

Appendix U: Work Experience Survey



DO-IT Participant Work Experience Survey

Name: _____ Grade / Year in School: _____

Work Experience: _____ Location: _____

Dates of Experience: _____

Dear DO-IT Participant,

You recently participated in a work-based learning experience. In order for us to evaluate the value of this experience in your career preparation, we would like to ask you to complete the following survey and return it to [name], within one week, at [email address].

Participation is voluntary and will not affect your status in the DO-IT program. The information collected in this survey will be used to improve the support provided to students with disabilities as they pursue work-based learning experiences and to communicate the impact of this DO-IT project to others. Results of this study may be published in reports to funding sources or in other program publications. No personal identifying information will be published. When we receive your response, any identifying information will be removed (e.g. your name, email address, name of employer, etc.). The collected information will be reported in a compiled, nonidentifiable format. We may quote responses to the final question on the survey, but only in a format that does not reveal your identity. Feel free to leave a question blank if you do not wish to respond.

Please remember that sending electronic mail is similar to sending a postcard: although unlikely, it may be possible for others to view the contents of your message. Contact [name] at [phone number] with any questions you may have about this survey.

Thank you for your help.



Transition

Part One. Help us know what you have learned as a result of this work experience. Please indicate your response to these statements where 1= *strongly disagree*, 5 = *strongly agree*. Mark N/ A = *not applicable* if the item was not addressed in your work experience (for example, if your experience did not involve working with coworkers circle, N/ A (Not Applicable) for item 4).

As a result of this work experience,

	Not Applicable		Strongly Disagree		Strongly Agree	
1. I am more motivated to study and work toward a career.	N/ A	1	2	3	4	5
2. My knowledge of my career interests has increased.	N/ A	1	2	3	4	5
3. I have learned the skills I need to succeed in specific job tasks.	N/ A	1	2	3	4	5
4. I have learned skills I need to effectively work with coworkers.	N/ A	1	2	3	4	5
5. I have learned skills I need to effectively work with supervisors.	N/ A	1	2	3	4	5
6. I learned about the disability-related accommodations I may need at work.	N/ A	1	2	3	4	5

Part Two. Please answer the following questions.

1. List two skills learned from this work experience.
2. List accommodations (if any) you needed for this position.
3. Describe what you gained most from this work experience.