

## SFCC PROFESSIONAL/TECHNICAL GRADUATE FOLLOW-UP SURVEY

1. Fu	ıll name					
2. Cı	urrent address					
	D		5. Phone			
4. Da	ate		6. E-mail			
7. W	7. Which degree or certificate program were you enrolled in?					
Eille Grand	Audio Technology – AAS Audio Technology – Certificate Graphic Design – AAS Interior Desi	He   Hu   Hu   Hu   Hu   Hu   Hu   Hu	Hearing Instrument Specialist – AAS Orthotic and Prosthetic Technician – AAS Orthotics – Certificate Prosthetics – Certificate Physical Therapist Assistant – AAS  Man Services Chemical Dependency Professional Studies – AAS Chemical Dependency Professional Studies – Certificate Early Childhood Education – AAS Early Childhood Education – Certificate Education Paraprofessional – AAS Education Paraprofessional – Certificate Gerontology Paraprofessional – Certificate Interpreter Training/Deafness – AAS Interpreter Training/Deafness – Certificate Social Services – AAS Information Technology – AAS Certificate Computer Forensics/Network Security – Certificate Computer and Network Support – Certificate Internet – Certificate Internet – Certificate Internet with Networking Option – Certificate			
			ysical Education			

PLEASE ALSO FILL OUT THE BACK OF THIS FORM

☐ Health/Fitness Technician – AAS

CCS 3126 (Rev. 12/08) Marketing and Public Relations

8.	Are you currently attending school?						
	10. Where are you attending?						
	11. What is your major?						
12.	What is your current employment status? (Please check the best description.)  ☐ Employed ☐ Unemployed, seeking a job ☐ Unemployed, not seeking a job ☐ Full time military						
If you	f you are employed, please answer the following:						
13.	Current job title						
14.	Company name						
15.	City/State						
17.	What is your current hourly wage?         □ \$7.00-\$9.99       □ \$13.00-\$15.99       □ \$19.00-\$21.99       □ \$25.00-\$27.99         □ \$10.00-\$12.99       □ \$16.00-\$18.99       □ \$22.00-\$24.99       □ \$28.00 and above						
18.	Do you receive benefits through your employer? ☐ Yes ☐ No						
19.	Is your job related to your training? ☐ Yes ☐ No, not related at all						
20.	<ul> <li>If your job is NOT related to your program of study, check the one major reason below.</li> <li>☐ Unable to find job in field of preparation</li> <li>☐ Better pay in field in which employed</li> <li>☐ Better opportunity for advancement in field in which employed</li> <li>☐ Did not want to work in field of preparation</li> <li>☐ Other (please explain)</li></ul>						
21.	When did you begin your present job? (check one)  ☐ Before attending SFCC ☐ While attending SFCC ☐ After graduating from SFCC						
22.	How did you find your present job? (check one)  ☐ Co-op/Clinical/Practicum/Internship ☐ Student Employment Center ☐ Other, please explain: ☐ Program Instructor						
23.	Did you participate in any of these off-campus experiences? (Check all that apply.)         □ Cooperative Education       □ Internship       □ Clinical       □ Practicum						
24.	If so, which experience helped you to find a job? (Check all that apply.)  ☐ Cooperative Education ☐ Internship ☐ Clinical ☐ Practicum						
25.	Do you feel it is important that the professional/technical programs provide in-depth instruction on resumes, interviewing, applications and job search techniques?  Yes  No						
26.	In which areas did you receive adequate instruction? (Check all that apply.)  ☐ Resumes ☐ Application process ☐ None received ☐ Interviewing ☐ Job search techniques						
PLEASE INDICATE HOW WELL YOU WERE PREPARED IN THE FOLLOWING AREAS:							
27.	Usefulness of your program in relation to job performance ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor						
28.	Technical knowledge of occupational specialty  ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor						
29.	Application of technical knowledge to occupational specialty  ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor						

The continued success of SFCC's Professional/Technical Programs depends on the career achievements of our gradu
ates. Therefore, we would like to keep in touch with all of you. In the event that your current contact information shoul
change in the future, we would like to request that you provide the following information. This information is optional
and will not be shared with anyone outside of the Community Colleges of Spokane.

30.	Friend/relative full name	
31.	Friend/relative street address	
32.	Friend/relative city / state / ZIP	
	•	
22	Friend/relative e-mail	and phone
JJ.	rriend/relative e-mail	and phone

## COMMENTS

Please give us information on the job market, classroom activities, perceived strengths of the program and areas for improvement. Attach additional sheets or use the back of this sheet if necessary.