

# Alternative Education Census of Oregon



Thank you for choosing to complete this mail-out/mail-back questionnaire to help develop the first comprehensive database of Oregon's alternative programs and schools serving at-risk middle and high school students.

Only a professional educator like you knows your program's characteristics, instructional practices, and students you serve. For reasons like these, your participation in this study is essential – each school and program must be represented. If another person in your program/school can better provide the information needed, please let us know to whom you have passed the questionnaire in an email to [osrl2@oregon.uoregon.edu](mailto:osrl2@oregon.uoregon.edu).

Please put this questionnaire in the enclosed postage-paid envelope and mail to us no later than **June 20<sup>th</sup>**. We will send you some friendly reminders if we do not receive it back in a few weeks. If you decide that a telephone interview might use your time best, please do not hesitate to contact us to set up an appointment with a professional interviewer from the University of Oregon Survey Research Laboratory: 541-346-0820.

We want to assure you that this census is completely confidential and, of course, completely voluntary. No person, school, or program will be identifiable. The ID number on this

questionnaire is strictly to let us to check your school or program off the list when we hear back from you.

This census will establish awareness of alternative education in Oregon and allow us to describe these essential institutions in a fair and equitable manner in another era of budget cuts.

As a thank-you for participating, you may receive a copy of the study's summary results by contacting the Project Coordinator: Miriam Waintrup, College of Education, University of Oregon 97405; 541-346-1471; email [miriamw@oregon.uoregon.edu](mailto:miriamw@oregon.uoregon.edu).

If you have any questions about this study, please do not hesitate to contact us or UO's Human Subjects Compliance Office: 541-346-5131.

Thank you sincerely for sharing your time for this study.

The logo for the Oregon Survey Research Laboratory (OSRL) consists of the letters 'OSRL' in a bold, serif font. The letters are stylized, with the 'O' and 'S' being particularly prominent.

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# Alternative Education Census of Oregon

A

TO BEGIN, PLEASE ANSWER A FEW QUESTIONS ABOUT THE GENERAL NATURE OF YOUR PROGRAM/SCHOOL.

1. **Would you characterize it as a program or as a school?** *Please check one box to the right of the category indicating your answer.*  
 Program <sub>1</sub>    School <sub>2</sub>    Other <sub>3</sub> →*Please specify:* \_\_\_\_\_

2. **When was your program/school established?** Year \_\_\_\_\_

3. **Would you characterize your program/school as ...**

	Yes	No
a. an in-district alternative	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. a private alternative	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. special education self-contained	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. correctional/detention	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. based in a mental health facility that operates as a day- or residential-treatment program	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. a high school completion program that operates within a community college	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

4. **What grade levels does your program/school serve?**

	Yes	No
a. Middle school level [grades 6 to 8]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. High school level [grades 9 to 12]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Other ( <i>please specify</i> ) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

5. **Where is your program/school located?**

a.  Public school campus

b.  Community college campus

c.  Community site apart from a public school setting

d.  Other (*please specify*) \_\_\_\_\_

6. **What is your average yearly expenditure per student?**  
 \$ \_\_\_\_\_

7. **What percentage of your program's/school's ADM (Average Daily Membership) report last year, 2001-02, was attributed to...?**

a. large group instruction \_\_\_\_\_%

b. intermediate group instruction \_\_\_\_\_%

c. small group instruction \_\_\_\_\_%

d. tutorial or individual instruction \_\_\_\_\_%

8. **How much of your budget comes from each of the following sources?** *Please mark the box to the right of your response.*

a. federal source  
 0%  1-19%  20-39%  40-59%  60-79%  80-100%

b. state education monies  
 0%  1-19%  20-39%  40-59%  60-79%  80-100%

c. state monies from social service agencies  
 0%  1-19%  20-39%  40-59%  60-79%  80-100%

d. local or county education monies  
 0%  1-19%  20-39%  40-59%  60-79%  80-100%

e. local or county social service monies  
 0%  1-19%  20-39%  40-59%  60-79%  80-100%

f. private funds/corporate donations or grants  
 0%  1-19%  20-39%  40-59%  60-79%  80-100%

B

NEXT, PLEASE ANSWER A FEW QUESTIONS ABOUT THE TEACHERS AND STAFF YOUR PROGRAM/SCHOOL EMPLOYS.  
*Please answer each question.*

1. **How many teachers ...**

a. do you currently employ full-time? # \_\_\_\_\_

b. do you currently employ part-time? # \_\_\_\_\_

c. do you have for a total FTE now? # \_\_\_\_\_

(*In questions B1d – B1k, please include all teachers, full and part-time.*)

d. does the Teachers Standards and Practices Commission (TSPC) certify at the middle and high school level? # \_\_\_\_\_

e. does TSPC certify to teach special education? # \_\_\_\_\_

**1. How many teachers ... (continued)**

- f. have a provisional license from TSPC? # \_\_\_\_\_
- g. are **not** certified by TSPC? # \_\_\_\_\_
- h. have a Master's degree? # \_\_\_\_\_
- i. are male? # \_\_\_\_\_
- j. are female? # \_\_\_\_\_
- k. are from cultural or ethnic minority groups? # \_\_\_\_\_

**2. How many years of experience in education do your teachers average? (Check one only; your best estimate is fine.)**

0-3 years  4-6 years  7-10 years  More than 10 years

**3. Next, please answer a few questions about educational aides employed by your program/school. How many aides are...**

(Please answer each question.)

- a. currently employed full-time? # \_\_\_\_\_
- b. currently employed part-time? # \_\_\_\_\_
- c. in your total FTE now? # \_\_\_\_\_
- d. male? # \_\_\_\_\_
- e. female? # \_\_\_\_\_
- f. from cultural or ethnic minority groups? # \_\_\_\_\_

**4. Do you have counselors, mental health staff, or social workers on staff at your program/school?**

Yes <sub>1</sub> No <sub>2</sub> → Please skip to question B5



**How many of these staff members are...** (Please answer each question.)

- a. currently employed full-time? # \_\_\_\_\_
- b. currently employed part-time? # \_\_\_\_\_
- c. contracted for service? # \_\_\_\_\_
- d. certified by TSPC as school counselors? # \_\_\_\_\_
- e. licensed MSWs (Master's of Social Work)? # \_\_\_\_\_
- f. licensed psychologists? # \_\_\_\_\_
- g. qualified mental health professionals? # \_\_\_\_\_
- h. male? # \_\_\_\_\_
- i. female? # \_\_\_\_\_
- j. from cultural or ethnic minority groups? # \_\_\_\_\_

**5. Turning to administrators in your program/school, how many...**

- a. are currently employed full-time? # \_\_\_\_\_
- b. are currently employed part-time? # \_\_\_\_\_
- c. are certified by TSPC altogether? (*full and part-time*) # \_\_\_\_\_
- d. have a provisional license from TSPC? # \_\_\_\_\_
- e. are not certified by TSPC? # \_\_\_\_\_
- f. are male? # \_\_\_\_\_
- g. are female? # \_\_\_\_\_
- h. are from a cultural or ethnic minority group? # \_\_\_\_\_

**THE NEXT QUESTIONS COVER THE ENTIRE STAFF.**

**6. Overall, would you say that staff turnover from year-to-year in your program/school is high, medium, or low?**

High <sub>1</sub> → Please skip to question B9

Medium <sub>2</sub> → Please skip to question B9

Low <sub>3</sub> → Please skip to question B7

No turnover <sub>4</sub> → Please skip to question B7

**7. Why do you think staff turnover is low?**

**Is it due to...?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. staff salaries and benefits                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. flexible curricula and program structure                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. wanting to work with at-risk students                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. staff mobility limited by lack of certification or license | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. cohesive associations among staff and program              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. stable funding arrangements from your contractors          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. other  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |



Please specify \_\_\_\_\_

**8. Of those you checked "yes", which one would you say is the most important reason that staff turnover is low? \_\_\_\_\_**

Record the letter from question B7, then please skip to section C.

**9. Why you think staff turnover is high (or medium)?**

**Is it due to...?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. staff salaries and benefits                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. difficult students                           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. curricular concerns                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. unstable program funding                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. lack of cohesion among the staff and program | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. other  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

↓  
Please specify: \_\_\_\_\_

**10. Of those you checked “yes”, which one would you say is the most important reason that staff turnover is high (or medium)? \_\_\_\_\_**

*Record letter from B9, then please continue with section C.*

**C**

**IN THIS QUESTION GROUP, WE TURN TO THE CURRICULA AND SERVICES YOUR PROGRAM/SCHOOL OFFERS STUDENTS.**

**1. Which of the following instructional components does your program/school offer to students?**

- |  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| a. Language arts                                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Science   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Math  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Social studies                                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Work experience opportunities, either paid or not | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Teen parent instruction                           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. Service learning                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| h. Theme-based learning                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| i. ESL (English as a second language)                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| j. Title I   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| k. Special education                                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| l. Personal finance                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| m. Adult basic education                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| n. Multi-cultural education                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| o. GED (general equivalency diploma)                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| p. Music   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| q. Physical education.                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| r. Art   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

- |                       |                                       |                                       |
|-----------------------|---------------------------------------|---------------------------------------|
| s. Computer education | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| t. Foreign language   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| u. Other              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

↓  
Please specify: \_\_\_\_\_

**2. Which of the following support services and social services does your program/school provide students?**

- |                                     | Yes                                   | No                                    |
|-------------------------------------|---------------------------------------|---------------------------------------|
| a. Alcohol and drug education       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Gang intervention and prevention | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Individual/group counseling      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Social skill training            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Family counseling                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Day care services                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. Homeless support and assistance  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| h. Medical screening and services   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| i. Mentoring and advocacy           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| j. Transition services              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| v. Other                            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

↓  
Please specify: \_\_\_\_\_

**3. With which community agencies does your program/school have close working relationship?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. Mental health  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Welfare  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Job Training Partnership Act Programs or Work Incentive Act Boards | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Community college  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Vocational rehabilitation  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Probation and parole   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. Alcohol and drug treatment   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| h. Family and advocacy groups   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| i. Faith based organizations  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| j. Family homeless shelters   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| k. Runaway shelter  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| w. Other  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

↓  
Please specify: \_\_\_\_\_

**D**

NEXT, WE TURN TO STUDENTS, STARTING FIRST WITH ANY SPECIAL EDUCATION STUDENTS IN YOUR PROGRAM/SCHOOL.

**1. Does your (program/school) have any special education students?**

Yes <sub>1</sub>    No <sub>2</sub> → *Please skip to section E.*

**2. Does any on-site staff provide case management for special education students in your program/school?**

Yes <sub>1</sub>    No <sub>2</sub> → *Please continue with question D3.*

2.a. What is their caseload size? # \_\_\_\_\_

**3. Do staff who are not employed by your program/school manage your special education student caseload?**

Yes <sub>1</sub>    No <sub>2</sub> → *Please continue with section E.*

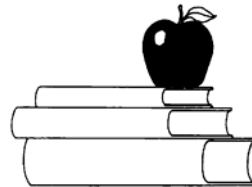
3.a. What is their caseload size? # \_\_\_\_\_

**E**

PLEASE ANSWER THIS GROUP OF QUESTIONS THINKING ABOUT ALL STUDENTS IN YOUR PROGRAM/SCHOOL.

**1. Last year (2001-02), how many students ...**

- a. did your program/school enroll altogether? # \_\_\_\_\_
- b. were below 12 years of age? # \_\_\_\_\_
- c. were 12 to 14 years of age? # \_\_\_\_\_
- d. were 15 to 16 years of age? # \_\_\_\_\_
- e. were 17 to 18 years of age? # \_\_\_\_\_
- f. were 19 to 21 years of age? # \_\_\_\_\_



**2. Currently, how many students ...**

- a. do you enroll? # \_\_\_\_\_
- b. are male? # \_\_\_\_\_
- c. are female? # \_\_\_\_\_
- d. have a special education disability? # \_\_\_\_\_

**3. What percent of your current students are...?**

- a. from a cultural or ethnic minority group?  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- b. ESL?  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- c. parents themselves?  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- d. on some form of public assistance such as food stamps, subsidized housing, general assistance, WIC, etc.  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- e. former dropouts who have returned to school  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- f. placed with you because they are suspended from school  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- g. special education students on an interim expulsion placement  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- h. on probation or parole  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- i. served through the county mental health agency  
0%  1-19%  20-39%  40-59%  60-79%  80-100%

**4. Last year (2001-02 school year), what was the typical student's average length of enrollment in your program/school?**

# \_\_\_\_\_ months

5. Please estimate the percentage of students who came to your program/school from certain previous placements last year (2001-02). Please mark the box to the right of your response.

What percentage of your students came from ...?

- a. a traditional public school  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- b. another alternative school or program.  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- c. private or parochial school.  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- d. a charter school.  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- e. home schooling.  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- f. a correctional facility  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- g. a mental health facility.  
0%  1-19%  20-39%  40-59%  60-79%  80-100%

6. What percentage of your students were not in school at all before they came to you last year?

0%  1-19%  20-39%  40-59%  60-79%  80-100%

7. What percentage of your students came from another type of placement?

0%  1-19%  20-39%  40-59%  60-79%  80-100%

What types of placements were those? \_\_\_\_\_

\_\_\_\_\_

8. Last year, what was your students' average attendance rate?

\_\_\_\_\_ rate

9. Did any students graduate from your program/school last year?

Yes  <sub>1</sub>      No  <sub>2</sub> → Please skip to question E11

10. This question group refers to students who graduated from your program/school last year (2001-02). How many of your graduates last year were awarded ...

- a. a regular diploma with CIM? # \_\_\_\_\_
- b. a regular diploma without a CIM? # \_\_\_\_\_
- c. a modified diploma? # \_\_\_\_\_
- d. a GED? # \_\_\_\_\_
- e. an ABE? # \_\_\_\_\_

11. Last year (2001-02), did any of your students leave or were any terminated partway through the year?

Yes  <sub>1</sub>      No  <sub>2</sub> → Please skip to question E13.

12. Of those students who left your program/school or were terminated last year, how many departed because ...

- a. they were not making academic progress? # \_\_\_\_\_
- b. of a change of academic placement? # \_\_\_\_\_
- c. of a family/life crisis? # \_\_\_\_\_
- d. of moving away from area? # \_\_\_\_\_
- e. of noncompliance with school policy? # \_\_\_\_\_
- f. of incarceration? # \_\_\_\_\_
- g. for other reasons? # \_\_\_\_\_

↓

Please specify: \_\_\_\_\_

13. Whether they graduated, left, or were terminated – where did students go after they left your program/school last year? Please estimate what percentage went to ...

- a. a traditional public school setting  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- b. another alternative program  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- c. a community college  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- d. a four-year college  
0%  1-19%  20-39%  40-59%  60-79%  80-100%

**13. What percentage of students last year ...? (continued)**

- e. dropped out of school  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- f. went to work  
0%  1-19%  20-39%  40-59%  60-79%  80-100%
- g. went to other kinds of placements or programs  
0%  1-19%  20-39%  40-59%  60-79%  80-100%

*If any, please specify those other types of programs or placements:* \_\_\_\_\_  
\_\_\_\_\_

**F**

**PLEASE CONCLUDE WITH YOUR OPINIONS OF YOUR PROGRAM /SCHOOL.**

**1. In your opinion, what is your program's/school's one greatest strength?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. If there were one thing you could change or improve about the program/school, what would it be?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

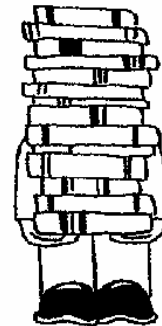
**3. We might conduct further research on this topic. If we do, may we contact you again? We assure you that neither your name nor the name of your program or school will ever be associated with your answers.**

Yes  <sub>1</sub>    No  <sub>2</sub>

**4. Is there anything you would like to add? (Feel free to attach additional sheets.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to answer this survey.*



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