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