

# Secondary Graduate Placement Survey Form

(2012 Graduates)

Enter data in gray areas. Click in the first gray box to begin. Click, tab, or press arrow keys to move through form.

## A. DEMOGRAPHIC INFORMATION:

CTDS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program CIP: \_\_\_\_\_

School: \_\_\_\_\_

Program: \_\_\_\_\_

SAIS ID: \_\_\_\_\_

Student Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_  Handicapped  LEP  Economic Disadv

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  Single Parent  Migrant  NO

How was student contacted for this survey?

In Person  Mail  E-Mail  Facebook  Phone Phone Number (optional): ( \_\_\_\_\_ )

Other (please specify): \_\_\_\_\_

## B. FORM COMPLETED BY:

Graduate  Family Member  Other (please specify: teacher, aide, etc.): \_\_\_\_\_

Are you returning from a religious mission?  YES  NO

If yes, what year did you graduate from high school?  2010  2011  2012

## C. PLACEMENT INFORMATION: (please check all that apply)

*\*Note: Student must be placed between October 1 – December 31 of the graduation year.*

Are you enrolled in POSTSECONDARY EDUCATION or ADVANCED TRAINING?  YES  NO

School Name: \_\_\_\_\_

Does either of these relate to the skills learned in the program listed above?  YES  NO

Are you in the MILITARY?  YES  NO

What branch of the military? \_\_\_\_\_

Does your job directly relate to the skills learned in the program listed above?  YES  NO

Are you WORKING?  YES  NO

Does your job directly relate to the skills learned in the program above?  YES  NO

If you are working, please provide the following:

Employer/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (optional): ( \_\_\_\_\_ ) FAX (optional): ( \_\_\_\_\_ )

Supervisor/Contact Person: \_\_\_\_\_