

Client ID # _____

Date of Administration: _____

EDUCATION

CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. What is the highest grade you have completed?

Select one.

- 8th grade or less
- Some high school
- High school diploma or GED
- Some college, including AA and technical certificates or diploma
- Graduated 4-year college
- Advanced degree (e.g., MA, MD, PhD)
- Unsure/Don't know

2. Are you currently attending school?

Select one.

- Not attending → *Skip to Q4*
- Attending full-time
- Attending part-time
- Other (Specify: _____)
- Unsure/Don't know → *Skip to Q4*

3. If attending full or part-time: What type of school program are you attending?

Select one.

- Middle school
- High school
- Professional/ vocational certification program
- Two year college
- Four year college
- Graduate program
- Other (Specify: _____)
- Unsure/Don't know

4. Do you currently receive educational support and accommodation through an Individualized Education Plan (IEP), 504 plan, or from your college disability support office?

- Yes
- No
- Not applicable
- Unsure/Don't know

5. Are you currently working toward a goal related to school at this time, for example, to graduate high school or improve your grades?

- Yes
- No
- Not applicable
- Unsure/Don't know