

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. 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| • If "Yes," what test? _____ | | |
| • If you took a test, did you pass the test? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Obtain a state certificate or license or an industry certificate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • 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, 2020:

- | | | |
|--|------------------------------|-----------------------------|
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| • If "Yes," what apprenticeship program? _____ | | |
| • If "Yes," was the apprenticeship program directly or closely related to your high school career-technical program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Were you in the military? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • If "Yes," which type of duty? Active <input type="checkbox"/> Reserves/National Guard <input type="checkbox"/> | | |
| • If "Yes," was your military work directly or closely related to your high school career-technical program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Were you enrolled in college or other advanced training program? | | |
| • College (two-year or four-year college)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Adult workforce education program or other formal advanced training? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Were you enrolled in a service program that receives assistance under Title 1 of the National and Community Service Act of 1990 or were you a volunteer for the Peace Corp? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • If "Yes," what was the service program? _____ | | |
| • If "Yes," was the service program directly or closely related to your high school career-technical program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Yes No

5. 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.

For School District Use Only:

Student ID _____ Teacher _____

Student's CTE Program of Concentration _____