

# AMT EXIT INTERVIEW

Career Development

Date of Completion: \_\_\_\_\_

**This form is being completed:**

- Prior to the scheduled program end date for a dropped participant. *DOL Exit Interview data*
- At the scheduled program end date for a completer. *DOL and Impact Evaluation Exit Interview data*
- At the scheduled program end date for a dropped participant. *Impact Evaluation Exit Interview data*

NAME: \_\_\_\_\_ I.D. # \_\_\_\_\_ Cohort#: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ VALID EMAIL: \_\_\_\_\_

Date of Program Exit: \_\_\_\_\_ Date of Scheduled Program Exit: \_\_\_\_\_

**Reason for Program Exit:** Why are you exiting the program? (Check all that apply).

Completers	Non-Completers	
<input type="checkbox"/> Completed CCCC Airframe Certificate	<input type="checkbox"/> Had financial issue	<input type="checkbox"/> Academic
<input type="checkbox"/> Completed CCCC Powerplant Certificate	<input type="checkbox"/> Transportation issue	<input type="checkbox"/> Attendance
<input type="checkbox"/> Completed FAA Certification in Airframe	<input type="checkbox"/> Health related issue	<input type="checkbox"/> Employed
<input type="checkbox"/> Completed FAA Certification in Powerplant	<input type="checkbox"/> Child care/family issue	<input type="checkbox"/> Incarcerated
<input type="checkbox"/> Completed AAS Degree	<input type="checkbox"/> Housing issue	<input type="checkbox"/> Moved
	<input type="checkbox"/> Program not what expected	<input type="checkbox"/> Personal
	<input type="checkbox"/> Other (Specify): _____	

**For Non-Completers:**

Student Perceptions:

a. Is there anything that could have been done to keep you in the program?

b. What are your plans as you leave the program?

Program Staff Perceptions: Is there anything the program could learn from this non-completion situation? Factors related to retaining the student, factors that may have prevented the non-completion from occurring, factors related to future recruitment into the program, etc.? Other staff can be consulted for this response.

**EDUCATION ATTAINMENT**  
**Aviation Maintenance Technology**

**1. Have you completed your three (3) General Education Courses?**

**If so, please list:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If not, please list which classes to register for:**

\_\_\_\_\_ (Semester: \_\_\_\_\_)  
\_\_\_\_\_ (Semester: \_\_\_\_\_)  
\_\_\_\_\_ (Semester: \_\_\_\_\_)

**2. Which FAA tests have you completed to date?**

**GENERAL WRITTEN Complete**     Yes    No    Completion Date: \_\_\_\_\_  
(If not complete – Scheduled date: \_\_\_\_\_)  
Reason Not Complete: \_\_\_\_\_  
Plan of Action: \_\_\_\_\_

**AIRFRAME WRITTEN Complete**     Yes    No    Completion Date: \_\_\_\_\_  
(If not complete – Scheduled date: \_\_\_\_\_)  
Reason Not Complete: \_\_\_\_\_  
Plan of Action: \_\_\_\_\_

**AIRFRAME O & P's Complete**     Yes    No    Completion Date: \_\_\_\_\_  
(If not complete – Scheduled date: \_\_\_\_\_)  
Reason Not Complete: \_\_\_\_\_  
Plan of Action: \_\_\_\_\_

**POWERPLANT WRITTEN Complete**     Yes    No    Completion Date: \_\_\_\_\_  
(If not complete – Scheduled date: \_\_\_\_\_)  
Reason Not Complete: \_\_\_\_\_  
Plan of Action: \_\_\_\_\_

**POWERPLANT O & P's Complete**     Yes    No    Completion Date: \_\_\_\_\_  
(If not complete – Scheduled date: \_\_\_\_\_)  
Reason Not Complete: \_\_\_\_\_  
Plan of Action: \_\_\_\_\_

**3. Which CCCC credentials have you completed to date?**

Certificate in Airframe    **Complete:**  Yes    No    Date of Completion: \_\_\_\_\_

Certificate in Powerplant    **Complete:**  Yes    No    Date of Completion: \_\_\_\_\_

4. Are you planning on continuing your education? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes:

a. What school do you plan on attending: \_\_\_\_\_

b. What program of study do you plan on enrolling in: \_\_\_\_\_

c. Did the AMT program influence your decision to continue your education? Yes \_\_\_\_\_ No \_\_\_\_\_

Why or why not? \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

5. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes:

a. Company Name: \_\_\_\_\_

b. Position/Title: \_\_\_\_\_

c. Date of hire: \_\_\_\_\_

d. Is this the same position you were employed in when you started the AMT program?

Yes  No  N/A-I was not employed at the start of the AMT program

e. Is your job in the field of Aviation Maintenance?  Yes  No

f. What is your current hourly wage \$\_\_\_\_\_.\_\_\_\_\_ per hour

g. How many hours do you typically work per week: \_\_\_\_\_ hrs/week

h. Did the AMT program influence your employment choice? Yes \_\_\_\_\_ No \_\_\_\_\_

Why or why not? \_\_\_\_\_

\_\_\_\_\_

**CAREER ASSISTANCE:**

6. What companies are you interested in applying/applied to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you willing to relocate? Yes \_\_\_\_\_ NO \_\_\_\_\_

8. Are you willing to travel extensively? Yes \_\_\_\_\_ NO \_\_\_\_\_

9. Is your Professional Resume up to date? Yes \_\_\_\_\_ NO \_\_\_\_\_

If NO, Completion Date: \_\_\_\_\_

10. Are you linked to the Career Services FACEBOOK page? Yes \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT VERIFICATION:**

**11. Obtaining graduate employment verification is an important aspect of the college's compliance needs and future. Do you give Cape Cod Community College permission to contact your initial employer to obtain employment verification for the school's record keeping?**

Yes \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

NO \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**GRADUATE MARKETING MAILER (CCCC A & P Catalog):**

**12. Once you have obtained your FAA A & P certification, would you like to be posted in the quarterly A & P Catalog?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list any additional certifications, relevant experience, skills, etc...that you would like included in the A & P Catalog.

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\*Note, eligibility to be posted in the A & P Catalog requires your FAA A & P certification and valid/current contact and professional information. The A & P catalog is a self-marketing tool that will be published and distributed to CCCC's industry recruiter database.

**RATE YOUR STUDENT EXPERIENCE:**

**13. How would you rate your experience during your training in the AMT program?**

POOR 1 2 3 4 5 6 7 8 9 10 EXCELLENT

**14. Would you recommend Cape Cod Community College's Aviation Maintenance Program?**

Yes \_\_\_\_\_ NO \_\_\_\_\_

**15. Striving to better our program and to ensure a quality education and student experience, please take a moment to give us your feedback on the training and services provided:**

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**\*\*Remember that Cape Cod Community College is here to assist you for life. Keep in touch with us and let us know when and how we can be of assistance. YOUR SUCCESS IS OUR SUCCESS!**

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*In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USC 2372 – 2372a. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties. Your personal information is kept confidential and secure.*