Florida Department of Education Exit Interview Student Survey

Exit interview Student Survey		
School Name	School District	
Student Name	Student DOB	
Grade Level	Date	
Directions: Please circle the response that best describes yo experience in the space provided.	ur experience or provide a description of your	
1. Which of the following best describes your primary reason	for terminating school enrollment?	
 A. Classes were not interesting/bored B. Missed too many days and could not catch up C. Did not like school D. Failing classes/couldn't keep up with school work E. Illness F. Became a parent G. Getting married H. Felt like I did not belong I. Suspended from school often J. Expelled from school 	 K. Student-teacher conflict L. Employment/have to work full-time M. Friends dropped out N. Failed to pass FCAT O. Intimidated/Threatened/Bullied P. Migrant Q. Homeless R. Family Problems S. Other 	
 2. Which of the following best describes your secondary reasons. A. Classes were not interesting/bored. B. Missed too many days and could not catch up. C. Did not like school. D. Failing classes/couldn't keep up with school work. E. Illness. F. Became a parent. G. Getting married. H. Felt like I did not belong. I. Suspended from school often. J. Expelled from school. 	K. Student-teacher conflict L. Employment/have to work full-time M. Friends dropped out N. Failed to pass FCAT O. Intimidated/Threatened/Bullied P. Migrant Q. Homeless R. Family Problems S. Other	
 3. What would have improved your chances of staying in school A. Opportunities for real-world learning (internships, serving) B. Better teachers C. Smaller classes D. More individualized instruction E. Better communication with your teachers F. Better communication with your parents G. Increased parental involvement H. Less freedom and more supervision from parents I. Less freedom and more supervision from school officians J. Other 	ce learning)	

4. What actions did your school personnel take to keep you enrolled in school? (Circle all that apply.)		
 A. Provided student counseling B. Scheduled a conference with parent(s), guardian(s), student, and school staff C. Discussed and offered options for tutoring D. Discussed the consequences of dropping out E. Discussed and offered options for continuing education in a different environment (e.g., Adult Education, home school, virtual school, hospital homebound) F. Discussed and offered alternative options for graduation (e.g., diploma options, GED Exit Option or GED Testing) G. Conducted home visits H. Referred student to agencies/programs to address problems interfering with school success (e.g., substance abuse counseling, psychological counseling, family counselor) 	 I. Discussed and offered participation in a credit recovery course/program J. Discussed and offered access to Dropout Prevention Program(s) (e.g., alternative education, disciplinary, teenage parent) K. Tracked student progress (by teacher, counselor, social worker, graduation coach, etc.) L. Changed or revised course schedule M. Implemented intervention contracts (e.g. attendance or behavior) N. Student reported that school staff took no action O. Other 	
Please check and sign below to certify that each of the following statements was addressed by school personnel.		
I am at least 16 years of age and it is my intent to terminate my school enrollment. I received counseling from a guidance counselor or other school personnel which addressed the following: ☐ Terminating school enrollment prior to graduation will likely reduce my potential earnings and negatively affect my career options. ☐ Termination of school enrollment will result in the revocation/denial of my driving privileges until age 18. ☐ My reasons for leaving school prior to graduation. ☐ Possible actions that could keep me from leaving school prior to graduation. ☐ Options for continuing my education in a different environment, e.g., Adult Education or GED testing. ☐ For Bright Futures eligibility, GED students must complete credit requirements before taking GED exam.		
Student Signature:	Date:	
Parent/Guardian Signature: Date: Date:		
School Personnel Signature:	Date:	
Optional:		
1. What is the highest level of education completed by your maternal parent/guardian? (circle one)		
Elementary Middle School High School Col	lege Graduate School Unknown	
2. What is the highest level of education completed by your paternal parent/guardian? (circle one)		
Elementary Middle School High School Col	lege Graduate School Unknown	
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