

Secondary Graduate Placement Survey Form

(2020 Graduates)

Enter data in gray areas. Click in the first gray box to begin. Click, tab, or press arrow keys to move through form.

A. DEMOGRAPHIC INFORMATION:

CTDS #: _____ - _____ - _____

Program CIP: _____

Program: _____

SUID _____

(SAISID): _____

School: _____

Student Name: _____ Male Female

Address: _____

City: _____

State: _____ Zip Code: _____ Phone Number (optional): _____

B. RELIGIOUS MISSION STUDENTS

Are you returning from a religious mission? YES NO

If yes, what year did you graduate from high school? 2018 2019 2020

C. PLACEMENT INFORMATION: (please check all that apply)

**Note: Student must be placed between October 1 – December 31 of the graduation year.*

Are you enrolled in POSTSECONDARY EDUCATION or ADVANCED TRAINING? YES NO

School Name: _____

Does either of these relate to the skills learned in the program listed above? YES NO

Are you in the MILITARY? YES NO

What branch of the military? _____

Does your job directly relate to the skills learned in the program listed above? YES NO

Are you in the PEACE CORPS? YES NO

Are you in a NATIONAL SERVICE PROGRAM? YES NO

Are you Working? YES NO

Does your job directly relate to the skills learned in the program above? YES NO

If you are working, please provide the following:

Employer/Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (optional): (____) _____ FAX (optional): (____) _____

Supervisor/Contact Person: _____