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Transition to College: Perspectives of Secondary School Students

Appendix B

Appendix B

**Post-Secondary Plans Survey:
Grades 11 & 12 Students
2005-06**



POST-SECONDARY PLANS SURVEY: GRADES 11 & 12 STUDENTS 2005-06

To the Student:

This is a survey of students in Grade 11, Grade 12 and 5th year. The purposes of this study are as follows: (1) to understand your impressions and knowledge of the Colleges of Applied Arts and Technology* and how information about colleges and college programs reaches students; and (2) to collect information about your courses, achievement, and your plans so that school programs can better prepare students to meet their goals after high school.

Your decision to complete this survey will be interpreted as an indication of your consent to participate in this study. By completing the survey, you will be making a significant contribution to the success of this study. However, your participation is voluntary. You may avoid answering any question that makes you feel uncomfortable. You are also free to withdraw from the study at any time without any effect on your teacher's assessment of you in this class. There are no known risks in participating in the study.

It should take you between 15 and 20 minutes to complete the survey. Please do not sign your survey. Your information will be kept confidential. Only the researchers at Queen's University will see your information.

After the researchers have combined all information from students in participating schools and written the report, the report will be placed on this website: www.gotocollege.ca.

Thank you for taking part in this important study.

If you have any questions about the study, concerns or complaints, you may wish to contact: the Principal Investigator, Dr. Alan King, Faculty of Education, Queen's University, Kingston, ON K7L 3N6 (tel: 613-533-6255; kinga@educ.queensu.ca); or Dr. Rosa Bruno-Jofré, Dean, Faculty of Education, Queen's University (same address; tel: 613-533-6210); or Dr. Joan M. Stevenson, Professor and Chair, General Research Ethics Board, Queen's University (same address; tel: 613-533-6081).

***Note:** we refer to the Ontario Colleges of Applied Arts and Technology as 'colleges' in this survey.

Instructions:

Please read and answer each question carefully. For most questions, please place a **check mark** (✓) in the box to the right of your response choice. For a few questions, you will be asked to record a **number or letter** in the box or **write** in the space provided.

When you are finished, place the questionnaire 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, 1989, you would write

in the boxes beside 'Day',
 in the boxes beside 'Month', and
 in the boxes beside 'Year'.

Day

Month (Jan = 01, Feb = 02, etc.)

Year

3. How many years (counting this year) have you been in high school?
4. How many years do you expect to have taken before you graduate and leave high school? (Place a check mark [✓] in **only one** box.)
- Do not expect to graduate
- Four years
- Four and one-half years
- Five years
- More than five years
- Do not know

5. Please indicate below the type of required courses you took in Grade 9. (Place a check mark [✓] to the right of **each** course to indicate the type.)

	Academic	Applied	Essentials/ Locally Developed
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Indicate the **subject, grade and type** of courses you are taking this school year (including both semesters, if your school is semestered). (Please write in your course(s) e.g., for Grade 11 Music, Open, write Music on the first line, 11 or 12 on the second line and 'O' for Open in the box.)

Course Type		
U = University	C = College	
M = University/College		
E = Workplace	O = Open	

Course Name (e.g., English)	Grade (e.g., Gr. 11)	Course Type
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

7. Generally, why are you taking most of the courses you are taking? (Place a check mark [✓] in a box for your answer **beside each** item below.)

	Yes	No	Partly
To meet apprenticeship requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To meet college admission requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To meet university admission requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To keep as many education and/or career options open as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To meet secondary school graduation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Some students are not able to take the courses they wished to take. This school year, were you able to take the courses you requested?

Yes No

a. If you answered 'No' to question 8, **what** was one course you could not take, and **why** could you not take it? (Please write in the course, type and grade, and place a check mark [✓] in **only one** box.)

Course, Course Type & Grade
(e.g., Visual Arts – University/College, Grade 11)

Course not available	<input type="checkbox"/>
Course conflicted with other courses	<input type="checkbox"/>
Course cancelled – not enough students	<input type="checkbox"/>
Already had eight courses	<input type="checkbox"/>
Course was full	<input type="checkbox"/>
Other (please write in)	<input type="checkbox"/>

9. How many credits did you successfully complete in the following:

(Write in the number of credits; use a zero if you did not complete any credits. If you are in Grade 11 (your 3rd year of high school), fill in boxes 1 to 4. If you are in Grade 12 (your 4th year), fill in boxes 1 to 7. If in 5th year, fill in **all** boxes.)

Grade 9	<input type="checkbox"/>	1
Summer School following Grade 9	<input type="checkbox"/>	2
Grade 10	<input type="checkbox"/>	3
Summer School following Grade 10	<input type="checkbox"/>	4

Grade 11	<input type="checkbox"/>	5
Summer School following Grade 11	<input type="checkbox"/>	6
Grade 12	<input type="checkbox"/>	7

Summer School following Grade 12	<input type="checkbox"/>	8
5 th Year	<input type="checkbox"/>	9
Other (e.g., night school, correspondence)	<input type="checkbox"/>	10

10. What was your **approximate** overall average last school year? %

11. Are you taking or have you taken a course(s) through cooperative education (co-op)? (Include both semesters)

Yes No

12. Are you participating in the Ontario Youth Apprenticeship Program (OYAP)?

Yes No

13. Please answer 'yes' or 'no' to **each** of the following questions by placing a check mark [✓] in the appropriate box for your answer. If you are unsure about your response to a question for some reason, place a check mark [✓] in the 'uncertain' box.

	Yes	No	Uncertain
When I need help about educational and career planning, I can get it at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) or guardian(s) expect me to go to university.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel accepted in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work at a part-time job for 10 hours or more a week, on average.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This year, I am playing or expect to play on a school team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This year, I am participating or plan to participate in intramural activities (e.g., school club(s), school newspaper, an intramural sport).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College programs prepare for careers that pay well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This school places almost equal emphasis upon preparing students for college and university.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about the costs of attending college or university.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would prefer to attend a college or university near my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College programs provide a credential that is valued by society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents would encourage me if I applied for a college program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my teachers have a positive opinion about a college education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my friends have a positive opinion about a college education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 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
- Graduate from high school and go directly to work
- Graduate from high school and go directly to a diploma/certificate program at a college (i.e., an Ontario College of Applied Arts and Technology)
- Graduate from high school and go directly to an Applied or Collaborative Degree Program at a college (i.e., an Ontario College of Applied Arts and Technology)
- Graduate from high school and go directly to university
- Graduate from high school and go directly to a private career college (e.g., a business institute, a computer training school)
- Graduate from high school and go directly to an apprenticeship program for a skilled trade (e.g., to be an electrician, plumber or hairdresser)
- Graduate from high school and take time off before continuing on to university
- Graduate from high school and take time off before continuing on to college
- Other (please specify)

- Uncertain

15. If you plan to go on to a post-secondary program, what specific college or university program(s) do you expect to apply to?

- Do not plan to go on to post-secondary
- Uncertain about program
- Program: _____
- Program: _____

16. If you have made a decision to obtain a post-secondary education, when did you make that decision? (Check [✓] in **one box** only. If you do **not** intend to go on to a college or university, **Skip** to question #17)

- Have not decided
- Made the decision before Grade 9
- Made the decision sometime around:
 - Grade 9
 - Grade 10
 - Grade 11
 - Grade 12

17. What level of education has each of your parents/guardians achieved?

(If you share living with two sets of parents, answer this question about your birth parents. You will end up with **only two** check marks [✓])

	Mother/ Guardian	Father/ Guardian
Did not complete high school	<input type="checkbox"/>	<input type="checkbox"/>
High School Diploma or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Trades Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Some college credits	<input type="checkbox"/>	<input type="checkbox"/>
College or CEGEP Diploma/Certificate or Business or Technical Institute Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Some university credits	<input type="checkbox"/>	<input type="checkbox"/>
University Degree (e.g., BA, BSc)	<input type="checkbox"/>	<input type="checkbox"/>
Advanced University Degree (e.g., LLB, MD, MA, PhD)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Do not know	<input type="checkbox"/>	<input type="checkbox"/>

18. What type of work are you thinking of doing when you have finished your education or begin a permanent job (for example, automotive mechanic, teacher, chef, dentist, computer programmer)? If you are thinking of more than one possibility, list the first two in order of importance to you.

- Undecided
- 1st choice: _____
- 2nd choice: _____

19. How would you describe your knowledge of the following?

	Very Good	Good	Fair	Poor
University programs and their admission requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College programs and their admission requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship programs and their admission requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work opportunities after high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. [Only answer this question if you **are in Grade 12 or 5th year.**

Skip to question #21 if you are not.

If you have **not** applied or are not planning to apply to a university or college this year, check [✓] this box.

a. If you have applied or plan to apply to a university or college this year, please indicate below how many of each type you applied to.

	<i>number applied to or planned</i>
Ontario colleges (Diploma or Certificate Program)	<input type="checkbox"/>
Ontario colleges (Applied or Collaborative 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"/>

b. If you do not get accepted into any of the program(s) you have chosen at university or college this year, which of the following will you do? (Place a check mark [✓] in **only one** box.)

- Return to high school and reapply next year
- Take night courses, courses at an adult learning centre or online credit courses and reapply next year
- Re-apply to another college or university program
- Apply to a college program with the intention to transfer to a university later
- Obtain a job
- Other (please specify)

- Do not know

21. Indicate how helpful career and educational planning information from the following sources has been to you. (Place a **number from the response key** in **each** box to the right of 'Universities', 'Colleges' and 'Apprenticeship'. Please fill in **all** boxes.)

Place a '0' in the box if you have not received information or experienced something. For example, if you have had no information from any teachers about apprenticeship, beside 'Apprenticeship' you would place a '0' in the box under 'Teacher(s)'.

4 = Very helpful 3 = Helpful 2 = Slightly helpful 1 = Not helpful 0 = no information or experience

a. Information from School, Home and Friends

Information about:	<i>Teacher(s)</i>	<i>Teacher-Adviser (TAP)</i>	<i>Guidance Counsellor(s) Student Services</i>	<i>Parents and/or other family members</i>	<i>Friends</i>
Universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Information from Other Sources

Information about:	<i>Visit(s) from college reps</i>	<i>Visit(s) from university reps</i>	<i>Visit(s) to college(s)</i>	<i>Visit(s) to university(ies)</i>	<i>Visit(s) to/from Business/ Industry</i>	<i>Media (e.g., newspapers, TV)</i>	<i>Internet-based resources</i>
Universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What are your general impressions of Ontario colleges? What are the reasons you would or would not consider attending a college? *(Please write your comments below.)*

23. If you have any further comments or suggestions about educational and/or career planning, please note them below.

Thank you very much for participating in this survey.