

Residence/Independence

1. Has (name) lived somewhere other than your home since leaving high school?

- ☐ (0) No; still living at home with parent(s) *(skip to question 7)*
- ☐ (1) Yes, currently living somewhere other than parents' home
- ☐ (2) Yes, but currently lives at home with parent(s)

Throughout the protocol choose one response per question unless noted otherwise

Can you tell me about those living situations, beginning with his/her current residence and working back to when he/she left high school?

Residence Codes:

- | | |
|---|---|
| (0) In parents' home | (7) In a dorm room with roommate(s) |
| (1) With another family member (who?) | (8) In a group home |
| (2) Alone in own home or apartment independently | (9) Residential school for students with disabilities |
| (3) Alone in home or apartment with some support (describe) | (10) Treatment setting such as a rehabilitation program, psychiatric program or hospital, or other type of setting in which specialized treatment is provided |
| (4) In a home or apartment with roommates independently (number) | (11) In some other kind of living situation (describe) |
| (5) In a home or apartment with roommates with some support (describe) | |
| (6) Alone in a dorm room | |

Type of residence <i>(in reverse chronological order since high school)</i>	Dates and number of months at this residence (mm/yy) to (mm/yy) and # of months	Reason for moving to this residence	Reason for leaving this residence
RES1 (current residence)	____/____ to ____/____ # mos		not applicable for current residence
RES2.	____/____ to ____/____ # mos		
RES3.	____/____ to ____/____ # mos		
RES4.	____/____ to ____/____ # mos		
RES5.	____/____ to ____/____ # mos		

*(for those whose son or daughter is **not** currently living with them)*

4. How often does (name) visit you at your home?

- _____ (0) hasn't visited yet
- _____ (1) about once or twice a month
- _____ (2) about once a week
- _____ (3) several times a week
- _____ (-9) currently lives with respondent

5. How often do you visit (name) at his/her residence?

- _____ (0) hasn't visited yet
- _____ (1) about once or twice a month
- _____ (2) about once a week
- _____ (3) several times a week
- _____ (-9) currently lives with respondent

6. DURING THE LAST MONTH, how often have you talked with (name)?

- _____ (0) never
- _____ (1) once
- _____ (2) 2 or 3 times
- _____ (3) about once a week
- _____ (4) a few times a week
- _____ (5) daily
- _____ (6) more than once daily
- _____ (-9) currently lives with respondent

(ask everyone)

7. What county does your son/daughter live in? _____

8. How would you describe your son/daughter's current residence?

- _____ (1) City (large urban area)
- _____ (2) Town (small urban area)
- _____ (3) Rural community

9. How satisfied are you with (name's) current residence?

- _____ (0) Not at all satisfied
_____ (1) Somewhat satisfied
_____ (2) Very satisfied

10. Are there plans for (name) to move to a new residence in the next 12 months?

- ☐ (0) No
☐ (1) Yes → **Where?**

- _____ (1) At home with parent(s)
_____ (2) With a family member (**who:** _____)
_____ (3) Alone in own home or apartment independently
_____ (4) Alone in home or apartment with some support (**describe:** _____)
_____ (5) In a home or apartment with roommates independently (**number:** _____)
_____ (6) In a home or apartment with roommates with some support
 (**describe:** _____)
_____ (7) Alone in a dorm room
_____ (8) In a dorm room with roommate(s)
_____ (9) In a group home
_____ (10) Residential school for students with disabilities
_____ (11) Treatment setting such as a rehabilitation program, psychiatric program or hospital,
 or other type of setting in which specialized treatment is provided
_____ (12) In some other kind of living situation (**describe:** _____)

Summary of Current Activities

Now, I would like to know more about the specific activities (name) is involved in during a typical week. Could you tell me whether (name) is CURRENTLY participating in any of the following activities?

Does your son/daughter participate in:		Name of program, agency, or business/ location	# of hours per week	How many months been at the program/ job
Postsecondary education program	Yes → No			
Vocational training program	Yes → No			
Adult day program	Yes → No			
Sheltered workshop	Yes → No			
Working for pay with support	Yes → No			
Working for pay independently	Yes → No			
Volunteering in the community	Yes → No			

Total number of hours in all activities per week (on average) _____hrs

Postsecondary Education

1. Is (name) currently enrolled, or has (name) been enrolled in an academic program at a vocational school, community college, college, or university?

- ☐ (0) No *(skip to next section, labeled Daytime Activities)*
☐ (1) Yes, currently
☐ (2) Yes, since high school but not currently

Can you tell me about those schools, beginning with the current or most recent school and working back to when he/she left high school? *(in reverse chronological order since high school)*

Name of School/ Program	Type of school <i>(see below for codes)</i>	Area of study or classes taken	Average number of hours/ week	Dates attended	Reason for leaving (1) Graduated or completed (2) Failed out (3) Kicked out (4) Wasn't getting enough support (5) Other: <u>(SPECIFY)</u>
			# classes currently taking		
PSE1.	code:				code:
PSE2.	code:				code:
PSE3.	code:				code:
PSE4.	code:				code:

- (1) post-secondary education program for people with disabilities; may be attending tech/vocational/college classes, but not currently pursuing a regular degree
 (2) taking classes at a community college, college, or university; but not currently degree-seeking
 (3) working towards a certificate at a vocational, business, or technical school; but not currently degree-seeking
 (4) at a 2-year college or community college, working towards an associate's degree
 (5) at a 4-year college or university, working towards a bachelor's degree

(if CURRENTLY enrolled in a post-secondary education program)

POSTSECONDARY SERVICES

2. Does (name) receive any support from [program, community college, college, or university]? (choose all that apply)

- ☐ (0) no supports
- ☐ (1) extra time on tests
- ☐ (2) note takers
- ☐ (3) assistive technology in class
- ☐ (4) accessible class materials (i.e. alternate format exams, audio text books)
- ☐ (5) tutoring or social aid from similar-aged peer
- ☐ (6) aid from school or program staff
- ☐ (7) other type of support → **Describe:**

3. Do you believe that the school is providing enough support to ensure (name's) academic success? (if not getting any, and doesn't need any, check yes)

- ☐ (0) No
- ☐ (1) Yes

4. If no, What kinds of supports would be most helpful for (name's) academic success? (choose all that apply)

- ☐ (1) extra time on tests
- ☐ (2) note takers
- ☐ (3) assistive technology in class
- ☐ (4) accessible class materials (i.e. alternate format exams, audio text books)
- ☐ (5) tutoring or social aid from similar-aged peer
- ☐ (6) aid from school or program staff
- ☐ (7) other type of support → **Describe:**

Daytime Activities

COMMUNITY EMPLOYMENT

1. Has (name) had any jobs in the community since leaving high school?

- ☐ (0) No *(skip to question 6)*
- ☐ (1) Yes, currently
- ☐ (2) Yes, since high school but not currently

If yes,

Can you tell me about those jobs, beginning with the current or most recent job and working back to when he/she left high school?

(in reverse chronological order since high school)

2. JOB1, title and employer: _____

a) Is (name) still working here?

- ☐ (0) No → dates of employment: ____ / ____ to ____ / ____

Reasons for leaving:

- ☐ (1) Yes → when did he/she start working here? ____ / ____

b) Can you tell me a little about the job? (i.e. specific duties, responsibilities, achievements, average day?)

c) Does/did (name) have any supports at this job (i.e. job training, job coach, transportation)?

☐ (0) no, competitive

☐ (1) yes, supported

Describe supports and provider (i.e. Voc Rehab, postsecondary program, family member, etc.):

d) How does/did your son/daughter find the job? (e.g., via a job service, school, family, friends, or on their own?)

e) How many hours a week, on average, does/did your son/daughter work at this job?

_____ hours/week

f) Do/Did you think this job is/was a good fit for (name's) skills and interests?

☐ (0) No

☐ (1) Yes

g) Could you please explain why you do/don't think so?

h) Does/did (name) enjoy this job?

☐ (0) No

☐ (1) Yes

☐ (2) Mixed

i) Can you explain why (name) feels/felt this way about the job?

3. JOB2, title and employer: _____

a) Is (name) still working here?

☐ (0) No → dates of employment: ____ / ____ to ____ / ____

Reasons for leaving:

☐ (1) Yes → when did he/she start working here? ____ / ____

b) Can you tell me a little about the job? (i.e. specific duties, responsibilities, achievements, average day?)

c) Does/did (name) have any supports at this job (i.e. job training, job coach, transportation)?

☐ (0) no, competitive

☐ (1) yes, supported

Describe supports and provider (i.e. Voc Rehab, postsecondary program, family member, etc.):

d) How does/did your son/daughter find the job? (e.g., via a job service, school, family, friends, or on their own?)

e) How many hours a week, on average, does/did your son/daughter work at this job?
_____ hours/week

f) Do/Did you think this job is/was a good fit for (name's) skills and interests?

☐ (0) No

☐ (1) Yes

g) Could you please explain why you do/don't think so?

h) Does/did (name) enjoy this job?

☐ (0) No

☐ (1) Yes

☐ (2) Mixed

i) Can you explain why (name) feels/felt this way about the job?

4. JOB3, title and employer: _____

a) Is (name) still working here?

☐ (0) No → dates of employment: ____ / ____ to ____ / ____

Reasons for leaving:

☐ (1) Yes → when did he/she start working here? ____ / ____

b) Can you tell me a little about the job? (i.e. specific duties, responsibilities, achievements, average day?)

c) Does/did (name) have any supports at this job (i.e. job training, job coach, transportation)?

☐ (0) no, competitive

☐ (1) yes, supported

Describe supports and provider (i.e. Voc Rehab, postsecondary program, family member, etc.):

d) How does/did your son/daughter find the job? (e.g., via a job service, school, family, friends, or on their own?)

e) How many hours a week, on average, does/did your son/daughter work at this job?

_____ hours/week

f) Do/Did you think this job is/was a good fit for (name's) skills and interests?

☐ (0) No

☐ (1) Yes

g) Could you please explain why you do/don't think so?

h) Does/did (name) enjoy this job?

- ☐ (0) No
- ☐ (1) Yes
- ☐ (2) Mixed

i) Can you explain why (name) feels/felt this way about the job?

5. If more than 3 jobs since high school exit, note them here:

JOB4: _____

JOB5: _____

JOB6: _____

VOCATIONAL/DAY PROGRAMS

6. Has your son or daughter attended any vocational training programs, adult day programs, or sheltered workshops since leaving high school?

- ☐ (0) No (*skip to next question*)
- ☐ (1) Yes, currently
- ☐ (2) Yes, since high school but not currently

Can you tell me about those programs, beginning with the current or most recent program and working back to when he/she left high school?

(in reverse chronological order since high school)

Name of Program or Workshop	Type of program (0) Vocational training program (1) Adult day program (2) Sheltered workshop	Describe activities (Ex: Paid? Work in community?)	Average number of hours/ week	Dates attended	Reason for leaving
DA1.					
DA2.					
DA3.					
DA4.					

VOLUNTEERING

7. Has your son or daughter participated in any volunteer work in the community since leaving high school?

- ☐ (0) No (*skip to next section*)
- ☐ (1) Yes, currently
- ☐ (2) Yes, since high school but not currently

Can you tell me about those volunteer jobs, beginning with the current or most recent job and working back to when he/she left high school?

(in reverse chronological order since high school)

Name of place or organization	Describe activities	Average number of hours/ week	Dates volunteered	Reason for no longer volunteering here
VOL1.				
VOL2.				
VOL3.				
VOL4.				

Current Services

Now I would like to get a sense of all of the services (name) is receiving at this point in time.

1. Is (name) currently receiving (read each service below & ask applicable follow-up questions)

Service	Receiving currently?	Follow up	
a. Speech or language therapy, or communication services?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
b. Audiology services for hearing problems?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
c. Reader or interpreter, including sign language?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No

d.	Assistive technology services/devices, such as help getting/using any kind of equipment that helps people with a disability, like a tape recorder or reading machine? SPECIFY:	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
			How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
		☐ No →	Currently needed?	☐ Yes ☐ No
			On the wait list?	☐ Yes → ____ mos ☐ No
e.	Orientation and mobility services?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
			How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
		☐ No →	Currently needed?	☐ Yes ☐ No
			On the wait list?	☐ Yes → ____ mos ☐ No
f.	Physical therapy?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
			How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
		☐ No →	Currently needed?	☐ Yes ☐ No
			On the wait list?	☐ Yes → ____ mos ☐ No
g.	Transportation because of his or her special needs?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
			How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
		☐ No →	Currently needed?	☐ Yes ☐ No
			On the wait list?	☐ Yes → ____ mos ☐ No

h. Nursing care?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
i. Personal assistant or an in-the-home aide?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
j. Respite care?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
k. Social work services?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No

l. Psychological or mental health services or counseling?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
m Medical services for diagnosis or evaluation related to his or her special needs (e.g. epilepsy or sleep issues)?	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
n. Postsecondary education services, like extra time on tests, note takers, tutoring, social aid, or accessible class materials? <i>(note: should be consistent with information on pg. 13)</i>	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No
o. Training in independent living skills (such as money management, housekeeping, self-care, self-advocacy) or occupational therapy? SPECIFY:	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
		How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No
		On the wait list?	☐ Yes → ____ mos ☐ No

p.	Housing assistance or services such as supervised group home? SPECIFY:	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
			How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No	
		On the wait list?	☐ Yes → ____ mos ☐ No	
q.	Vocational services like job training, basic work skills training, career counseling, job shadowing, internships, help in finding a job? SPECIFY:	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
			How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No	
		On the wait list?	☐ Yes → ____ mos ☐ No	
r.	Other services because of his or her special needs? SPECIFY:	☐ Yes →	Do you pay for...?	☐ All of service ☐ Some ☐ None
			How satisfied are you with service?	☐ Not at all ☐ Somewhat ☐ Very
	☐ No →	Currently needed?	☐ Yes ☐ No	
		On the wait list?	☐ Yes → ____ mos ☐ No	

2. Overall, do you think that (name) is getting enough services?

- ☐ (0) No
☐ (1) Yes
☐ (2) Not getting services, and doesn't need them at this time

3. Overall, how much effort did it take for you or your family to get services for (name) since he/she left high school?

- _____ (1) a great deal of effort
- _____ (2) some effort
- _____ (3) a little effort
- _____ (4) almost no effort
- _____ (-9) haven't tried to access any services

4. Where does your family usually learn about services that might be appropriate for (name)?
(choose all that apply)

- ☐ (1) School or district
- ☐ (2) Professional consultant or case worker
- ☐ (3) physician or other medical or mental health professional
- ☐ (4) other parents/parent group
- ☐ (5) family members, friends, or acquaintances
- ☐ (6) web, computer, internet
- ☐ (7) newsletters, magazines, or other media
- ☐ (8) trainings, workshops, conferences
- ☐ (9) other public or private agencies
- ☐ (10) Other; specify: _____

5. Have any of the following been a problem in getting or dealing with services since high school? (choose all that apply)

- ☐ (1) cost of services
- ☐ (2) where services are provided
- ☐ (3) services not being available
- ☐ (4) physical accessibility of services
- ☐ (5) poor service quality
- ☐ (6) scheduling conflicts
- ☐ (7) language problems
- ☐ (8) lack of time for services
- ☐ (9) transportation
- ☐ (10) son/daughter not being eligible for the service
- ☐ (11) lack of information about services
- ☐ (12) anything else? Specify: _____

6. Does (name) have a case manager or someone who coordinates the services he/she receives?

☐ (0) No *(skip to question 8)*

☐ (1) Yes → **Who?**

_____ (1) social worker or other professional

_____ (2) you or another family member

_____ (3) someone else; specify: _____

7. If yes, How useful do you think case management services are?

_____ (1) very useful

_____ (2) somewhat useful

_____ (3) not very useful

_____ (4) not at all useful

8. Do you feel your family or (name) needs a case manager or someone who coordinates the services he/she receives?

☐ (0) No

☐ (1) Yes →

9. If yes, Have you, someone in your family, or (name) tried to get case management services?

☐ (0) No

☐ (1) Yes

10. Is (name) on the waiting list for this service?

☐ (0) No

☐ (1) Yes → **How many months?** _____ months