

**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.

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**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? \_\_\_\_\_

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

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

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**At any time from October 1 to December 31, 2017:**

- 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 \_\_\_\_\_