

Milford Public Schools

Non-Completion of High School Survey

This survey is anonymous. Please answer the following questions truthfully and completely. If you would like assistance completing this survey, please let us know.

1) Please circle your last grade **completed**: 8 9 10 11

2) Please check the **primary (one)** reason you are withdrawing from school.

- | | | |
|---|---|--|
| <input type="checkbox"/> Course selection | <input type="checkbox"/> Employment | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> Conflict with teachers/staff | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Peer issues |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Illness | <input type="checkbox"/> Early start time |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Expulsion | <input type="checkbox"/> Won't graduate with class |
| <input type="checkbox"/> Classes too challenging | <input type="checkbox"/> Classes not challenging enough | |

3) If applicable, please list a **second** reason you are withdrawing from school.

- | | | |
|---|---|--|
| <input type="checkbox"/> Course selection | <input type="checkbox"/> Employment | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> Conflict with teachers/staff | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Peer issues |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Illness | <input type="checkbox"/> Early start time |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Expulsion | <input type="checkbox"/> Won't graduate with class |
| <input type="checkbox"/> Classes too challenging | <input type="checkbox"/> Classes not challenging enough | |

3a) If **course selection** was checked on either of the above questions, what type of courses could have persuaded you to continue with your high school education?

3b) If **any** other options were selected on either of the above questions, did you meet with your guidance counselor or other staff member to discuss your difficulties?
(Please circle) Yes No

4) Do you currently receive special education services?
(Please circle) Yes No

4a) If you do not presently receive special education services, have you received special education services at all during your school career (kindergarten to present)?
(Please circle) Yes No

5) Circle the letter that best describes your feelings about the following statement: *"I feel like some of my teachers cared about me as an individual."*

- a) Absolutely
- b) Somewhat
- c) Not at all
- d) Not sure

6) Please check any of the following events you have experienced during your school career (kindergarten to present):

- parental separation/divorce
- illness of a close family member (parents/sibling)
- death of a close family member (parents/sibling)
- personal long-term illness (lasting more than 3 months)

7) Did you participate in extracurricular activities/sports while in high school?
(Please circle) Yes No

7a) If yes, please list: _____

8) Did you attend elementary school in Milford? Yes No

9) Did you attend middle school in Milford? Yes No

10) Did you use alcohol/drugs while in high school? Yes No

11) Were you suspended while in high school? Yes No

12) Did school staff/administration meet with you to discuss alternative options prior to withdrawing from school?

(Please circle) Yes No

12a) If not, would you like to meet with a staff member to discuss your options before withdrawing?

(Please circle) Yes No

13) What are your plans following your withdrawal from high school? (Check all that apply)

- attend Adult Education classes obtain employment
- pursue GED unsure

14) Prior to completing the withdrawal process, do you have any questions?

(Please circle) Yes No

Name (optional): _____