



# ARIZONA'S POST-SCHOOL OUTCOMES (PSO) SURVEY

## GENERAL INSTRUCTIONS

The Post-School Outcomes (PSO) Survey web-based application is available through the ESS Portal on ADE Connect. Public Education Agency (PEA) personnel administering the PSO Survey can either use a hard-copy version of the survey protocol to record responses or the responses can be entered directly into the web-based application. Ultimately, all PSO Survey responses must be entered into the web-based application regardless of how the responses are initially recorded.

## Introductory Information

Record the name of the student: \_\_\_\_\_

Record the SSID of the student: \_\_\_\_\_

Record the name of PEA staff conducting the PSO Survey: \_\_\_\_\_

Indicate the person who responded to the PSO Survey:

Student

Family member (Name): \_\_\_\_\_

State/local agency personnel (Name): \_\_\_\_\_

If you are unable to administer the survey, please indicate whether the PSO Survey was not applicable or not collected. Note: Only one type of exclusion can apply to each student.

### **N/A Exclusion:**

It was not applicable to administer the PSO Survey to this student because (select one):

Student is enrolled in high school

Student is deceased

Exit code was an error in AzEDS

### **Not Collected Exclusion:**

The PSO Survey could not be completed because (select one):

Respondent refused to participate

No contact after three attempts

Incorrect contact information

Contacts not collected



## PSO SURVEY QUESTIONS

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Things to remember:

- PSO Surveys are administered to students who had an IEP in place upon exit from high school.
- These data are to be gathered at least one year following the student's exit from high school.
- Follow the prompts to collect the necessary data. Pay close attention to the skip logic. You may not need to have all questions answered.
- See the [PSO Survey Companion Document](#) for strategies to boost your conversation such as example follow-up questions and resources.
- For the 2021 season data collection, an optional question has been added in response to COVID-19 policies, see question 15.
- **Mark only 1 response per question**

### Postsecondary Education/ Training

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**1. In the 12 months after leaving high school, were you ever enrolled in any type of school, job training, or education program?**

No

Yes

No Answer

**2. Did you complete an entire term? [Note: Term is individualized to the institution. This can be any complete term including quarter, semester, intersession, summer, or online. This could be an entire course.]**

No

Yes

No Answer

**3. Describe the kind of school or job training program in which you were enrolled. [Note: Military service is considered employment.] (Choose one option)**

High school completion program (e.g., Adult Basic Education, GED)

Short-term education or employment training program (e.g., WIOA Programs, Job Corps)

Vocational, technical, trade school

2- or 4-year college or university

Religious or church sponsored mission.

Other (Specify): \_\_\_\_\_

No Answer



# Employment

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**4. In the 12 months after leaving high school, were you ever employed?**

No

Yes

No Answer

**5. Have you worked for a total of 3 months (at least 90 days or more)? [Note: Days do not need to be in a row and can include multiple jobs.]**

No

Yes

No Answer

**6. On average, how many hours are you currently working, or have you worked per week? [Note: Hours may vary week to week and can include multiple jobs.]**

30 hours or more

20-29 hours

11-19 hours

10 hours or less

No Answer

**7. Were you paid at least minimum wage at the time of employment? [Note: Arizona's 2020 minimum wage was \$12.00 per hour, 2021 minimum wage increased to \$12.15 per hour.]**

No

Yes

No Answer

**8. What is the company/industry name(s)? \_\_\_\_\_**

**9. Describe the job you currently have or have had? (Choose one option)**

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

In the military

In supported employment (paid work with services, like a job coach, that assists you individually in your job)

Self-employed

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

In center-based employment (where most co-workers have disabilities)

Employed while in jail or prison

No Answer

Other (Specify): \_\_\_\_\_



**10. Is this a large, well-known company? [Note: Includes companies with 15 or more employees, which could be a franchise (e.g., Walmart, McDonald's, Home Depot, or Fry's Food Stores).]**

No

Yes 

No Answer

**11. When doing your job did you interact or talk with co-workers without a disability to get your job done? [Note: Emphasis is on interaction with other employees, not supervisors or customers.]**

No

Yes (If unknown, default to Yes)

No Answer

**12. In this job, were you eligible for (could you get) a pay raise or promotion? [Note: Emphasis is on opportunities for advancement similar to other employees in similar positions and with similar experiences.]**

No

Yes (If unknown, default to Yes)

No Answer

**13. Were you paid the same as other people who work in a similar job with the same skills, experience, and training? [Note: Consider if there are indicators of altered pay (e.g., center-based employment).]**

No

Yes (If unknown, default to Yes)

No Answer

**14. In your position, were you eligible for the same benefits as other people who work in a similar job with similar hours and length of employment (such as group insurance like health, dental, vision, paid sick leave or vacation, social security, unemployment insurance, workers' compensation)? [Note: Eligibility to receive benefits does not necessarily mean the individual accepted or enrolled in the benefits.]**

No

Yes (If unknown, default to Yes)

No Answer



**15.[Optional Question] Did COVID-19 policies (e.g., social distancing, closing of non-essential services, government executive orders) impact you in: (You can check more than one option)**

Enrolling in or completing a term in a school or job training program

Getting or keeping a job

Losing hours at work

Having access to your education/training support services (e.g., Disability Resource Center)

Having access to your employment support services (e.g., job coach)

Other (please describe): \_\_\_\_\_

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**PSO SURVEY COMPLETE**

Thank You!

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