

Aussi disponible en français

To the Student:

We are asking you to complete this third 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 gain information about your courses, achievement, and career plans 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 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.

Your principal will be receiving a summary of the findings to share with you.

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

Winter 2003

**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 refused to participate
- PR = Parent refused to have student participate
- SA = Student absent
- SG = Student graduated
- TI = Student has transferred into school
- TO = Student has transferred to another school
- DO = Student has dropped out of school
- DK = Whereabouts of student unknown

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
- 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	Course type	Grade
(e.g., Calculus	OAC	—)

6. How many regular school year and summer school credits had you **successfully completed** up to the beginning of this school year – September, 2002? (Do **not** count first semester credits in this school year.)

- Regular School Year Credits up to Sept. 2002
- Summer School Credits

7. 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.)

8. 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)

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

Yes

No

a. Where is/was your cooperative education placement? *(e.g., auto repair shop, retirement home)*

b. If you answered 'Yes' to question 9, 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 9, what is the reason 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)*

10. 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)*

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

Yes

No

12. 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

13. 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

a. If you answered 'Yes' to question 13, why do you plan to take off a year or more? (Place a check mark in **all** of the boxes that apply.)

To take a break from school

To avoid the double cohort

To make money to be able to pay for college or university

Do not plan to attend college or university

Other (please write below)

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

Five years

More than five years

Do not expect to graduate

Do not know

15. If you have applied to a university or college this year (for Fall 2003), please indicate below how many you applied to.

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

Number applied to

- Ontario colleges
- Ontario universities
- Colleges outside Ontario
- Universities outside Ontario
- Colleges/universities outside of Canada

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 (<i>please write below</i>)	<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.*)

Course, Course Type & Grade

(e.g., Visual Arts, OAC, —; French, Advanced, 12)

Course not available
Course conflicted with other courses
Not enough students to offer course
Already had eight courses
Course was full
Other (*Please write in*)

Course, Course Type & Grade

Course not available
Course conflicted with other courses
Not enough students to offer course
Already had eight courses
Course was full
Other (*Please write in*)

Thank you very much for completing this questionnaire.