University Graduates with Disabilities: A-Follow up Survey Tool

This survey explores the post-graduation outcomes of university students with disabilities. It gathers data on their employment, independent living, community participation/social integration, and supports received by adult disability agencies. It also captures their perceptions about their quality of life.

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UNIVESITY GRADUATES WITH DISABILITIES: A FOLLOW- UP SURVEY Tool

For more than three decades now, the federal government has been trying to positively impact the lives of individuals with disabilities. Federal legislation such as the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, originally passed in 1975, Section 504 of Rehabilitation Act of 1973, and Americans with Disabilities Act (ADA) of 1990, amended in 2008, provide protections to individuals with disabilities in various spheres of life such as education, employment and, engagement in the social fabric of American living.

The major purpose of Americans with Disabilities Act (ADA) was to ensure that individuals with disabilities are provided equal opportunity for employment and that they are not discriminated against. As a result of ADA, the employment rate for individuals with disabilities have been gradually increasing but still a majority of the individuals with disabilities are unemployed. Of all the employable age Americans with disabilities, only 35% are employed compared to 80% of their non-disabled counterparts. Further, the existing research literature points out that majority of these unemployed individuals are willing to work and they possess knowledge as well as skills that are needed in the workplace (Harris Poll, 2004).

According to National Organization on Disability (2009), each month, the federal government spends about six billion dollars on disability benefits such as Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Medicaid, and Medicare. Clearly, the high rate of unemployment amongst individuals with disabilities poses a challenge not only for the individuals with disabilities and their families but also for the American taxpayer.
In the recent years, with changing labor market trends and with federal initiatives in place, unprecedented numbers of students with disabilities have started attending college (Strodden, Whelley, Chang, Harding 2001; Henderson, 2001). Now, what happens to students with disabilities after graduation from an institution of higher learning? We do not know enough. The research literature on post-graduation outcomes of university students with disabilities is extremely sparse (Madaus, 2008; Gillies, 2005). The purpose of this survey tool is to examine the post-graduation outcomes of university graduates with disabilities.

This survey tool was developed by conducting a review of existing literature on transition (e.g., Madaus, Zhao, Ruban, 2008; Madaus, 2007; Madaus, 2006; Madaus, 2004)) and Harris surveys of Americans with disabilities were examined. As shown in Figure 1, this survey tool has 9 scales and 58 questions. Of these 58 questions, 11 questions are dichotomous, 16 questions have unstructured format, and 31 questions have structured format. Of the 31 questions with structured format, 3 questions represent multi-option variable. The 9 scales of the survey tool as shown in Figure 1 are: (1) Background Information; (2) Current Status of Employment; (3) Agency Services; (4) Independent Living, (5) Community Participation; (6) Graduate School; (7) Quality of Life; (8) Demographic Data; and (9) Disability Services at Alma Mater. In December 2008, the survey tool was piloted on university graduates with disabilities and revised accordingly.
Figure 1: Scales of Survey Tool
University Graduates with Disabilities
A Follow-Up Survey Tool

Directions: Please respond to the following items with the best of your knowledge.

Section I: Background Information

1. Tell us about your university/college.

<table>
<thead>
<tr>
<th>The year you graduated from college (e.g., 2004, 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The degree you earned</td>
</tr>
<tr>
<td>Your major and minor area of study at your university/college</td>
</tr>
<tr>
<td>Total number of years you attended university/college</td>
</tr>
</tbody>
</table>

Section II: Current Status of Employment

2. Are you currently employed? (If you are not employed, skip to question 18)

   Yes_______No_______

3. If yes, for how long you have been at your current job?

   __________________________________________

4. Not to risk loss of disability benefits such as SSI, SSDI and/or Title 19, I only work part time.

   Yes_______No_______

5. If working, how many hours do you work each week?

| Full time (35 hours or more each week) |
| Part time (19-34 hours each week)      |
| Part time (Less than 19 hours a week)  |

6. Is there a match between the nature of your work and the academic training you received at the university/college?

   Yes_______No_______
7. What type of job do you have?

<table>
<thead>
<tr>
<th>Officials and Managers (e.g., legislators, postmasters, purchasing managers, administrators-education, funeral directors, ship captains)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional (e.g., social worker, photographer, editor/reporter, musician/composer, teacher)</td>
</tr>
<tr>
<td>Technician (e.g., broadcast equipment operator, computer programmer, licensed practical nurse)</td>
</tr>
<tr>
<td>Sales (e.g., cashiers, sales counter clerks, door-to-door sales workers)</td>
</tr>
<tr>
<td>Official and Clerical (e.g. file clerk, hotel clerk, insurance adjuster, postal clerk, bank teller)</td>
</tr>
<tr>
<td>Craft Worker- skilled (e.g., carpet installer, household appliance repairer, machinist)</td>
</tr>
<tr>
<td>Operatives-semiskilled (e.g., carpenter, bricklayer, metal working, assembler)</td>
</tr>
<tr>
<td>Laborers (e.g., fishers, farm workers, stock handlers, animal caretakers)</td>
</tr>
<tr>
<td>Service workers (e.g., waiters and waitresses, attendants, bartenders, family child care providers, police and detectives, crossing guards)</td>
</tr>
<tr>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

8. In the event your disability is not visible, have you disclosed your disability to your employer?

Yes    No

9. Are you satisfied with your job?

Generally satisfied
Sometimes satisfied, sometimes not
I do not like my job
I wish I could find another job
I am working only so that I can pay my bills

10. How much do you earn weekly?

Minimum wage
Above minimum, please specify
Below minimum wage
11. What benefits do you receive from your employer? (check all that apply)

<table>
<thead>
<tr>
<th>Health insurance</th>
<th>Retirement benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid sick leave</td>
<td>Financial support for graduate school</td>
</tr>
<tr>
<td>Paid vacation</td>
<td>Financial support for professional development</td>
</tr>
<tr>
<td>Paid personal days</td>
<td>I receive no benefits because I only work part time</td>
</tr>
</tbody>
</table>

12. Does your disability affect your job performance?

Yes ________ No ________

13. If your disability does affect your job performance, specify in ways it does.

_____________________________________________________________

14. My employer has made and is willing to make accommodations specific to my disability.

Yes ________ No ________

15. My employer appreciates my work and my efforts.

Yes ________ No ________

16. I am aware of my legal rights at workplace.

Yes ________ No ________

17. How many jobs have you held since graduation from university/college? (circle only one)

<table>
<thead>
<tr>
<th>One job</th>
<th>Four jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two jobs</td>
<td>Five jobs</td>
</tr>
<tr>
<td>Three jobs</td>
<td>More than five jobs</td>
</tr>
</tbody>
</table>
18. My disability prevents me from holding a full time job.

Yes_________No________

19. If you are not currently employed, tell us about the last time you were employed.

___________________________________________________

20. If you are currently not employed, why do you think you are not employed?

___________________________________________________

Section III: Agency Services

21. Which of the following agencies has provided services to you since you left college/university and/or is currently providing services to you? (check all that apply)

<table>
<thead>
<tr>
<th>Bureau of Rehabilitation Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Education and Services for the Blind</td>
</tr>
<tr>
<td>Commission on the Deaf and Hearing Impaired</td>
</tr>
<tr>
<td>Center for Independent Living</td>
</tr>
<tr>
<td>Department of Developmental Services</td>
</tr>
<tr>
<td>Department of Mental Health and Addiction Services</td>
</tr>
<tr>
<td>Department of Labor</td>
</tr>
<tr>
<td>Office of Protection and Advocacy</td>
</tr>
<tr>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

22. Did you know about the various state and federal agencies that exist to help adults with disabilities?

Yes_________No________
Section IV: Independent Living

23. Where do you live for most of the calendar year? (choose only one)

<table>
<thead>
<tr>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>My own apartment/condominium/house/rented house/rented rooms</td>
</tr>
<tr>
<td>My significant others dwelling</td>
</tr>
<tr>
<td>Group home</td>
</tr>
<tr>
<td>Supported community living arrangement</td>
</tr>
<tr>
<td>Section 8 housing</td>
</tr>
<tr>
<td>My parents’/guardian’s/relative’s house</td>
</tr>
</tbody>
</table>

24. In the past one year, with whom did you share your living quarters majority of the time? (choose only one)

<table>
<thead>
<tr>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>My spouse</td>
</tr>
<tr>
<td>My romantic partner</td>
</tr>
<tr>
<td>My siblings</td>
</tr>
<tr>
<td>Unrelated roommates</td>
</tr>
<tr>
<td>Parents/guardians/relatives</td>
</tr>
<tr>
<td>I live alone</td>
</tr>
</tbody>
</table>

25. Do you have access to the following? (check all that apply)

<table>
<thead>
<tr>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
</tr>
<tr>
<td>Savings Account</td>
</tr>
<tr>
<td>Credit Card (s)</td>
</tr>
<tr>
<td>Health Coverage/Insurance</td>
</tr>
<tr>
<td>Land Phone</td>
</tr>
<tr>
<td>Cell phone</td>
</tr>
<tr>
<td>Internet</td>
</tr>
<tr>
<td>TV/Cable/Dish Network</td>
</tr>
</tbody>
</table>

26. If you have access to Internet, how many hours a week do you spend on Internet?

________________________________________

27. If you have access to television, how many hours a week do you watch TV?

________________________________________
28. Do you belong to any community organizations such as YMCA, local fitness center, church, or club?

Yes_______ No_______ If yes, Specify______________________________

29. What assistive technology device, if any you regularly use? (e.g., Braille embosser, Text-to-speech, Speech-to-text, Teletext, Wheelchair/Scooter)

_________________________________________________

30. Do you consider yourself an independent individual?

Absolutely____________
Most of the times___________
Sometimes_________________
Hardly ever_______________
I am fully dependent________

Section V: Community Participation

31. Do you think you are an active member of your community and are involved in it in various ways such as attending festivals, cultural events, participating in fitness activities, games, races, and going to concerts?

Yes_______ No_______

32. How often do you socialize with friends, neighbors and relatives?

Every day of the week______ Once a week_______ Two-three times a week__________

33. How often do you eat out in a restaurant?

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td></td>
<td>Once a month</td>
</tr>
<tr>
<td>Twice a week</td>
<td></td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

34. In the past one year, how many times did you go out to see a movie?

___________________________________________________
35. How often do you go shopping for food or household maintenance items?
_________________________________________________________

36. With whom do you spend most of your free time?

Friend (s)    Family    neighbor (s)    

37. Who provides you the much needed, ongoing social support?
_________________________________________________________

38. Would you consider yourself socially isolated?

Yes    No

39. What is your most frequent mode of transportation in the community?

<table>
<thead>
<tr>
<th></th>
<th>Personal Auto</th>
<th>Public Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Rides</td>
<td></td>
<td>Para Transit</td>
</tr>
</tbody>
</table>

40. Transportation is a real problem for me.

Yes    No

41. Do you have a driver’s license?

Yes    No

42. Does your disability prevent you from driving or interfere with your driving in any way?

Yes    No

43. In the last 12 months, how many times you did not get the medical service (s) you needed?

_________________________________________________________
**Section VI: Graduate School**

44. Are you currently attending graduate school?
   - Yes ________ No ________

45. If yes, what school and your area of study?
   ________________________________

46. Is your employer paying any part of your tuition fee?
   - Yes ________ No ________ NA ________

**Section VII: Quality of Life**

47. Are you satisfied with the quality of your life?
   - Most of the time____Sometimes___Once in a while_____Rarely______

48. Do you think your disability affects the quality of your life?
   - Absolutely________May be________Not sure________

49. What would add to the quality of your life given that your disability may not ever have a cure?
   ________________________________
   ________________________________
   ________________________________
Section VIII: Demographic Data

50. How old are you?  
_______________

51. What is the nature of your disability?  
________________________________

52. Is your disability congenital or acquired?  
____________________________________

53. What is your ethnic/racial background?  
______________________________________

54. What is your gender?  
Male_______ Female______

55. What is your marital status?  
Married_________ Engaged_________ Single_____ Divorced_________

56. Anything else that you would like to share about your post-graduation period?  
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Section IX: Disability Services at your Alma Mater

57. What should the Office of Disability Services at your alma mater have done differently for you?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

58. How can institutions of higher learning be of more support for students with disabilities?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Thanks for your Participation!
References


