

Follow-up Survey

During orientation, you were informed that we would be calling or emailing students who have attended our adult education (Aspire) classes to find out what happens with them after leaving class. We would like to know if our Aspire classes helped you achieve your goal of entering postsecondary education/training or obtaining/retaining employment.

ABLELink ID _____

Date _____

Aspire Program _____

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

POSTSECONDARY EDUCATION AND TRAINING

1. Since the end of your class, have you enrolled in any postsecondary (beyond high school level) educational or training programs? Yes (if yes, enter enrollment date)

Date Enrolled _____ [Proceed to Question 2]

- No [Proceed to Employment Questions]

2. In what type of class or classes have you enrolled? (Check all that apply.)

Adult Workforce Education/Job Training/Career Center/Skilled Trades Program

College

Other (Specify) _____

Do not know or refuses to answer

3. Did you obtain a postsecondary credential (i.e., STNA, Cosmetologist, Certified Welder)?

- Yes (if yes, enter credential information)

Credential Obtained _____ When? _____ Month _____ Year

- No [Proceed to Employment Questions]

EMPLOYMENT (SUPPLEMENTAL WAGE VERIFICATION)

1. Are you currently working or have you worked during this quarter? (A **quarter** is a 3 month period; January to March, April to June, July to September, or October to December)

Yes [Continue to Next Question] Start Date _____

No [Continue to Closing]

2. Where are you currently working?

Employer _____ Type of Work _____

3. Is the job related to any training you received during your ASPIRE Classes? Yes No

4. Approximately how many hours do you work each week? _____ hours

5. What is your hourly wage? \$ _____

CLOSING

Do you have any questions or comments?

Thank you very much for taking the time to answer these questions. The information you provided will be used to make our programs better. We wish you continued success.

Staff Use Only: (If completed by phone)

Survey administered by: _____ on _____ (Date) _____ (Time)

Left a Message

No Answer

Disconnected

Completed Survey

Scheduled Time to Call Back

Staff Use Only: Gross Quarterly Wage Calculation
(Hrs. per week x Hourly Wage x 13) _____