



Postsecondary Outcomes Survey

You can use a pen or pencil.

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Postsecondary School Section

1. At any time since leaving high school, **have you ever** attended any school, job training, or education program?

No **(Go to question 4)**

Yes **(Go to question 2)**

(Please FILL IN **ONE** circle)

2. Did you complete an entire term?

No

Yes

(Please FILL IN **ONE** circle)

3. Describe the kind of school or job training program you attended.

High school completion document or certificate (Adult Basic Education, GED)

Short-term education or employment training program (Job Corps, Michigan Works, Summer Employment Program, etc.)

Vocational Technical School – less than 2-year degree program

Community or Technical College to obtain a 2 year degree

College or University to earn a 4 or more year degree

On a mission, in the Peace Corps, VISTA, etc.

Enrolled in studies while incarcerated in jail or prison

Other (please specify): _____

(Please FILL IN **ALL** circles that apply)

Employment Section

4. At any time since leaving high school, **have you ever** worked?

No **(Go to question 9)**

Yes **(Go to question 5)**

(Please FILL IN **ONE** circle)

OVER →

5. Since leaving high school, have you worked at any time for a total of 3 months (about 90 days)?

(Please FILL IN **ONE** circle)

No

Yes

6. Think about your most recent job. Did you work on average 20 or more hours per week (or about half time of a 40-hour week)?

(Please FILL IN **ONE** circle)

No

Yes

7. Again, thinking about your most recent job, were you paid at least minimum wage (\$8.90 an hour if you are age 18 or older; \$7.57 an hour if you are age 17 or younger; or \$3.38 an hour if you worked in a job where you earned regular tips such as waitstaff in a restaurant)?

(Please FILL IN **ALL** circles that apply)

No

Yes

8. Where was your most recent job?

(Please FILL IN **ONE** circle)

In a company, business, or service with people with and without disabilities

In the military

In supported employment (paid work with services and wage support to the employer)

Self-employed

In your family's business (e.g., farm, store, fishing, ranching, catering)

In sheltered employment (where most workers have disabilities)

Employed while in jail or prison

Other (please specify): _____

9. What is your relationship to the former student in question?

(Please FILL IN **ONE** circle)

I am the former student

I am a parent, guardian, or caregiver of the former student

Other (please specify): _____

Thank you for taking the time to complete this questionnaire.
 Please return it to us in the self-addressed envelope or to:

Dr. Lyke Thompson, Post-School Survey
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