CAREER-TECHNICAL EDUCATION STUDENT FOLLOW-UP SURVEY

Name_____ School_____

Your Career-Technical Education Program was_____

You have received this survey because you were enrolled in a Career-Technical Education program within the last year. Your answers to the survey questions will help us determine the effectiveness of our school's programs and help us complete required reports. Your name will not be used on any report and your answers will be kept in strict confidence. If you make comments about your program, we may ask your permission to quote you. Your willingness to complete this brief survey is greatly appreciated. If you have questions about how to answer any questions, please contact us.

During or after high school, did you ever:

1. Take a state certification or licensing test or an industry certification test? Yes☐ No☐
   - If "Yes," what test?_____
   - If you took a test, did you pass the test? Yes☐ No☐
2. Obtain a state certificate or license or an industry certificate? Yes☐ No☐
   - If "Yes," what license or certificate?_____

Respond only if you did not graduate with a high school diploma:

Have you earned a General Education Development (GED) Diploma? Yes☐ No☐

At any time from October 1 to December 31, 2014:

1. Were you in an apprenticeship program (training that is done "on the job" while working for an employer and also taking union or non-union courses)? Yes☐ No☐
   - If "Yes," what apprenticeship program?_____
   - If "Yes," was the apprenticeship program directly or closely related to your high school career-technical program? Yes☐ No☐
2. Were you in the military? Yes☐ No☐
   - If "Yes," which type of duty? Active☐ Reserves/National Guard☐
   - If "Yes," was your military work directly or closely related to your high school career-technical program? Yes☐ No☐
3. Were you enrolled in college or other advanced training program?
   - College (two-year or four-year college)? Yes☐ No☐
   - Adult workforce education program or other formal advanced training? Yes☐ No☐
   - If you answered 'Yes' to either question, was your college/advanced training area of study directly or closely related to your high school career-technical program? Yes☐ No☐
4. Were you employed? Yes☐ No☐
   - If "Yes," what was your job title?__If "Yes," was your job directly or closely related to your high school career-technical program? Yes☐ No☐

Comments – Please tell us whether your high school career-technical program helped you. How we could improve the program?

THANK YOU FOR COMPLETING THIS SURVEY. Please return this survey to this school.

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For School District Use Only:

Student ID_____ Teacher_____

Student's CTE Program of Concentration _____