

## 2010 Follow-up Survey of 2009 Completers – Mail Format

Former Students: As a part of state and federal funding requirements, we're contacting students who completed programs in high school to check on their progress. Would you please take a few minutes to answer the following questions about what you're doing now and return the survey in the enclosed, prepaid envelope. **All responses will be kept confidential.** Complete each item by filling in the numbered circle corresponding to your answer (e.g., If your answer is ①, fill-in the circle like this ●).

Our records show that you completed the programs listed below. If there is more than one program listed, we need you to select one to refer to when answering the survey questions. If you are pursuing one of these programs more than the others, please select that program.

Programs Completed	Program to Follow up (Check only one)
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Person Completing this survey (check one):  Former Student  Other (specify): \_\_\_\_\_

### Part A: Current Status

NOTE: A response (1-Yes or 2-No) is **required** for parts 1a. – 1e.

- |   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 1. What are you doing now? Are you...   |            |           |
| a. In a training program or attending school or college:<br>(Go to Q2, then complete Part B)                              | ①          | ②         |
| b. Working as an apprentice: (Go to Q2, then complete Part B)   | ①          | ②         |
| c. Working? (includes paid leaves: vacation or sick leave)  | ①          | ②         |
| d. On full-time, active duty in the military?   | ①          | ②         |
| e. On part-time duty in the military? (e.g., National Guard, Reserves)  | ①          | ②         |
| f. Other: (specify code from list below)  |            | _____     |
| 1. unpaid leave of absence (disability, Family leave)   |            |           |
| 2. on seasonal layoff   |            |           |
| 3. hospitalized, or in a long term care → Answer Q2 then skip to Comments   |            |           |
| 4. jail → Answer Q2, then skip to Comments  |            |           |
| 5. deceased → Skip to Comments  |            |           |
| 6. other (specify) _____ → Answer Q2 then skip to Comments  |            |           |
| 2. Did you receive State or industry recognized licensure or certification<br>after completing this CTE program of study? | ①          | ②         |

**If working, but not in school or training, →Skip to Part C.**

**Part B: School/Training**

- |   | <u>A lot</u> | <u>Some</u> | <u>Hardly Ever</u> | <u>Not at all</u> |
|---|--------------|-------------|--------------------|-------------------|
| 3. In your major area of study or training, how much do you use the skills you learned in this program? | ①            | ②           | ③                  | ④                 |

**If a 3 (hardly ever) or 4 (not at all):**

- |  |   |   |   |   |
|--|---|---|---|---|
| a. Right now you don't use your training, but how much do you anticipate using it in the future? | ① | ② | ③ | ④ |
|--|---|---|---|---|

4. Where are you going to school?  
(Note: If enrolled in more than one school, identify the primary one.)

- ① Business or trade school or career center
- ② Community college (specify): \_\_\_\_\_
- ③ College/university (specify): \_\_\_\_\_
- ④ Military (National Guard, West Point, Annapolis, Merchant Marines, etc.)
- ⑤ Other \_\_\_\_\_

5. What type of program are you in?

(Note: When your study or training is complete, will you receive a certificate, Associate's or Bachelor's Degree, or are you in an apprenticeship, on-the-job training program, or another type of program?)

- ① Apprenticeship
- ② On the job training
- ③ Certificate
- ④ Associate degree
- ⑤ Bachelor's degree
- ⑥ Other (specify): \_\_\_\_\_

**If no current job, → Skip to Part D.**

**Part C: Employment (as it relates to your selected program.)**

- |   | <u>A lot</u> | <u>Some</u> | <u>Hardly Ever</u> | <u>Not at all</u> |
|---|--------------|-------------|--------------------|-------------------|
| 6. On your job, how much would you say you're using the skills you were taught? | ①            | ②           | ③                  | ④                 |
- 
- |  | <u>Strongly Agree</u> | <u>Agree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|--|-----------------------|--------------|-----------------|--------------------------|
| 7. How strongly do you agree with the statement, "I am satisfied with my present job"? | ①                     | ②            | ③               | ④                        |
- 
8. How many hours a week do you work? \_\_\_\_\_ hrs/week  
a. **If not specific:** would you say it's 35 hrs a week or more?      ① Yes      ② No
9. Including tips and commissions, how much do you make an hour?      \$ \_\_\_\_\_ /hr

**→Skip to comments.**

**Part D: Only if not Working**

10. Are you currently looking for a job?      ① Yes      ② No

**Comments.** *Thank you.* If there are comments you'd like to make to help us improve our programs, please attach them to your survey.