

STUDENT FOLLOW-UP SURVEY

Student _____ Date _____ District _____

Address _____ School _____

Grade _____ Phone _____ Source of Information _____

Handicap _____ Reason for termination as determined on last IEP
graduation _____ not eligible _____ age 26 _____

B.D. _____ C.A. _____ Sex _____ Parent/Guardian _____

Person is: in school _____ out of school _____ Reason for termination not determined on last IEP.
moved _____ dropped out _____

Level of adjustment

	N/A	Poor	Satisfactory	Excellent
School				
1. Academic Performance	_____	_____	_____	_____
2. Classroom Behavior	_____	_____	_____	_____
3. School Attendance	_____	_____	_____	_____
4. Other _____	_____	_____	_____	_____

Community				
1. Community Mobility	_____	_____	_____	_____
2. Social Adjustment	_____	_____	_____	_____
3. Degree of Independence	_____	_____	_____	_____
4. Other _____	_____	_____	_____	_____

	Yes	No
Vocational		
1. Employed	_____	_____
2. Agency support services	_____	_____
3. Receive additional training	_____	_____
4. Requires prosthetic or compensatory device	_____	_____

Comments:

Name of person completing survey _____