

**Florida Department of Education  
Survey of Dropouts**

School Name \_\_\_\_\_ School District \_\_\_\_\_

Student Name \_\_\_\_\_ Student DOB \_\_\_\_\_

Grade Level \_\_\_\_\_ Date \_\_\_\_\_

**Directions: Please circle the response that best describes your experience or provide a description of your experience in the space provided.**

1. Which of the following best describes your **primary** reason for terminating school enrollment?

- |                                                      |                                      |
|------------------------------------------------------|--------------------------------------|
| A. Classes were not interesting/bored                | K. Student-Teacher conflict          |
| B. Missed too many days and could not catch up       | L. Employment/Have to work full-time |
| C. Did not like school                               | M. Friends dropped out               |
| D. Failing Classes/couldn't keep up with school work | N. Failed to pass FCAT               |
| 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                              |                                      |

Other: \_\_\_\_\_  
\_\_\_\_\_

2. Which of the following best describes your **secondary** reason for terminating school enrollment?

- |                                                      |                                      |
|------------------------------------------------------|--------------------------------------|
| A. Classes were not interesting/bored                | K. Student-Teacher conflict          |
| B. Missed too many days and could not catch up       | L. Employment/Have to work full-time |
| C. Did not like school                               | M. Friends dropped out               |
| D. Failing Classes/couldn't keep up with school work | N. Failed to pass FCAT               |
| 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                              |                                      |

Other: \_\_\_\_\_  
\_\_\_\_\_

3. What would have improved your chances of staying in school? (Choose all that apply.)

- A. Opportunities for real-world learning (internships, service learning)
- 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 officials

Other: \_\_\_\_\_  
\_\_\_\_\_

4. What actions did your school personnel take to keep you enrolled in school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign below to certify each of the following statements.**

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 prior to graduation will likely reduce my potential earnings and negatively affect my career options.
- 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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is under 18 years of age)

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional:**

1. What is the highest level of education completed by your maternal parent/guardian? (circle one)

Elementary    Middle School    High School    College    Graduate School    Unknown

2. What is the highest level of education completed by your paternal parent/guardian? (circle one)

Elementary    Middle School    High School    College    Graduate School    Unknown