

Double Cohort Survey

Grade 12 (Sep 27/01)

(98/99 Grade 9 Cohort)

(aussi disponible en français)

FOR OFFICE USE ONLY	
School name:	
School Identification number:	<i>label area</i>
Student MIN number:	
School's student number:	

To the Student:

We are asking you to complete this second questionnaire for the Double Cohort Study. As you know, two groups of students will be graduating in the spring of 2003, one group from the old secondary school program, and the other from the new four-year program. This will mean that more students will be graduating in 2003 than in previous years. The purpose of this study is to obtain information about your high school plans and your achievement so that we may better prepare to help you meet your goals after high school.

If you were able to participate in the survey last fall, you will notice that some of the questions are the same. That is because you may now have different plans and some of your activities may have changed.

Your contribution is significant to the success of this study. However, your participation is voluntary.

When you have completed the questionnaire (it should take you between 15 and 20 minutes), do not sign it. The numbers on this cover page will allow us to link your responses with other information collected. Your personal information, however, will be kept entirely confidential.

Your principal will be receiving a summary of the combined school results to share with you.

We appreciate your involvement in this important study. If you have any questions about the study, please ask your teacher.

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Instructions: Please read and answer each question carefully. For most of the questions, please place a check mark in the box to the right of the question.

For a few questions, you may write your response in the space provided.

When you have completed the questionnaire, place it face down in front of you, and wait for your teacher's instructions.

1. Are you male or female?

Male

Female

2. When were you born? For example, if you were born on September 8, 1984, you would write in the boxes beside 'Day', in the boxes beside 'Month', and in the boxes beside 'Year'.

a. Day

b. Month (Jan = 01, Feb = 02, etc.)

c. Year

3. List the English, Math and Science courses that you took **last** school year and your final mark in each course. (Please estimate the final mark if you cannot remember exactly.)

e.g.:	<u>Course</u>	<u>Grade</u>	<u>Course Type</u>	<u>Final mark</u>
	English	11	Advanced	<input type="text" value="7"/> <input type="text" value="3"/> %
	English	12	Advanced	<input type="text" value="7"/> <input type="text" value="8"/> %
	Math	11	General	<input type="text" value="6"/> <input type="text" value="5"/> %
	Biology	11	Advanced	<input type="text" value="6"/> <input type="text" value="9"/> %

<u>Course</u>	<u>Grade</u>	<u>Course Type</u>	<u>Final mark</u>
_____	_____	_____	<input type="text"/> <input type="text"/> %
_____	_____	_____	<input type="text"/> <input type="text"/> %
_____	_____	_____	<input type="text"/> <input type="text"/> %
_____	_____	_____	<input type="text"/> <input type="text"/> %
_____	_____	_____	<input type="text"/> <input type="text"/> %

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4. List the English, Math and Science courses that you are or will be taking **this** school year.

e.g.:	<u>Course</u>	<u>Grade</u>	<u>Course Type</u>
	English	12	Advanced
	English	OAC	OAC
	Math	12	General
	Physics	12	Advanced

<u>Course</u>	<u>Grade</u>	<u>Course Type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Did you take a summer school course this past summer?

Yes

No

- a. If you answered 'Yes', what was the **main** reason that you took a summer school course this past summer? (*Place a check mark in **only one** box.*)

To make up a failed/missing credit

To raise a mark

To reduce workload in later grades

To be able to graduate sooner

Other (*please write in*) _____

- b. If you completed a summer school course this past summer, list the course, grade and course type (e.g., Math, Grade 11, General).

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- | | Regular
School Year
Credits | Summer
School
Credits |
|---|---|---|
| 6. How many regular school year and summer school credits have you successfully completed so far? | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 7. On average, how many hours per week do you usually spend on homework? (<i>Place the number of hours in the box(es), rounded to the nearest hour.</i>) | | <input type="text"/> <input type="text"/> |
| 8. Do you currently have a part-time job(s) for which you are paid? | | |
| | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| If you answered 'Yes', indicate the number of hours you usually work in a week. | | |
| | During the week (Monday to Thursday) | <input type="text"/> <input type="text"/> |
| | On the weekend (Friday to Sunday) | <input type="text"/> <input type="text"/> |
| 9. Which of the following best describes what you expect to do in the future?
(<i>Place a check mark in only one box.</i>) | | |
| Leave before graduating from high school and go to work | | <input type="checkbox"/> |
| Graduate from high school and go to work | | <input type="checkbox"/> |
| Graduate from high school and attend college | | <input type="checkbox"/> |
| Graduate from high school and attend university | | <input type="checkbox"/> |
| Graduate from high school and enter an apprenticeship program for a trade (e.g., to be an electrician, plumber or hairdresser) | | <input type="checkbox"/> |
| Other (<i>please write in</i>) _____ | | <input type="checkbox"/> |
| Uncertain | | <input type="checkbox"/> |

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10. How many OACs have you **completed to date**?

11. What OACs are you taking this school year?
*(Place a check mark beside **each** OAC that you are taking.)*

ADAOAC	Drama	<input type="checkbox"/>	HWMOAC	History World Issues	<input type="checkbox"/>
AMUOAC	Music	<input type="checkbox"/>	HXEOAC	Economics	<input type="checkbox"/>
AMVOAC	Music – Vocal	<input type="checkbox"/>	HZPOAC	Philosophy	<input type="checkbox"/>
AVIOAC	Visual Arts	<input type="checkbox"/>	LWEOAC	Spanish	<input type="checkbox"/>
BACOAC	Accounting/Accountancy	<input type="checkbox"/>	LWGOAC	German	<input type="checkbox"/>
BECOAC	Economics	<input type="checkbox"/>	LWSOAC	Spanish	<input type="checkbox"/>
BLWOAC	Law	<input type="checkbox"/>	MAGOAC	Math Algebra and Geometry	<input type="checkbox"/>
BOAOAC	Administrative Studies	<input type="checkbox"/>	MCAOAC	Calculus	<input type="checkbox"/>
DCCOAC	Computers and Problem solving	<input type="checkbox"/>	MFNOAC	Finite Math	<input type="checkbox"/>
ELIOAC	English Literature	<input type="checkbox"/>	NFOOAC	Families in Canadian Society	<input type="checkbox"/>
ENGOAC	English	<input type="checkbox"/>	PPBOAC	Physical and Health Education	<input type="checkbox"/>
EWCOAC	English Writer's Craft	<input type="checkbox"/>	PPSOAC	Physical and Health Education	<input type="checkbox"/>
FSFOAC	French	<input type="checkbox"/>	SBIOAC	Biology	<input type="checkbox"/>
FSGOAC	French	<input type="checkbox"/>	SCHOAC	Chemistry	<input type="checkbox"/>
GCEOAC	Geography Environment and Economy	<input type="checkbox"/>	SPHOAC	Physics	<input type="checkbox"/>
GWIOAC	Geography World Issues	<input type="checkbox"/>	SSOOAC	Science in Society	<input type="checkbox"/>
HCNOAC	History – North American Perspective	<input type="checkbox"/>	Other <i>(please write in)</i>	<input type="checkbox"/>	
HPOOAC	Politics	<input type="checkbox"/>			

12. Have you participated in any of the following career-related experiences while in high school? (*Place a check mark beside **all** your activities.*)

a. Career Fairs/Career Days

b. Workplace/Industry Tours

c. Job Shadowing (e.g., 'Take our kids to work day')

d. Cooperative Education

e. Ontario Youth Apprenticeship Program (OYAP)

f. Other school-based work experiences
(*please write below*)

13. Are you or will you be taking a credit(s) in cooperative education (co-op) this school year?

Yes

No

a. If you answered 'Yes' to question 13, in what subject area is your co-op?

b. If you answered 'Yes' to question 13, is your co-op experience related to your career plans?

Yes, closely related

Yes, partly related

No

Don't know yet

c. If you are not taking co-op this year, what is the **main** reason?
(Place a check mark in **only one** box.)

Not interested in co-op

Taking co-op would prevent me from graduating in four years

No placement available in my area of interest

Not possible to schedule co-op in my timetable

Other (please write in) _____

14. Are you participating in the Ontario Youth Apprenticeship Program (OYAP) this school year?
- Yes
- No

15. Do you plan to take off a year or more after high school before attending college or university? (*Place a check mark in **only one** box.*)
- Yes
- No
- Don't know
- Do not plan to attend college or university

If you answered 'Yes', why do you plan to take a year or more off?
(*Place a check mark in **all** the boxes that apply.*)

- a. To take a break from school
- b. To avoid the double cohort
- c. To make money to be able to pay for college or university
- _____
- d. Other (please write below)
- _____

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16. How many years do you expect to take to graduate from high school, including Grade 9? (Place a check mark in **only one** box.)

Four years or less

Four and one-half years

Five years

More than five years

Don't expect to graduate

Don't know

17. If you plan to go on to post-secondary education, do you expect to attend a college or university outside of Ontario?

Yes

No

Don't know

Do not plan to attend college or university

18. How important have each of the following been in influencing your educational and career plans?

	Very Important	Somewhat Important	Not very Important	Not at all Important
Parent(s) or guardian(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher-adviser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone you admire who does the work you would like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in career-related activities (e.g., co-op, work experience, Ontario Youth Apprenticeship Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career information (e.g., from TV, internet, newspapers, brochures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please write below</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Were you able to take all the courses you wanted to take this school year?

Yes

No

a. If you answered 'No', **what** was the course(s) you could not take, and **why** could you not take it (them)? (*Place a check mark in **only one** box per course.*)

Course & Grade: (e.g., visual arts—Grade 11, Ontario Youth Apprenticeship Program, cooperative education)

_____ course not available

not enough students to offer course

already had eight courses

other (*Please write in*) _____

Course & Grade:

_____ course not available

not enough students to offer course

already had eight courses

other (*Please write in*) _____

Thank you very much for completing this questionnaire.