

Double Cohort Survey

5th Year

(1999/2000 Grade 9 Cohort)

Aussi disponible en français

To the Student:

We are asking you to complete this fourth questionnaire of the Double Cohort Study. You are part of the first group of students to experience the reorganized secondary school program. The purpose of this study is to 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 99/00 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 12, 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. 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

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., English)	Course type University	Grade 12)

6. Indicate below whether or not you passed all your courses in Grades 9, 10, 11 and 12. (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"/>
Grade 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

8. Why did you come back to school for a fifth year?
(Place a check mark in all the boxes that apply.)

To complete graduation requirements

To raise marks to apply to college

To raise marks to apply to university

To take additional courses

Other, please specify

9. 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.)

10. 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)

11. 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 11, where is/was your cooperative education placement? (e.g., auto repair shop, retirement home)

b. If you answered 'Yes' to question 11, 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 11, 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)

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

Yes

No

13. 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

14. 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

15. 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"/> |

16. 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"/>

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

Yes

No

a. If you answered 'No' to question 17, **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 (<i>Please write in</i>)		<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 (<i>Please write in</i>)		<input type="checkbox"/>

Thank you very much for completing this questionnaire.

Double Cohort Study- Phase 4: 5th Year Returnee Questionnaire

To the Principal:

In order to obtain information about students who returned this school year for a fifth year, we ask that you complete the following brief questionnaire.

We define '5th year returnees' as **students who began Grade 9 in the 1999/2000 school year**. In other words, they are part of the first new cohort who began secondary school in the restructured program.

Your school's name: _____

Your school's total student enrolment: _____

If your school is not semestered, please answer all of part 1 below and skip parts 2 and 3.

1. Total number of 5th year students as of September 2003:
 - a. Number who had graduated, but returned to improve marks*
 - b. Number who had not graduated
2. Number of 5th year students who left after 1st semester:
 - a. Number who had graduated, but returned to improve marks*
 - b. Number who completed graduation requirements
 - c. Number who left during or after 1st semester without completing graduation requirements
3. Number of 5th year students enrolled in second semester

*If graduates returned for other reasons such as taking an additional course(s), include them in this category.

Thank you for taking the time to complete this questionnaire.
Please return it by **February 27, 2004** to:

Grant Clarke
Director
Secondary School Policy and Programs Branch
900 Bay Street, 8th Floor Mowat Block
Toronto, Ontario
M7A 1L2

Fax: 416-325-2552