

Florida College Collaborative Survey
After High School for Students with an Intellectual Developmental Disability & Their Families

Your responses to this questionnaire are entirely voluntary and will be used, anonymously, in our research on the opportunities available to students with intellectual/ developmental disabilities after they leave high school. You may withdraw your participation at any time and may choose to skip any question.

1. Relationship to student: Parent Guardian Self Other: _____
2. Gender: Female Male (gender of the student or the respondent, if a parent or guardian?)
3. Age of student with intellectual developmental disability: ____ years old
4. Which of the following disabilities do you/your child have? Please check all that apply.

<input type="checkbox"/> Intellectual Disability (Mental retardation)	<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Down syndrome
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Autism	<input type="checkbox"/> Asperger Syndrome
<input type="checkbox"/> Other: _____		

High School

5. Please check all that describe you/your child's high school education.

<input type="checkbox"/> Fully inclusive	<input type="checkbox"/> Some Mainstream Classes	<input type="checkbox"/> Segregated Special Classes	<input type="checkbox"/> Special residential
<input type="checkbox"/> Home-school	<input type="checkbox"/> Work-based learning site	<input type="checkbox"/> Community-based instruction	<input type="checkbox"/> Other: _____
6. How much do you think you/your child likes high school?

<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
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7. With what diploma will you/your child graduate?

<input type="checkbox"/> General education diploma	<input type="checkbox"/> Special education diploma	<input type="checkbox"/> Don't know
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After High School

	Yes	Not Sure	No
8. Has your/your child's education prepared you/your child for life after high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your/your child's IEP include a plan for the time immediately after high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the school staff encouraged you/your child to continue learning after high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How likely do you think it is that your child might enroll in a college program after high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you/your child understand all of the educational opportunities that are available after high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. The Florida College Collaborative is planning to develop college opportunities for students with intellectual/ developmental disabilities. These programs would be individualized to meet the support needs and focus on the interests of students with intellectual/developmental disabilities who would otherwise not have the chance to continue their education after high school.

Would you/your child be interested in enrolling in an individualized program on a college campus?

- Yes Maybe No

14. Please indicate the importance of the factors below when determining whether a college program would meet you/your child’s needs.

	Not important	Somewhat important	Very important
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate or diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social opportunities, connections, & friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment after completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. If you were designing a college program for you/your child, what are the three most important things to include, in your opinion?

1. _____
2. _____
3. _____

16. Is there anything else you would like to share about your hopes for you/your child’s life after high school?