

N-PACE Graduate Exit Survey

Thank you for your support of the Nebraska Precision Ag Center for Excellence (N-PACE) precision agriculture program. As you exit Central Community College and enter the workforce, we would like have your feedback on the N-PACE program, including your post CCC contact information. This information is kept confidential and will be used to make future improvements to the precision agriculture programming and information.

Thank you again for all your help and support. N-PACE faculty and staff wishes you the best in your future endeavors!

* Required

1. Email address *

2. Today's Date: *

Example: December 15, 2012

3. Last Name: *

4. First Name: *

5. Permanent Address: *

6. Permanent City: *

7. Permanent State: *

8. Permanent Zipcode: *

9. Permanent Phone Number: *

10. Please rank your overall experience with the N-PACE program? [1=very dissatisfied; 10=very satisfied] *

Mark only one oval.

1 2 3 4 5

Very Dissatisfied

☐☐☐☐☐

Very Satisfied

11. Based on your classroom experience, rate the use of Open Education Resources (OER) versus having to purchase textbooks for precision agriculture classes. [1=very dissatisfied; 10=very satisfied] *

Mark only one oval.

	1	2	3	4	5	
Very Dissatisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Satisfied

12. How likely are you to recommend the N-PACE program to others? [1=very dissatisfied; 10=very satisfied] *

Mark only one oval.

	1	2	3	4	5	
Very Unlikely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Likely

13. What did you enjoy most about the program? *

14. What part of the program do you feel needs improvement? *

15. Will you be employed after graduation? *

Mark only one oval.

☐ Yes

☐ No

16. If yes, what will your employment status be?

Mark only one oval.

☐ Full-time

☐ Part-time

17. Name of your employer:

18. Position title:

19. Do you have any additional comments?

GRANT FUNDED STUDENT'S AUTHORIZATION TO DISCLOSE INFORMATION FROM EDUCATION RECORDS

The purpose of this form is to allow Central Community College to gather certain demographic and educational data related to participation in the N-PACE Grant for aggregate reporting to the U.S. Department of Labor. The data will enable analysis of participants and will be masked to hide identifying characteristics. No data that would identify individual participants will be shared.

I understand that my educational records are protected by the Family Educational Rights and Privacy Act of 1974. Central Community College endorses compliance with EEO guidelines and adherence to affirmative action principles. Any disclosure of student information outside of the educational institution must be with prior written consent of the student. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes as stated below:

20. **Checking boxes indicates "I authorize". ***

Check all that apply.

- ☐ I hereby authorize the release of information for the following purposes: To monitor, assist and determine eligibility for grant-funded programs.
- ☐ I hereby authorize the release of information for the following purposes: For reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes.
- ☐ I hereby authorize the release of information for the following purposes: To monitor and assist with graduate placement needs and employment outcome tracking.
- ☐ I understand further that: This authorization remains in effect unless revoked by me in writing.

21. **Type your name and the date here: ***

By signing this form, I certify that I agree to the disclosure of the records referenced above. This authorization and consent by me is valid for the life of the grant reporting period or until I revoke it in writing.

22. **Signature**

Check all that apply.

- ☐ Checking this checkbox indicates your signing this document.

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A copy of your responses will be emailed to the address you provided

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