

Secondary Graduate Placement Survey Form

(2016 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? 2014 2015 2016

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: _____

D. CREDENTIAL, CERTIFICATE, LICENSE INFORMATION: (may enter more than one)

Did you apply for a 3rd party credential, certificate, and/or license? YES NO

Did you receive a 3rd party credential, certificate, and/or license? YES NO

Credential, certificate, licenses titles: _____

Does the credential, certificate, or license relate to skills learned in the program listed above? YES NO

Provide credential, certificate, or license # (if applicable): _____