   ○ 55 and Over

2. Gender
   ○ Male
   ○ Female

3. Marital Status
   ○ Never Married
   ○ Married
   ○ Separated
   ○ Divorced
   ○ Widowed

4. Ethnicity
   ○ American Indian/Alaskan Native
   ○ Asian/Pacific Islander
   ○ Black
   ○ Caucasian
   ○ Hispanic/Latino
   ○ Multiethnic

Other (specify): ............................................................................................................
5. Educational History

<table>
<thead>
<tr>
<th>College/University Name</th>
<th>Years Attended (MM/YY – MM/YY)</th>
<th>Major or specialization</th>
<th>Degree Obtained</th>
<th>2/4 Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
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<tr>
<td>b.</td>
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<tr>
<td>c.</td>
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<tr>
<td>d.</td>
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</tr>
</tbody>
</table>

6. Has anyone in your immediate family gone to college, such as parents or siblings?

- [ ] Yes  - [ ] No

7. In high school, did you ever participate in a free-lunch program?

- [ ] Yes  - [ ] No

8. How would you describe your primary disability? (Mark all that apply.)

- [ ] Learning Disability
- [ ] ADD/ADHD
- [ ] Visual Impairment/Blind
- [ ] Hearing Impairment/Deaf
- [ ] Psychological/Psychiatric
- [ ] Speech/Language
- [ ] Health-related/Other health-impaired
- [ ] Orthopedic/Mobility (e.g. uses wheelchair)

Other

9. When was your primary disability first clinically diagnosed?

- [ ] Birth/preschool/kindergarten
- [ ] Elementary
- [ ] Middle/Jr. High
- [ ] High School
- [ ] College

10. What areas of functioning or learning were affected by your primary disability?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading/Reading Comprehension</td>
<td></td>
</tr>
<tr>
<td>Listening Comprehension</td>
<td></td>
</tr>
<tr>
<td>Attention/Concentration</td>
<td></td>
</tr>
<tr>
<td>Oral Expression</td>
<td></td>
</tr>
<tr>
<td>Math Calculation</td>
<td></td>
</tr>
<tr>
<td>Reasoning</td>
<td></td>
</tr>
<tr>
<td>Orientation/Mobility</td>
<td></td>
</tr>
<tr>
<td>Hearing/Auditory Related</td>
<td></td>
</tr>
<tr>
<td>Vision Related</td>
<td></td>
</tr>
<tr>
<td>Spatial Ability</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
II. Instructional Accommodations

Directions: On this part of the survey, I will ask you about various instructional accommodations that you might have used while you were a student or have used (or are currently using) in the workplace. When I use the term “instructional accommodations,” I will generally be referring to changes that were made in the teaching-learning process to accommodate your learning needs. The teaching-learning process includes how instructors deliver instruction, engage the student, and evaluate student learning as through tests or grading. If you were allowed more time to take a test or allowed to sit closer to the instructor so that you could see or hear better—both of these would be examples of an instructional accommodation. For each accommodation I list, please indicate if you have received this accommodation in high school, college, and/or in the workplace with “yes” or “no” responses.

11. What instructional accommodations did you receive? (Mark all settings that apply for each accommodation).

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>High School</th>
<th>College</th>
<th>Work</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Extra time given to take tests or complete projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tests or other materials read to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Quieter or alternate environment provided for tests/work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Specialized software programs used (such as Read &amp; Write, Dragon Naturally Speaking, KURZWEIL, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Notetaker used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Tutor or co-worker provided instruction/assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Scribe used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Priority registration and course scheduling given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Interpreters/translators used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Enlarged print used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Brailled materials used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Reading material on tape used (e.g. books on tape)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Auditory information printed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Recordings of lecture used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Class relocation provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Specialized seating in class provided (e.g. sitting in front to read the board)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Taping of tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. Amplification systems (to hear speaker/instructor more clearly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. Communication with instructor/employer via email</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ...........................................................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Have you ever participated in a formal assessment to identify needed instructional accommodations? Remember, the term “instructional accommodations” refers to changes that were made in the teaching-learning process to accommodate your learning needs.

- [ ] Yes
- [ ] No

If “Yes,” who conducted the assessment? (Mark all that apply.)

- [ ] Vocational Rehabilitation Counselor
- [ ] Disability Services Staff at College
- [ ] Physician
- [ ] Physical/occupational therapist
- [ ] Speech/language pathologist
- [ ] Audiologist
- [ ] School psychologist and/or IEP team
13. Were you ever provided with an instructional accommodation that you did not want, or didn’t think you needed?
   □ Yes □ No

14. Were you ever denied an instructional accommodation that you needed?
   □ Yes □ No

   If “Yes,” Explain: ........................................................................................................
   .................................................................................................................................
   .................................................................................................................................

15. Have you ever made your own accommodations?
   □ Yes □ No

   If “Yes,” Explain: ........................................................................................................
   .................................................................................................................................
   .................................................................................................................................

   If “Yes,” how often have you made your own accommodations?
   □ Almost always
   □ Frequently
   □ Sometimes
   □ Once in a while

16. Overall, how satisfied were you with the accommodations and services you received from your college disability service provider?
   □ Very satisfied
   □ Somewhat satisfied
   □ Somewhat dissatisfied
   □ Very dissatisfied
   □ Not applicable

III. Assistive Technology Devices and Services

   Directions: On this part of the survey, I would like to ask you about various assistive technologies that you may have used while you were a student or have used (or are currently using) in the workplace. When I use the term “technology” or “assistive technology,” I am generally referring to some type of physical device to facilitate the learning process, such as a Brailier or a magnification device. Though sometimes there is overlap between a technological device and an instructional accommodation, don’t worry about making these kinds of distinctions. I can always make notations if I get stuck. First, I am going to ask you about how comfortable you are using certain technologies. When I read the name of each technology, tell me if you would feel “Very Comfortable,” “Somewhat Comfortable,” “Somewhat Uncomfortable,” or “Very Uncomfortable” about using the device. If you have no experience at all in using the technology, just say “Don’t Use” or “No Opinion.” Then I will read a list of some assistive technologies that are commonly used by individuals with disabilities and you can tell me whether you have used the technology either has a high school student, a college student, or on the job.
17. Use of Common Technology Devices

Ask: How comfortable are you with using a ____? Very comfortable, somewhat comfortable, somewhat uncomfortable, very uncomfortable, or you don’t use?

<table>
<thead>
<tr>
<th>Technology Device</th>
<th>Very Comfortable</th>
<th>Somewhat Comfortable</th>
<th>Somewhat Uncomfortable</th>
<th>Very Uncomfortable</th>
<th>Don’t Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. VCR/DVD Player</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Cassette\Tape Recorder</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Voice Mail (phone)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. ATM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Copy/Fax Machine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Overhead or Slide Projector</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Computer Programs (word processing, spreadsheet applications)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. E-Mail/AOL</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. Personal Data Assistant (PDA) [i.e. palm pilot]</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

18. Assistive Technology Devices Used

Ask: Have you used ____ in high school, college, or work? (Mark all settings that apply for each technology).

A. Orthopedic Disabilities
1. Adapted keyboards and keyguards
2. Adapted workstations
3. Mouse/switch options (joystick, trackball)
4. Pointer options (optical, head-sticks, touch-screens, on-screen keys)
5. Alternative-augmentative communication system

B. Visual Impairments
1. Braille note-takers
2. Screen or text readers (reads text and toolbars)
3. Optical Character Recognition
4. Screen magnification devices (CCTV, large monitors)
5. Screen magnification software (i.e.: Zoomtext)
6. Specialized tape recorders (4-track, voice activated)
7. Telebraille devices
8. Refreshable Braille Displays

C. Hearing Impairments
1. Assistive listening devices (FM systems, directional microphones)
2. Speaker phones
3. TTY/TDD
4. Real-time captioning
5. Video captioning
   High School □ College □ Work □ N/A □
6. Hearing aids
   □ □ □ □

D. Learning Disabilities
1. Voice recognition/dictation software (i.e.: Dragon Dictate)
   □ □ □ □
2. Text highlighters/organizers/outliners (computer programs)
   □ □ □ □
3. Word prediction software
   □ □ □ □
4. Talking calculators
   □ □ □ □
5. Talking Dictionary
   □ □ □ □
6. Portable note-taking devices
   □ □ □ □
7. Talking books
   □ □ □ □
8. Text help software (e.g. Kurzweil, Read & Write, Wynn)
   □ □ □ □
9. Scanner
   □ □ □ □
Other: .................................................................

19. Have you ever participated in a formal assessment to identify your assistive technology needs?
   □ Yes □ No
   
   If “Yes,” who conducted the assessment? (Mark all that apply.)
   □ Vocational Rehabilitation Counselor
   □ Disability Services Staff at College
   □ Physician
   □ Physical/occupational therapist
   □ Speech/language pathologist
   □ Audiologist
   □ School psychologist and/or IEP team
   □ Psychologist other than school psychologist
   □ Other: ............................................................................................................................

20. Were you ever asked to use assistive technology that you did not want, or didn’t think you needed?
   □ Yes □ No

21. Did you ever feel you needed an assistive technology device that was not provided?
   □ Yes □ No
   
   If “Yes,” Explain: ....................................................................................................................................
   ..............................................................................................................................................................
   ..............................................................................................................................................................

22. Based on a scale from 1 to 5, where 1 represents “Almost Nothing” and 5 represents “Everything I Needed to Know,” how much did you learn about the assistive technologies available at your college from disability service providers?
   
<table>
<thead>
<tr>
<th>Almost Nothing</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td></td>
<td>□</td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>
23. Based on a scale from 1 to 5, where 1 represents “Almost Nothing” and 5 represents “Everything I Needed to Know,” how much did you learn about the assistive technologies available at your college from other campus resources, including peers?

<table>
<thead>
<tr>
<th>Almost Nothing</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Everything I Needed to Know</th>
</tr>
</thead>
</table>

24. What technology was most useful to you in college? *(Note to interviewer: If “none,” skip to item 30).*

Name of Device: ..........................................................................................................................................................

25. How was this technology purchased? (i.e. self, state rehabilitation counselor, college disability services, etc.)

How Purchased: ...........................................................................................................................................................

26. Who taught you how to use it? *(Mark all that apply.)*

- [ ] Special Education Staff
- [ ] Disability Support Services
- [ ] Medical Staff
- [ ] Parent
- [ ] Vocational Rehabilitation
- [ ] Self
- [ ] Other: ...........................................................................................

27. When did you first learn to use this technology? *(Mark only one.)*

- [ ] Birth/preschool/Kindergarten
- [ ] Elementary
- [ ] Middle/Jr. High
- [ ] High School
- [ ] College
- [ ] At work

Go to 28

Go to 29

*(Note to interviewer: If respondent indicates High School or earlier, ask Item 28, then 29. Otherwise skip 28 and continue with Item 29.)*

28. What planning or preparation occurred so that you could keep using the technology device from high school to college? *(Note to interviewer: Probe for financial supports, social supports; ask if continued use of device was part of the student’s Individual Education Plan/IEP.)*

..........................................................................................................................................................................................
..........................................................................................................................................................................................
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29. What planning or preparations needed to occur so that you could keep using the technology device from college to the workplace? *(Note to interviewer: Probe for financial supports, social supports.)*

..........................................................................................................................................................................................
..........................................................................................................................................................................................
..........................................................................................................................................................................................

30. While in college, did you participate in any internships (e.g. practicums, apprenticeships) related to your field of study?

- [ ] Yes
- [ ] No
- [ ] Not Applicable *(internships not offered)*

31. While in college, did you participate in any extracurricular activities (e.g. sports, clubs) that were not related to your field of study?

- [ ] Yes
- [ ] No
32. Based on how you have used assistive technology in the past, in what setting has it been the most useful to you?
   - As a Student
   - On the job
   - Both
   - Neither
   - Not applicable (e.g. has not used technology)

33. In your opinion, what services should be available at the college or university to ensure that students with disabilities are able to continue using assistive technologies after they leave college and enter the workplace?
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................

34. What advice would you give to new students to help them ensure that their technology needs are met in college and in the workplace?
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................

35. Overall, how satisfied were you with the adaptive technology support you obtained, regardless of how you obtained it?
   - Very satisfied
   - Somewhat satisfied
   - Somewhat dissatisfied
   - Very dissatisfied
   - Not applicable

IV. Employment

36. Did you have a job while attending college? *(Note to interviewer: the job can be a work-study position or a paid internship.)*
   - Yes
   - No
   If “Yes,” was it full-time or part-time?
   - Full-time
   - Part-time
37. Are you currently employed?
  □ Yes □ No

If “No,” ask, why aren’t you currently employed? (Do not read list of reasons, just mark all that apply based on respondent’s answer.)
  □ Going to school/in a training program
  □ Currently looking for work
  □ Is a homemaker/raising a family
  □ Tried to get a job and couldn't/no one will hire graduate
  □ Doesn't want to work/doesn't need job or money
  □ Doesn't know how to find a job
  □ Available jobs for youth aren’t worth having/don’t interest him/her
  □ Not looking for work—too hard to look.
  □ Aren't any jobs available
  □ Parents/spouse don't want their son/daughter/spouse to work
  □ Jobs too hard to get to/transportation problems
  □ Would lose SSI/disability/unemployment/other benefits
  □ Graduate has a job that hasn't started yet.
  □ Waiting to hear about a job/program for which graduate has applied

38. Occupational History (Note to interviewer: if hourly wage unknown, ask annual salary.)

<table>
<thead>
<tr>
<th>Job Title/Position (Including Current Job)</th>
<th># of Months Employed at Job</th>
<th># of Paid Hours Worked per Week</th>
<th>Hourly Wage</th>
<th>Related to Program/Field of Study in College (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a..........................................................</td>
<td>..............................</td>
<td>..................................</td>
<td>.............</td>
<td>..................................................</td>
</tr>
<tr>
<td>b..........................................................</td>
<td>..............................</td>
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<td>.............</td>
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<tr>
<td>c..........................................................</td>
<td>..............................</td>
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<td>.............</td>
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<tr>
<td>d..........................................................</td>
<td>..............................</td>
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<td>.............</td>
<td>..................................................</td>
</tr>
</tbody>
</table>

Directions: I will be using the term “primary job” for some questions. Please note, that term refers to the job at which you currently spend the most time. Note to interviewer: If respondent is currently unemployed, skip items 39, 40, 41 and continue with item 42.

39. Who helped you to find your primary job? (Note to interviewer: Mark only one, the one that gave the most help.)
  □ No one—found job by self  □ Informal network (e.g. family, friends, acquaintances, etc.)
  □ Vocational Rehabilitation Services  □ Disability services staff at college
  □ College career/job placement center  □ Department at College
  □ Employment agency/temp agency

40. Does anyone from an agency or program keep in touch with you to see how things are going at this job?
  □ Yes  □ No

If “Yes,” who? (Note to interviewer: record person’s job title/position and organization at which they work.)

.................................................................................................................................
41. What types of benefits do you get with your primary job? (Mark all that apply.)
- Paid vacation
- Medical/health care
- Personal leave
- Sick leave
- Retirement/401K
- None

42. Did you experience (or are you experiencing) any barriers in finding and/or getting a job?
- Yes
- No

If “Yes,” what were (are) some barriers you’ve experienced? (Note to interviewer: do not read list of barriers, just mark all that apply based on respondent’s answer.)
- Continuing education
- Lack of job-seeking/findings skills
- Lack of transportation
- Poor labor market conditions
- Lack of job opportunities in field
- Disability-related reasons (stigma, can’t perform work because of disability)
- Financial disincentives (receiving SSI, being paid not to work)
- Fear of not getting needed accommodations on the job
- Difficulties in transferring technology
- Other: ...........................................................................................

43. What technology has been most useful to you on the job?
Name of Device: ............................................................................................................................

44. How was this technology purchased? (i.e. self, state rehabilitation counselor, employer, etc.)
How Purchased: ............................................................................................................................

45. Who taught you how to use it?
- Special Education Staff
- Disability Support Services
- Medical Staff
- Parent
- Vocational Rehabilitation
- Self
- Other: ...............................................................................................

46. When did you first learn to use this technology? (Mark only one.)
- Birth/preschool/kindergarten
- Elementary
- Middle/Jr. High
- High School
- College
- At work

47. Given a situation where your employer is willing to provide accommodations, how satisfied are you with your ability to do the following:

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. To do your job with the accommodations you are using now.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Identify your employment accommodation needs.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>c. Discuss accommodation needs with employer</td>
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<td>○</td>
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<td>d. Negotiate reasonable accommodations with employer</td>
<td>○</td>
<td>○</td>
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<td>e. Evaluate the effectiveness of an accommodation</td>
<td>○</td>
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<td>f. Keeping your employer informed of accommodation needs</td>
<td>○</td>
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<td>g. Participate in all aspects of the accommodation request process</td>
<td>○</td>
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</tbody>
</table>
48. Who helped you to develop your advocacy skills? (Mark all that apply.)

☐ Self
☐ Rehabilitation Counselor
☐ Employment agency/Workforce Center

☐ Family/friends
☐ Disability services staff at college
☐ Advocacy Services

49. Based on past and/or present work experiences, how satisfied are you overall with employers’ willingness to accommodate your needs?

☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied
☐ Not applicable

50. Are you willing to participate in future studies?

☐ Yes ☐ No