

APPENDIX D

Sample Local Follow-Up Survey

Sample Local Follow-up Survey

The United States Department of Education wants to make sure that programs operating in New York State help students to achieve their goals. This survey is designed to find out whether you have achieved your goals for enrolling in our program. This information will be used to evaluate the quality of the program you attended as well as the effectiveness of New York State's program. Your response may help New York State to receive additional funds to support these valuable programs. Thank you for taking the time to complete this survey.

A. ENROLLMENT

A-1. Did you attend the following class?

Agency _____

Class _____

Teacher _____

Location _____

- Yes
- No (enter correct information) _____

A-2. Did you attend class until it ended, or did you leave before it ended?

- Completed (Go to Question B-1)
- Left before it ended (Go to Question A-3)

A-3. On what date did you stop attending the class or program?

Date _____

B. OTHER EDUCATION AND TRAINING

B-1. Since the end of your class or program, have you enrolled in any other educational or training programs?

- Yes
- No (Go to Question C-1)

B-2. Where are you enrolled?

- (Specify agency or school) _____

B-3. In what type of class or classes are you now enrolled? (Check all that apply.)

- English Language Skills
- GED/High School
- Vocational/Job Training
- Community College/College Level
- Citizenship
- Family literacy
- Other (Specify) _____

C. Secondary Credential

C-1. Did you receive any diplomas, certificates, or degrees at the end of your class or since you left class, such as the GED?

- Yes (Go to Question C-2)
- No (Go to Question D-1)

C-2. What type of diploma/certificate/degree did you receive? (Do not read choices to respondent. Check all that apply).

- GED
- High School Diploma
- Certificate of Competence
- Associate's Degree
- Bachelor's Degree
- Other _____

D. EMPLOYMENT

D-1. When you first enrolled in the class or program were you:

- Employed at a paying job (Go to Question D-4)
- Not employed at a paying job and looking for a job (Go to Question D-2)
- Not employed and not looking for a job

D-2. While you were taking class did you get a paying job?

- Yes
If yes: What was the name of your employer? _____ (Go to Question D-4)
- No

D-3. Since you stopped taking the class, have you gotten a paying job?

- Yes
If yes: What is the name of your employer? _____

When did you first get a job after leaving the program? _____
- No (Go to Question E-1)

D-4. Do you still have that job, or do you now have a different job?

- Still have same job
- Have different job
What is the name of your current employer? _____
- Lost job, unemployed