BSE CYCLICAL MONITORING STUDENT SURVEY

The school wants to hear your opinion about the educational program it provides. Please complete the questions below. Pick the response that best describes your opinion. Check only one answer for each question.

SS 1. Are you getting the help you need with your school work?
   ☐ Yes
   ☐ No
   ☐ Somewhat
   ☐ Don’t know

SS 2. How do you feel about what you are learning in school?
   ☐ Good
   ☐ Not So Good
   ☐ Don’t know

SS 3. What do you like best about your high school learning experiences?
   ☐ Help/Support I receive
   ☐ Teachers
   ☐ Particular class or subject
   ☐ How a subject is being taught
   ☐ Social opportunities
   ☐ Nothing
   ☐ Don’t know
   ☐ Other

SS 4. What do you like least about your high school learning experiences?
   ☐ Help/Support I receive
   ☐ Teachers
   ☐ Particular class or subject
   ☐ How a subject is being taught
   ☐ Social opportunities
   ☐ Nothing
   ☐ Don’t know
   ☐ Other

SS 5. How satisfied are you with your special education supports and services?
   ☐ Very
   ☐ Somewhat
   ☐ A little
   ☐ Not at all
   ☐ Don’t know

SS 6. What do you like best about your special education supports and services?
   ☐ Help/Support I receive
   ☐ Where I am receiving support
   ☐ Teachers
   ☐ Nothing
   ☐ Don’t know
   ☐ Other
SS 7. What do you **like least** about your special education supports and services?
- [ ] Help/Support I receive
- [ ] Where I am receiving support
- [ ] Teachers
- [ ] Nothing
- [ ] Don’t know
- [ ] Other

SS 8. How much time do you spend with students who **do not** have disabilities?
- [ ] Too much
- [ ] Enough
- [ ] A little
- [ ] Not enough
- [ ] Not sure which students have disabilities
- [ ] Don’t know
- [ ] Other

SS 9. Do you participate in sports, band, clubs, other school activities, or activities outside of school?
- [ ] Yes
- [ ] No
- [ ] Don’t know

SS 10. If you do not participate in sports, band, clubs, other school activities, or activities outside of school, why not?
- [ ] Not interested
- [ ] No time
- [ ] Don’t have transportation
- [ ] I work
- [ ] Don’t know

SS 11. Have you ever heard of an IEP meeting?
- [ ] Yes
- [ ] No
- [ ] Don’t know

SS 12. Have you ever been invited to an IEP meeting?
- [ ] Yes
- [ ] No
- [ ] Don’t know

SS 13. Have you ever attended an IEP meeting?
- [ ] Yes
- [ ] No
- [ ] Don’t know

SS 14. Do you have a plan of what you are going to do when you graduate?
- [ ] Yes
- [ ] No
- [ ] Don’t know

SS 15. Do you plan to enroll in college or some other education or training program after graduation?
- [ ] Yes
- [ ] No
- [ ] Don’t know
SS 16. Do you have an idea of what type of work or job you want to do in the future?
   □ Yes
   □ No
   □ Don’t know

SS 17. Do you have a community living transition program?
   □ Yes
   □ No
   □ Don’t know what a community living program is

SS 18. Have you been asked by school personnel what you want to do when you graduate?
   □ Yes
   □ No
   □ Don’t know

SS 19. Did you discuss with school personnel what you would do after graduation or finishing high school?
   □ Yes
   □ No
   □ Somewhat
   □ Don’t know

SS 20. Have any of your suggestions for what you want to do when you graduate been included in your learning experiences in school?
   □ Yes
   □ No
   □ Somewhat
   □ Don’t know