# 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**](http://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 thecareer 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) |  |