

# YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES

## STUDENT SURVEY (Pre-Forum)

To help us make our Youth Leadership Forum a successful event, please complete this survey and mail it back to us before you arrive at the forum. You may omit questions you do not wish to answer. Thank you!

STUDENT'S NAME: \_\_\_\_\_  
(Last) (First)

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Area code)

### PLEASE PLACE A CHECK BY THE CORRECT ITEMS

#### 1. Grade Level (today)

- 1. Freshman
- 2. Sophomore
- 3. Junior
- 4. Senior
- 5. Some College

#### 2. Gender

Male  Female

#### 4. Ethnicity

- African American
- American Indian
- Asian Indian
- Cambodian
- Caucasian/Anglo
- Filipino
- Guamanian
- Hawaiian
- Hispanic

#### 3. Who do you reside with?

- Parent
- Legal Guardian
- Foster Home
- Residential School
- Hospital
- Intermediate Care Facility
- Licensed Group Home
- Living Independently
- Other (Specify: \_\_\_\_\_)

- Japanese
- Korean
- Laotian
- Pacific Islander
- Samoan
- Tahitian
- Vietnamese
- Other (Specify): \_\_\_\_\_
- BI-Racial (Specify): \_\_\_\_\_

**5. Student's Primary Disability (Mark *only one*)**

- |  |   |
|--|---|
| <input type="checkbox"/> Blind                     | <input type="checkbox"/> Learning Disability    |
| <input type="checkbox"/> Visual Disability         | <input type="checkbox"/> Autism                 |
| <input type="checkbox"/> Deaf                      | <input type="checkbox"/> Cerebral Palsy         |
| <input type="checkbox"/> Hearing Impaired          | <input type="checkbox"/> Epilepsy               |
| <input type="checkbox"/> Mental Health Disability  | <input type="checkbox"/> Mental Retardation     |
| <input type="checkbox"/> Neuro/Muscular Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Orthopedic Disability     | <input type="checkbox"/> Other (Describe) _____ |
| <input type="checkbox"/> Neuro/Muscular Disability |   |

**6. What Kind of School/Classroom Do You Attend?**

- |  |  |
|--|--|
| <input type="checkbox"/> Public School Program (non-specialized) | <input type="checkbox"/> Resource Specialist Program |
| <input type="checkbox"/> Private School                          | <input type="checkbox"/> Special Day Class           |
| <input type="checkbox"/> State Special School                    | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Private Special School or Center        |  |

**7. Current Services Received (Please check *all* that you currently receive):**

- |  |   |
|--|---|
| <input type="checkbox"/> California Children's Services    | <input type="checkbox"/> Mental Health/Counseling   |
| <input type="checkbox"/> Department of Rehabilitation      | <input type="checkbox"/> Regional Center  |
| <input type="checkbox"/> Department of Social Services     | <input type="checkbox"/> Regional Occupational Program                                    |
| <input type="checkbox"/> Employment Development Department | <input type="checkbox"/> Social Security Administration<br>(Supplemental Security Income) |
| <input type="checkbox"/> Independent Living Center         |   |

**8. Which of the following services would you like to know more about and possibly receive?**

- |  |   |
|--|---|
| <input type="checkbox"/> California Children's Services    | <input type="checkbox"/> Mental Health/Counseling   |
| <input type="checkbox"/> Department of Rehabilitation      | <input type="checkbox"/> Regional Center  |
| <input type="checkbox"/> Department of Social Services     | <input type="checkbox"/> Regional Occupational Program                                    |
| <input type="checkbox"/> Employment Development Department | <input type="checkbox"/> Social Security Administration<br>(Supplemental Security Income) |
| <input type="checkbox"/> Independent Living Center         |   |

**9. Current Work Status:**

- |  |   |
|--|---|
| <input type="checkbox"/> Going To School & Not Working               | <input type="checkbox"/> Going To School & Working            |
| <input type="checkbox"/> Doing Volunteer Work                        | <input type="checkbox"/> Working at Independent Living Center |
| <input type="checkbox"/> In apprenticeship or other paid training    | <input type="checkbox"/> Other (Specify) _____                |
| <input type="checkbox"/> Working with job coach/supported employment |   |

**10. How do you usually travel?**

- |   |   |
|---|---|
| <input type="checkbox"/> Walk                                 | <input type="checkbox"/> Drive                |
| <input type="checkbox"/> Transit for those with special needs | <input type="checkbox"/> Taxi                 |
| <input type="checkbox"/> Public Transportation                | <input type="checkbox"/> Parent or Friend     |
| <input type="checkbox"/> Car Pool                             | <input type="checkbox"/> Bike                 |
| <input type="checkbox"/> School Bus                           | <input type="checkbox"/> Other (Specify)_____ |

**11. Which community services do you use regularly on your own?**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Banks   | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Stores            |
| <input type="checkbox"/> Recreational Facilities<br>(Parks, movie theatres, sports facilities) |                                      | <input type="checkbox"/> None of the Above |

**12. What are your plans after high school?**

- |   |   |
|---|---|
| <input type="checkbox"/> Employment                     | <input type="checkbox"/> Community College    |
| <input type="checkbox"/> Vocational or Technical School | <input type="checkbox"/> Four Year College    |
| <input type="checkbox"/> Adult Education                | <input type="checkbox"/> Don't know yet       |
| <input type="checkbox"/> Regional Occupational Center   | <input type="checkbox"/> Other (specify)_____ |

**13. Please tell us what kind of career you're interested in for the future?**

- |  |   |
|--|---|
| <input type="checkbox"/> (Specify) _____ | <input type="checkbox"/> Don't know yet |
|--|---|

**14. I get together with Friends:**

- |  |  |
|--|--|
| <input type="checkbox"/> Once a Week           | <input type="checkbox"/> Less than once a week |
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Rarely                |

**15. Friends in my own age group are:**

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> Mostly disabled | <input type="checkbox"/> Mostly not disabled | <input type="checkbox"/> Both |
|--|--|-------------------------------|

**16. I enjoy participating in activities such as dances, movies and sporting events:**

- |  |  |
|--|--|
| <input type="checkbox"/> Once a Week           | <input type="checkbox"/> Less than once a week |
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Rarely                |

**17. I make overnight trips without my parents:**

- |  |   |
|--|---|
| <input type="checkbox"/> Once in a while | <input type="checkbox"/> Fairly Often   |
| <input type="checkbox"/> Rarely          | <input type="checkbox"/> Never have yet |

**18. I have visited a college campus:**

- |                                       |                                      |                                |
|---------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Fairly often | <input type="checkbox"/> A few times | <input type="checkbox"/> Never |
|---------------------------------------|--------------------------------------|--------------------------------|

**19. Please rate how familiar you are with important civil rights laws which affect people with disabilities:**

|   | <u>I know a lot</u>      | <u>I know a little</u>   | <u>I don't know much</u> |
|---|--------------------------|--------------------------|--------------------------|
| Americans with Disabilities Act (ADA)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Federal Rehabilitation Act                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individuals with Disabilities Education Act | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**20. Which of these groups do you usually think of as entitled to civil rights?**  
(Check as many as necessary)

- Racial/Ethnic minorities
- People with Disabilities
- Women
- Everybody

**21. How many people with disabilities that you know do you think of as leading successful lives?**

- Many
- At least one
- Several
- No one

**22. Please check the kinds of information you would like to receive:**

- |   |  |
|---|--|
| <input type="checkbox"/> Information to help me drive                     | <input type="checkbox"/> Recreational/leisure services |
| <input type="checkbox"/> Information on living on my own                  | <input type="checkbox"/> Information on housing        |
| <input type="checkbox"/> How to get a personal care assistant (attendant) | <input type="checkbox"/> On-the-job support            |
| <input type="checkbox"/> Where to find financial assistance for college   | <input type="checkbox"/> Legal services                |
| <input type="checkbox"/> Employment or job training service               | <input type="checkbox"/> Home living skills            |
| <input type="checkbox"/> Assistance in finding a place to live            | <input type="checkbox"/> Counseling/therapy            |
| <input type="checkbox"/> Help with money management                       | <input type="checkbox"/> Testing/evaluation            |
| <input type="checkbox"/> How to get adaptive equipment                    | <input type="checkbox"/> Transportation services       |
| <input type="checkbox"/> Medical or health care services                  | <input type="checkbox"/> Other (Specify)_____          |

**23. Overall, during the past six months, how would you generally rate your satisfaction level?**

- |  |  |
|--|--|
| <input type="checkbox"/> Very Satisfied with my life | <input type="checkbox"/> There are some things I'd like to improve |
| <input type="checkbox"/> Satisfied with my life      | <input type="checkbox"/> There are many things I'd like to improve |

**PLEASE NOTE: ALL OF YOUR RESPONSES WILL BE KEPT CONFIDENTIAL  
THANK YOU FOR YOUR SURVEY**