

NLTS2 - Logo

Transcript Cover Sheet



Please enclose a copy of student's most recent complete transcript for years completed (grades 9-12 or equivalent). If student is in grades 7-8 (or equivalent) just complete Item E (absentee information).

To better understand the school program and achievements of the student listed on the label above, we need a copy of his/her transcript. Transcript information will be confidential; it will not be released in a manner that would enable any school, teacher, or student to be identified.

NOTE: If youth does not have a transcript, please check this box, complete Item E (absentee information), and return this form. Student does not have a transcript.

Please use the checklist below to help us better understand this youth's transcript. Please circle **one** number in **each** row (Items A through F).

- A. If **course content** is not clear from the transcript because of abbreviations or unusual course names, **please write the course subject matter or any necessary explanations next to that course on the transcript** (e.g., AS = Agricultural Science, VOCW = Woods, VEP = Vocational Exploration, SKILLS = Does this mean *Study Skills, Living Skills, or Vocational Skills?*)
- B. Please **identify special education courses** or tell us how they are identified on the transcript (e.g., "S", "**", underlined, highlighted)
- C. Please **write in the youth's grade level** (e.g., ninth grade) for each school year if it does not already appear on the transcript.
- D. If this youth had **vocational courses**, please indicate the **type of course** (e.g., prevocational, career planning, or type of training in work areas, such as agriculture, auto mechanics, carpentry) next to the course listing.
- E. Please enter available **absentee information** below for each of this youth's last 4 years of attendance if this information is not already included on the transcript:

SCHOOL YEAR:	DAYS OR Number	OR	CLASSES ABSENT Number
	days	OR	classes
	days	OR	classes
	days	OR	classes
	days	OR	classes

Please include any additional information needed to understand the student's transcript.

THANK YOU VERY MUCH FOR YOUR HELP. Please return to:
THE NATIONAL LONGITUDINAL TRANSITION STUDY 2
Contractor name and address

COMPLETED BY

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651.