

# 2026 Follow-Up Survey of 2025 Concentrators – Student Phone Survey Form

## Part A: Current Status

NOTE: A response (1-Yes or 2-No) is required for Q1 a - g.

### Q1. Let's start with what you're doing now? Are you going to school? Working?

Verify applicable part of answer with statement before coding.

(e.g., "Then can I say you're attending school and working?")

- |                                                                                              | <u>Yes</u>               | <u>No</u> |
|----------------------------------------------------------------------------------------------|--------------------------|-----------|
| a. In a training program or attending school or college?                                     | ①                        | ②         |
| b. Working as an apprentice?                                                                 | ①                        | ②         |
| c. Working? (includes paid leaves: vacation or sick leave)                                   | ①                        | ②         |
| d. On full-time, active duty in the military?                                                | ①                        | ②         |
| e. On part-time duty in the military? (e.g., National Guard, Reserves)                       | ①                        | ②         |
| f. In a National and Community Service Program? (e.g., AmeriCorps, Peace Corps, Youth Corps) | ①                        | ②         |
| g. Volunteering in the Peace Corps?                                                          | ①                        | ②         |
| h. Other: → <i>Finish Part A, then skip to Part F</i>                                        |                          |           |
| 1. Other volunteerism (except Peace Corps) or working for no pay (specify): _____            | <input type="checkbox"/> |           |
| 2. Unpaid leave of absence (disability, family leave)                                        | <input type="checkbox"/> |           |
| 3. On seasonal layoff                                                                        | <input type="checkbox"/> |           |
| 4. Hospitalized, or in long-term care                                                        | <input type="checkbox"/> |           |
| 5. Jail                                                                                      | <input type="checkbox"/> |           |
| 6. Deceased → <i>Skip to Part F</i>                                                          | <input type="checkbox"/> |           |
| 7. Other (specify): _____                                                                    | <input type="checkbox"/> |           |
| 8. Skip (N/A)                                                                                | <input type="checkbox"/> |           |

If not in school or training → Skip to Part C.

## Part B: School / Training

I have some questions about your schooling or training.

A Lot    Some    Hardly Ever    Not at All

### Q2. In your major area of study or training, how much do you use the skills you learned in this program?

①    ②    ③    ④

If 3 (hardly ever) or 4 (not at all):

- |                                                                                                  |   |   |   |   |
|--------------------------------------------------------------------------------------------------|---|---|---|---|
| a. Right now you don't use your training, but how much do you anticipate using it in the future? | ① | ② | ③ | ④ |
|--------------------------------------------------------------------------------------------------|---|---|---|---|

### Q3. Where are you going to school?

(Note: If enrolled in more than one school, identify the **primary** one.)

① Business or trade school or career center

② Community college

③ College/university

④ Military institute (National Guard, West Point, Annapolis, Merchant Marines, etc.)

⑤ Other (specify): \_\_\_\_\_

**Q4. What type of program are you in?**

(If respondent needs clarification, ask "When your study or training is complete, will you receive a certificate, associate's degree, or bachelor's degree; or are you in an apprenticeship, on-the-job training program, or another type of program?")

① Apprenticeship

② On-the-job training

③ Certificate

④ Associate's degree

⑤ Bachelor's degree

⑥ Other (specify): \_\_\_\_\_

If no current job → Skip to Part D.

**Part C: Employment (as it relates to your selected program)**

Now, I'd like to talk about your job as it relates to your (selected) program.

Q5. On your job, how much would you say you're using the skills you were taught?

<u>A Lot</u>	<u>Some</u>	<u>Hardly Ever</u>	<u>Not at All</u>
①	②	③	④

Q6. How strongly do you agree with the statement "I am satisfied with my present job?"

<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
①	②	③	④

Q7. How many hours a week do you work? \_\_\_\_\_ hrs/week

a. If not specific: Would you say it's 35 hours a week or more?      ① Yes      ② No

Q8. Including tips and commissions, how much do you make an hour (week, month, or year)?

\$ \_\_\_\_\_ /  hr    wk    mo    yr  
 Skip (N/A)

If currently working → Skip to Part E.

**Part D: Only If Not Working**

Q9. Are you currently looking for a job?

① Yes      ② No

**Part E: Communication Exchange**

What is the best way to contact you if we need to follow up on this survey? \_\_\_\_\_

**Part F: Comments - "Thank you. That's all I needed."**

Now, are there any comments you'd like to make to help us improve our program?