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

55 10.	□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