

During orientation, you were informed that we would be contacting those who participated in our education or training program to find out how you are progressing after completing the program. We would like to know if our program helped you achieve your goal of entering postsecondary education/training or obtaining/retraining employment.

Name: _____
Date: _____
Phone Number: _____

This survey will only take a few minutes and all information you give will be strictly confidential.

POSTSECONDARY EDUCATION AND TRAINING

- 1. Since the end of your program, have you attained a recognized credential?
Yes No If yes, What type of credential: _____
2. Since the end of your program, have you enrolled in any postsecondary educational or training program?
Yes (Proceed to next question) No (Proceed to Employment Question)
3. In what type of class or classes have you enrolled? (Check all that apply)
Adult Workforce Education/Job Training/ College
Career Center/Skilled Trades Program Other: _____
Do Not know or Prefer not to answer

EMPLOYMENT

- 1. Are you currently employed? Yes No
2. Since the end of your program, please select the 3-month period(s) you have been employed.
January to March April to June July to September October to December
3. Place of Employment during the previous 3-month period:
Employer: _____ Full Time Part Time
Employer Address: _____
Employer FEIN Number (if known) _____ O*NET _____ NAICS: _____
4. Is the job related to any education/training you received during your time in the WIOA program?
Yes No
5. Approximately how many hours do you work each week? _____ Wage per hour \$ _____
6. Total wages paid during the previous 3-month period of employment (wage conversion chart if needed): _____
7. Reason for not working:
Fired Military relocation
Insufficient Employment Opportunity Prefer not to answer
Laid off Self-Employed/Lack of Work
Other: Unemployed due to permanent closure/substantial layoff at place of employment

CLOSING

Do you have any questions or comments?

Signature: _____
Date: _____

Staff Use Only: (If completed by Phone)

Survey administered by: _____