

Completer Follow-Up Survey

Texas Workforce Commission – Career Schools and Colleges

For information about this form and annual reporting requirements:

www.twc.state.tx.us/partners/career-schools-colleges-annual-reporting#submittingYourReport

TO BE COMPLETED BY SCHOOL:

Student's Name

Social Security Number

Student's Graduation Date (mm/dd/yyyy)

Program Name

IF TELEPHONE INTERVIEW, TO BE COMPLETED BY SCHOOL:

Name and Title of School Official Making Phone Call

Name of Individual Receiving Phone Call

Date of Phone Interview (mm/dd/yyyy)

RECENT GRADUATES: Please complete the remainder of this form. Please check as many boxes as apply and provide as much information as possible. Your responses will help your school report on graduate employment.

Since graduation, have you worked in the field for which you were trained? If NO, complete Section A, if YES, complete Section B.

Section A

Since graduation, I have:

enrolled full time in the

Name of Program or Major

Name of Postsecondary Education Institution

enlisted full time in the

Name of Military Branch

Recruiting Office Phone Number

Graduate is: (documentation required)

Incarcerated Deceased Other

Section B

How I obtained this job:

The school placement or school's staff helped me obtain this job by:

OR:

I found this job on my own or from a source outside the career school I attended:

JOB INFORMATION:

Please complete the following information for your most recent job in your field of training.

Name of firm/company where you are/were employed (Write "self" if self-employed.)

First day on the job
(mm/dd/yyyy)

Job title

Starting hourly
wage

Job duties

Address, city, state, zip code of the company/firm

Immediate supervisor's full name

Telephone number of employer/company

Student's Signature

Date (mm/dd/yyyy)