

Student Name:			 	 _
Date of Survey:				_

NYS FOLLOW-UP SURVEY FOR CORE MEASURES

Hello. My name is ______. I work for ______. We're contacting students who have recently attended our classes at our adult education programs to find out what happens to them after they leave us.

It should take no longer than 5 minutes to answer my questions. Do you have time now for me to ask these questions?

SECONDARY CREDENTIAL

- 1. Did you receive any diplomas, certificates, or degrees since you took this class, such as a HSE?
 - \Box Yes (proceed to the next question)
 - \square No
- 2. What type of diploma/certificate/degree did you receive?
 - □ HSE
 - □ High School Diploma (NEDP)
 - □ Certificate ______ (indicate in what area)
 - □ Associate's Degree
 - □ Bachelor's Degree
- 3. What date did you receive this diploma/certificate/degree?

OTHER EDUCATION AND TRAINING

1. Since you stopped attending class at our program, have you enrolled in any other educational or training programs?

- □ Yes
- □ No
- 2. Where are you enrolled?
 - □ Other (Specify)_____
- 3. When did you enroll? ______

4. What type of class or classes are you taking?

- □ English Language Skills
- □ HSE Preparation
- □ Vocational/Job Training
- □ Community College/College Level
- □ Citizenship
- Other (Specify)



EMPLOYMENT

1. While you were enrolled in our program, were you receiving any type of public assistance, such as food stamps or welfare benefits?

- □ Yes
- □ No

2. Are you currently receiving this type of public assistance?

- □ Yes
- \Box Yes, but less than when I was in class
- □ No

3. When you first enrolled in our program, were you (check all that apply):

- \Box Employed at a paying job
- □ Not employed at a paying job and looking for a job
- \Box Not employed and not looking for a job

4. While you were taking classes, did you get a paying job?

- Yes If yes: Approximately when was that? _____(month/year)
- □ No

5. Since you stopped going to class, did you work at a job where you were paid?

- Yes If yes: Approximately when was that? _____(month/year)
- □ No

6. Do you still have the same job, have a different job, or have no current job?

- □ Still have the same job
- □ Have a different job, but still employed
- \Box Have no job, unemployed