

Follow-Up Survey

Quarterly Data Collection

 Q #1 Q #2 Q #3

Quarterly Follow-Up Period Dates: Start Date: _____ **End Date:** _____

Data Collection Status:

- Dropped participant – DOL Follow-Up Schedule.** *DOL Follow-Up Dates Used*
- Dropped participant – Impact Evaluation Follow-Up Schedule.** *Impact Evaluation Follow-up Dates Used*
- Program completer. – Joint DOL and Impact Follow-Up.** *DOL and Impact Follow-up Dates are the same*

STUDENT NAME: _____ **ID#:** _____ **DATE:** _____

DOL EXIT CODE: _____ **DATE OF EXIT:** _____ **COHORT:** _____

PHONE: _____ **EMAIL:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

STUDENT STATUS: (Review Exit Interview and/or Prior Follow-Up Survey Prior to Administration)

Education Attainment

1. 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: _____

2. 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: _____

3. 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:

4. 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

If yes, please rate how well the AMT program prepared you for your current job:

Very Well Somewhat Well Not Very Well

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

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

Did the AMT program influence your employment choice? Yes _____ No _____

Why or why not? _____

Did you learn skills during the AMT program that are applicable to your current job? Yes _____ No _____

If yes, please describe the skills that have been the most applicable: _____

What additional skills would have been helpful to learn? _____

Ask Following Questions at Every Follow-Up

5. CHALLENGES:

6. PLAN OF ACTION:

NEXT FOLLOW-UP DATE: _____

SIGNATURE: _____

Student Retention Specialist

This workforce product was funded by a grant awarded by the U.S. Department of Labor’s Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.

This work is licensed under a Creative Commons Attribution 4.0 International License.



Equal Opportunity Is the Law: It is against the law for this recipient of Federal financial assistance to discriminate on the basis of race, color, religion, sex, national origin, genetic information, age, disability, political affiliation or belief, or citizenship/status as a lawfully admitted immigrant authorized to work in the U.S. Auxiliary aids and services are available upon request to individuals with disabilities.

If you think that you have been subjected to discrimination, you may file a complaint within 180 days with either the recipient's Equal Opportunity Officer or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

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.