

## 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.

Ir	itroductory 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. <b>Note:</b> 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):  ☐ The student is enrolled in high school ☐ The student is deceased ☐ The 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**

### Things to remember:

- PSO Surveys are administered to students who had an IEP in place upon exit from high school.
- These data must be gathered at least one year following the student's exit from high school.
- Follow the prompts to collect the necessary data, as they incorporate skip logic. You may not need to answer all questions.
- ➤ See the <u>PSO Survey Companion Document</u> for tips and strategies to support your datacollection efforts. The document contains question-specific guidance, such as examples of follow-up questions to ask, postsecondary work, or educational resources.
- Mark only 1 response per question

P	os	tsecondary Education/Training
1.		the 12 months after leaving high school, were you ever enrolled in any type of chool, job training, or education program?
		No Go to question 4
		Yes
		No answer
2.	ca	d you complete an entire term? [Note: "term" is individualized to the institution and in be defined as a quarter, semester, intersession, summer, or online program. An entirerm may also be one completed course.]
		No
		Yes
		No answer
3.		escribe the kind of school or job training program in which you were enrolled. [Note: ilitary service is considered employment.] (Check 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**

4.	In	the 12 months after leaving high school, were you ever employed?
		No Stop: data collection is complete (see optional question 15)
		Yes
		No answer
5.		ave you worked for a total of 3 months (at least 90 days or more)? [Note: days do not ed to be in a row and can include multiple jobs.]
		No Stop: Data Collection is Complete (see optional question 15)
		Yes
		No answer
6.	n average, how many hours are you currently working, or have you worked, per eek? [Note: hours may vary from 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.	Co	ere you paid at least minimum wage at the time of employment? [Note: review the PSO ompanion Document for guidance on current and historical minimum wage amounts by state o gion.]
		No
		Yes
		No answer
8.	W	hat is the company/industry name(s)?



	In a company, business, or service <b>in your community</b> 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):
S	tores)?
5	tores)?
	□ No
	☐ Yes ➡ Stop: Data Collection Complete (see optional question 15)
	□ No answer
У	When doing your job did you interact or talk with co-workers without a disability to get our job done? [Note: the emphasis is on interaction with other employees, not upervisors or customers.]
	□ No
	□ Yes (If unknown, default to "Yes")
	□ No answer
е	n this job, were you eligible for (could you get) a pay raise or promotion? [Note: the mphasis is on opportunities for advancement available to any employee in a similar position with a similar level of experience.]
	□ No
	□ Yes (If unknown, default to "Yes")
	□ No answer

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



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, orworkers' compensation)? [Note: eligibility to receive benefits does not necessarily mean that the individual accepted or enrolled in the benefits.]
□ No
□ Yes (If unknown, default to "Yes")
□ No answer
15. [Optional–check all that apply] In what ways did the COVID-19 policies (e.g., social distancing, closing of non-essential services, government executive orders) impact you?
☐ Unable to complete a term in a school or job training program
□ Unable to get or keep a job
□ Lost hours at work
☐ Unable to access education/training support services (e.g., Disability Resource Center)
☐ Unable to access to employment support services (e.g., job coach)
□ No impact
□ Other (please describe):
PSO SURVEY COMPLETE

Thank You!