

Double Cohort Survey

Grade 12

(2000/2001 Grade 9 Cohort)

Aussi disponible en français

To the Student:

You are in the second group of students to experience the reorganized secondary school program. The purpose of this study is to ensure that the program is effective and gain information about your courses, achievement, and career plans so that we may better prepare to help students meet their goals after high school.

If you were able to participate in the survey last school year, you will notice that some of the questions are the same. 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.

It should take you between 15 and 20 minutes to complete the questionnaire. Your information will be kept confidential.

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

If you are interested in the results of last year's survey, go to:

www.edu.gov.on.ca/eng/document/reports/phase3/index.html.

Winter 2004 (January 12, 2004)

**FOR SCHOOL USE ONLY –
IF STUDENT NOT IDENTIFIED ABOVE**

Student MIN number

Student's full name

Student's date of birth

Student Status

(circle code for appropriate type)

- P = Student completed survey
- SR = Student declined to participate
- PR = Parent declined to have student participate
- SA = Student absent
- TI = Student has transferred into school
- TO = Student has transferred to another school
- DO = Student has dropped out of school
- D = Student deceased
- DK = Whereabouts of student unknown
- NC = Student is not from 00/01 Grade 9 cohort

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 some questions, you may need to print a number in the box or write 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, 1985, 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. On average, how many **hours per week** do you usually spend on homework? (Place the number of hours in the box(es), rounded to the nearest hour.)

4. Do you currently have a part-time job(s) for which you are paid?

Yes

No

a. If you answered 'Yes' to question 4, indicate the number of hours you usually work in a week.

During the week (Monday to Thursday)

On the weekend (Friday to Sunday)

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

No

Yes, one

Yes, two

a. If you answered 'Yes' to question 5, 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 passing mark to a higher mark

To be able to graduate sooner

Other (please write in)

b. If you took a summer school course(s) this past summer, list the course(s), course type(s) and grade.

Course (e.g., Math)	Course type University	Grade 11)

6. Indicate below whether or not you passed all your courses in Grades 9, 10 and 11. (Do not include summer courses.)

	Passed all courses	Failed one course	Failed two or more courses
Grade 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How many summer school courses have you **successfully completed** up to now?

8. All students in the new program are required to complete 40 hours of community involvement activities. How many hours of community involvement activities have you completed to date? *Please write in the number of hours; if none, write 00.*

9. Please indicate how many of each type of Grade 12 course you are taking **this** school year (both semesters). *For example, if you were/are taking 7 courses this year, 2 University, 4 University/College, and 1 Open, you would place a 2 in the University box , 4 in the University/College box , and 1 in the Open box .*

Type of course	# Grade 12 courses
University Preparation (U)	<input type="text"/>
College Preparation (C)	<input type="text"/>
University/College Preparation (U/C)	<input type="text"/>
Workplace Preparation (E)	<input type="text"/>
Open (O)	<input type="text"/>

List the other non-Grade 12 courses you are taking this school year (if any).

10. What type of work are you thinking of doing when you have finished your education (for example, automotive mechanic, teacher, chef, dentist, computer programmer)? *(Please write below.)*

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

- Career Fairs/Career Days
- Workplace/Industry Tours
- Job Shadowing
- Short-term work experience (1 to 4 weeks)
- Cooperative Education
- Ontario Youth Apprenticeship Program (OYAP)
- Other school-based work experiences
(please write below)

12. Are you taking a course(s) through cooperative education (co-op) this school year? *(Include both semesters.)*

- Yes
- No

a. If you answered 'Yes' to question 12, where is/was your cooperative education placement? *(e.g., auto repair shop, retirement home)*

b. If you answered 'Yes' to question 12, is/was your co-op experience related to your career plans?

- Yes, closely related
- Yes, partly related
- No
- Don't know yet

c. If you answered 'Yes' to question 12, what is/are the reason(s) you are taking co-op? *(Place a check mark in **all** of the boxes that apply.)*

- To gain useful work skills
- To explore a possible career
- To improve my chances of admission to college/university
- To apply my classroom learning to practical work experience
- To improve my chances of getting a part-time or summer job
- To have a change from the regular classroom
- Other *(please write in)*

13. If you did not take 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 taking a course(s) required for college or university
- No placement of interest to me was available
- Not possible to schedule co-op in my timetable
- Could not arrange transportation to placement
- Already have taken co-op
- Other (please write in)

14. Are you participating in the Ontario Youth Apprenticeship Program (OYAP) this school year? (Include first semester)

- Yes
- No

a. If you answered 'Yes' to question 14, what is your apprenticeship field (e.g., electrician, auto mechanic)?

15. Which of the following best describes what you expect to do in the future? (Place a check mark in **only one** box.)

- Leave before graduating from high school and go directly to work
 - Graduate from high school and go directly to work
 - Graduate from high school and attend college
 - Graduate from high school and attend university
 - Graduate from high school and attend a private vocational school (e.g., a business institute, a computer training school)
 - Graduate from high school and enter an apprenticeship program for a skilled trade (e.g., to be an electrician, plumber or hairdresser)
 - Other (please write in)
-
- Uncertain

16. 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
- Do not know
- Do not plan to attend college or university

17. How many years do you expect to take to graduate and leave high school? (Place a check mark in **only one** box.)

- Four years
- Four and one-half years
- Five years
- More than five years
- Do not expect to graduate
- Do not know

18. If you have **not** applied to a university or college this year, check this box.

If you have applied to a university or college this year (for Fall 2004), please indicate below how many you applied to.

- | | Number applied to |
|---|--------------------------|
| Ontario colleges (Diploma or Certificate Program) | <input type="checkbox"/> |
| Ontario colleges (Applied Degree Program) | <input type="checkbox"/> |
| Ontario universities | <input type="checkbox"/> |
| Colleges outside Ontario, in Canada | <input type="checkbox"/> |
| Universities outside Ontario, in Canada | <input type="checkbox"/> |
| Colleges/universities outside of Canada | <input type="checkbox"/> |

19. 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 Group or Program (TAG or TAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance counsellor	<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 (please write below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Were you able to take all the courses you requested this school year?

Yes

No

a. If you answered 'No' to question 20, **what** was the course(s), (course type and grade) you could not take, and **why** could you not take it (them)? (Place a check mark in **only one** box per course.)

1 st Course (e.g., Visual Arts)	Course Type (e.g., University/College)	Grade (e.g., Grade 12)
Course not available		<input type="checkbox"/>
Course conflicted with other courses		<input type="checkbox"/>
Not enough students to offer course		<input type="checkbox"/>
Already had eight courses		<input type="checkbox"/>
Course was full		<input type="checkbox"/>
Other (Please write in)		<input type="checkbox"/>

2 nd Course	Course Type	Grade
Course not available		<input type="checkbox"/>
Course conflicted with other courses		<input type="checkbox"/>
Not enough students to offer course		<input type="checkbox"/>
Already had eight courses		<input type="checkbox"/>
Course was full		<input type="checkbox"/>
Other (Please write in)		<input type="checkbox"/>

Thank you very much for completing this questionnaire.