

Secondary Graduate Placement Survey Form

(2010 Graduates)

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

A. DEMOGRAPHIC INFORMATION: CTDS #: _____ - _____ - _____ School: _____	Program CIP: _____ Program: _____ SAIS ID: _____
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<input type="checkbox"/> Program Concentrator <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DISBL <input type="checkbox"/> LEP <input type="checkbox"/> EcA <input type="checkbox"/> SP <input type="checkbox"/> NO	Student Name: _____ Street: _____ City: _____ State: _____ ZIP: _____
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Type of Contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> In Person Phone (optional): _____ () Other (please specify): _____
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B. FORM COMPLETED BY: <input type="checkbox"/> Graduate <input type="checkbox"/> Family Member <input type="checkbox"/> Other (Please specify below: teacher, aide, etc.)	Are you returning from a religious mission? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what year did you graduate from high school? <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009
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C. PLACEMENT INFORMATION: (Please check all that apply):

	YES	NO
1. Are you enrolled in POSTSECONDARY EDUCATION or ADVANCED TRAINING? a. School Name: _____ b. Does either of these relate to the skills learned in the program listed above?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Are you in the MILITARY? a. What branch of the military? _____ b. Does your job directly relate to the skills learned in the program listed above?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Are you WORKING? a. Does your job directly relate to the skills learned in the program listed above? b. If you are working, please provide the following:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Employer/Business Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone (optional): _____ () FAX (optional): _____ () Supervisor/Contact Person: _____		