

Survey of Recent Program Applicants

This survey is authorized by law (xxxx).

We want you to know that:

1. We are asking you these questions in order to gather information about your educational and work experiences.
2. Please be assured that all information you provide will be kept confidential. Using the Login Identification Number and Password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides you with general information about the survey. You may skip any questions you do not wish to answer. However, we hope that you answer as many questions as you can.

As a thank you for participating in the survey, we would like to send you \$15 if completed by Web and \$10 if completed by phone or paper.

For questions, call toll free at (xxx) xxx-xxx or email xxxxxxx@yyyyyyyyy.com

You may complete the survey one of three ways:

<p>Receive \$15</p> <p>COMPLETE SURVEY BY WEB</p>	OR	<p>Receive \$10</p> <p>COMPLETE THIS PAPER SURVEY AND RETURN</p> <p>Mail to:</p> <p>Xxx Yyyy, Survey Director, Survey of Recent Program Applicants Contact info:</p> <p><i>Use the enclosed pre-addressed postage paid envelope</i></p>	OR	<p>Receive \$10</p> <p>CALL XXXX IF YOU WANT TO BE INTERVIEWED OVER THE TELEPHONE</p> <p>Call:</p> <p>Company toll free at: (xxx) xxx-xxx and ask for the Survey of Recent Program Applicants</p>
<p>BARCODE LABEL</p>				

Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with an individual. We will not provide information that identifies you to anyone outside the study team, except as required by law. Any willful disclosure of such information for nonstatistical purposes, without the informed consent of the respondent, is a class E felony.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 15 minutes per respondent, including the time to review instructions, and complete and review the information collected.

FREQUENTLY ASKED QUESTIONS (FAQs)

WHO/WHICH AGENCY IS SPONSORING THE STUDY? This study is being sponsored by the U.S. Department of Education.

WHO IS CONDUCTING THE STUDY? The study is being conducted by a team of researchers at XXXX under contract to the U.S. Department of Education.

WHAT IS THE PURPOSE OF THE STUDY? Our goal is to learn about how program applicants are doing. It will allow us to understand what works well and what doesn't.

NO LONGER IN PROGRAM/NEVER PARTICIPATED. We are contacting people who signed up to participate, even if they never attended the educational or training program, or are no longer participating.

[IF LESS THAN 18 YEARS OF AGE: The consent form your parents signed mentioned we would be contacting you to conduct an interview.]

HOW DID YOU GET MY NAME? After you applied to the [PROGRAM at INSTITUTION], and were offered your financial aid package, you were scientifically selected from among persons in your program to participate in the study.

I GOT A JOB SOON AFTER I APPLIED. That is wonderful, but we would like to talk to people who didn't enroll in a program as well as those who did.

IS THE SURVEY CONFIDENTIAL? Yes. Your responses are protected from disclosure by federal statute [P.L. 107-347, Title V Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA)]. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. Your answers to questions will not affect your eligibility for any public program.

[I DON'T HAVE THE TIME. TELEPHONE ONLY: We can schedule a call to conduct the survey at your convenience. Our interviewers are available to speak with you seven days a week as follows: on Mondays through Thursdays from 9:00 A.M. to 12:00 midnight, on Fridays from 9:00 A.M. to 8:00 P.M., Saturdays from 9:00 A.M.-5:00 P.M. and Sundays from 1:00 P.M. to 9:00 P.M. Eastern Standard Time. We can also complete the survey in more than one call, if necessary.]

I'M NOT INTERESTED. Let me reassure you that we are not selling anything. The questions we ask are designed to help the U.S. Department of Education understand the lives of individuals who applied to participate in a program. There are no right or wrong answers. We're interested in your experiences and opinions. Your answers will be combined with those of others and your name will never be included in any report. We will also mail you a check in the amount of \$15 for completing over the Web or \$10 for completing the survey by phone or hard copy.

HOW LONG WILL THIS TAKE? The length of the interview varies, but it usually takes about 15 minutes.

WHO GAVE YOU THE AUTHORITY TO CONDUCT THE STUDY? This study is being sponsored by the U.S. Department of Education and has been approved by the U.S. Office of Management and Budget under OMB control number XXXX-XXXX. Without this approval we would not be able to conduct this survey. Questions regarding any aspect of this survey may be directed to U.S. Department of Education, Washington, DC 20210, telephone number XXX-XXX-XXXX (this is not a toll-free number) or by email: xxx.xx@ed.gov.

WILL I BE PAID? Yes, we will mail you a check in the amount of \$15 for completing over the Web or \$10 for completing the survey by phone or hard copy. The check will be mailed within 2 weeks of completing the survey.

I'M ON THE NATIONAL "DO NOT CALL LIST/REGISTRY." WHY ARE YOU CALLING ME? The do not call list or registry applies to telemarketing calls, not to calls like this one that are approved by the government. Lawmakers recognize the need for the public to participate in studies like this to learn how government programs are working and how to improve them. We will not sell you anything, nor will we ask for money. Your privacy will be respected, and your cooperation is appreciated. For more information on who is included and excluded on the do not call list, you can visit the website at www.donotcall.gov.

WHO CAN I CONTACT FOR MORE INFORMATION? For more information about the study, you can visit the U.S. Department of Education (ED) website at <http://www.ed.gov/>. You can also call XXX-XXX-XXXX and ask to speak to [NAME].

A. PROGRAM SELECTION

We received your name as someone who applied to [fill PROGRAM AT INSTITUTION] in [fill APPLICATION MONTH, YEAR]. The program may have informed you that you were selected to be part of a study for the U.S. Department of Education conducted by [fill COMPANY]. We are contacting you to see how you are doing and to learn about some of your experiences since you applied.

A1. At the time you applied to [fill PROGRAM AT INSTITUTION] in [fill APPLICATION MONTH/YEAR], what was the highest diploma, degree, or certification you had received?

Select one only

- 1 No diploma, degree, or certificate
 - 2 Adult basic education (ABE) certificate
 - 3 General Educational Development (GED) credential or its equivalent
 - 4 High school diploma
 - 5 Vocational/technical certificate (less than 2 years)
 - 6 Associate's degree (AS, 2 years)—vocational
 - 7 Associate's degree (AA, 2 years)—vocational
 - 8 Bachelor's degree or equivalent (BA/BS, 4 years)
 - 9 Master's degree or equivalent (MA/MS)
 - 10 Doctoral degree (MD, PhD)
 - 11 Other professional degree/certificate
 - 99 Other (Specify)
-

A2. Thinking back to [fill APPLICATION MONTH, YEAR], when you applied to [fill PROGRAM AT INSTITUTION], did you enroll in [fill PROGRAM AT INSTITUTION], enroll in some other educational or training program, or did you decide not to enroll in any educational or training programs?

Select one only

- 1 Enrolled in [fill PROGRAM AT INSTITUTION]
- 2 Enrolled in other educational or training program
- 3 Decided not to enroll in any educational or training programs



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→ GO TO D1, PAGE 8

A. PROGRAM SELECTION (CON'T)

A3. Now, we would like to know about all of the educational and training programs you have enrolled in since [fill APPLICATION MONTH, YEAR]. Please complete all of the questions on this table (pages 2 and 3).

	A. Name of program, institution, city, and state.	B. What was/is the field of study? Please use codes below.	C. What type of certificate/degree you expect/expected to receive? <i>Select one only</i>	D. Program Start and End Date	E. Method of Program Delivery <i>Select one only</i>
1	<p>Name of Program _____</p> <p>Name of Institution _____</p> <p>City/State _____</p> <p><i>We are interested in the name of the program, not a list of the courses you took within the program.</i></p>	<p>____</p> <p><i>If 99 Other, (Specify)</i></p> <p>_____</p>	<p>1 <input type="checkbox"/> Vocational/technical certificate (< 2 years)</p> <p>2 <input type="checkbox"/> Associate's degree (AS, 2 years, vocational)</p> <p>3 <input type="checkbox"/> Associate's degree (AA, 2 years, academic)</p> <p>4 <input type="checkbox"/> Bachelor's degree or equivalent (BA/BS, 4 years)</p> <p>5 <input type="checkbox"/> Master's degree or equivalent (MA/MS)</p> <p>6 <input type="checkbox"/> Doctoral degree (MD, PhD)</p> <p>7 <input type="checkbox"/> Other professional degree/certificate</p> <p>99 <input type="checkbox"/> Other (Specify)</p> <p>_____</p>	<p>START</p> <p>____ / ____</p> <p>MONTH YEAR</p> <p>END</p> <p>____ / ____</p> <p>MONTH YEAR</p>	<p>1 <input type="checkbox"/> All in-person</p> <p>2 <input type="checkbox"/> All online (i.e. using a computer without in-person instruction)</p> <p>3 <input type="checkbox"/> Some in-person and some online</p> <p>4 <input type="checkbox"/> Some in-person and some at a work/ business location</p>
2	<p>Name of Program _____</p> <p>Name of Institution _____</p> <p>City/State _____</p> <p><i>We are interested in the name of the program, not a list of the courses you took within the program.</i></p>	<p>____</p> <p><i>If 99 Other, (Specify)</i></p> <p>_____</p>	<p>1 <input type="checkbox"/> Vocational/technical certificate (< 2 years)</p> <p>2 <input type="checkbox"/> Associate's degree (AS, 2 years, vocational)</p> <p>3 <input type="checkbox"/> Associate's degree (AA, 2 years, academic)</p> <p>4 <input type="checkbox"/> Bachelor's degree or equivalent (BA/BS, 4 years)</p> <p>5 <input type="checkbox"/> Master's degree or equivalent (MA/MS)</p> <p>6 <input type="checkbox"/> Doctoral degree (MD, PhD)</p> <p>7 <input type="checkbox"/> Other professional degree/certificate</p> <p>99 <input type="checkbox"/> Other (Specify)</p> <p>_____</p>	<p>START</p> <p>____ / ____</p> <p>MONTH YEAR</p> <p>END</p> <p>____ / ____</p> <p>MONTH YEAR</p>	<p>1 <input type="checkbox"/> All in-person</p> <p>2 <input type="checkbox"/> All online (i.e. using a computer without in-person instruction)</p> <p>3 <input type="checkbox"/> Some in-person and some online</p> <p>4 <input type="checkbox"/> Some in-person and some at a work/ business location</p>
3	<p>Name of Program _____</p> <p>Name of Institution _____</p> <p>City/State _____</p> <p><i>We are interested in the name of the program, not a list of the courses you took within the program.</i></p>	<p>____</p> <p><i>If 99 Other, (Specify)</i></p> <p>_____</p>	<p>1 <input type="checkbox"/> Vocational/technical certificate (< 2 years)</p> <p>2 <input type="checkbox"/> Associate's degree (AS, 2 years, vocational)</p> <p>3 <input type="checkbox"/> Associate's degree (AA, 2 years, academic)</p> <p>4 <input type="checkbox"/> Bachelor's degree or equivalent (BA/BS, 4 years)</p> <p>5 <input type="checkbox"/> Master's degree or equivalent (MA/MS)</p> <p>6 <input type="checkbox"/> Doctoral degree (MD, PhD)</p> <p>7 <input type="checkbox"/> Other professional degree/certificate</p> <p>99 <input type="checkbox"/> Other (Specify)</p> <p>_____</p>	<p>START</p> <p>____ / ____</p> <p>MONTH YEAR</p> <p>END</p> <p>____ / ____</p> <p>MONTH YEAR</p>	<p>1 <input type="checkbox"/> All in-person</p> <p>2 <input type="checkbox"/> All online (i.e. using a computer without in-person instruction)</p> <p>3 <input type="checkbox"/> Some in-person and some online</p> <p>4 <input type="checkbox"/> Some in-person and some at a work/ business location</p>

4 .	Name of Program	_____ If 99 Other, (Specify)	<input type="checkbox"/> Vocational/technical certificate (< 2 years) <input type="checkbox"/> Associate's degree (AS, 2 years, vocational) <input type="checkbox"/> Associate's degree (AA, 2 years, academic) <input type="checkbox"/> Bachelor's degree or equivalent (BA/BS, 4 years) <input type="checkbox"/> Master's degree or equivalent (MA/MS) <input type="checkbox"/> Doctoral degree (MD, PhD) <input type="checkbox"/> Other professional degree/certificate <input type="checkbox"/> Other (Specify)	START	<input type="checkbox"/> All in-person <input type="checkbox"/> All online (i.e. using a computer without in-person instruction) <input type="checkbox"/> Some in-person and some online <input type="checkbox"/> Some in-person and some at a work/ business location
	Name of Institution	_____		_____/_____ MONTH YEAR	
	City/State	_____		END	
We are interested in the name of the program, not a list of the courses you took within the program.				_____/_____ MONTH YEAR	

FIELD OF STUDY CODES

- 1 = Agriculture, natural resources, and related sciences
- 2 = Architecture, planning, and related services
- 3 = Area, ethnic, cultural, and gender studies
- 4 = Arts—visual and performing
- 5 = Biological and biomedical sciences
- 6 = Business, management, marketing, and related support services
- 7 = Communication, journalism, communication technologies, and related programs
- 8 = Computer and information sciences and support services
- 9 = Construction trades
- 10 = Cosmetology, funeral services, and culinary service

- 11 = Education
- 12 = Engineering, engineering technologies/technicians
- 13 = English language and literature/letters
- 14 = Family and consumer sciences/human sciences
- 15 = Foreign languages, literatures, and linguistics
- 16 = Health professions and related clinical sciences
- 17 = Legal professions and studies
- 18 = Liberal arts and sciences, general studies and humanities
- 19 = Library science
- 20 = Mathematics and statistics
- 21 = Mechanical and repair technologies/technicians
- 22 = Multi/interdisciplinary studies

- 23 = Parks, recreation, leisure and fitness studies
- 24 = Precision production
- 25 = Philosophy, religion & theology
- 26 = Physical sciences
- 27 = Psychology
- 28 = Public administration and social service professions
- 29 = Science technologies/technicians
- 30 = Security & protective services
- 31 = Social sciences and history (except psychology)
- 32 = Transportation & materials moving
- 99 = Other

A. PROGRAM SELECTION (CON'T)

	F. What was/is your reason for applying/enrolling? <i>Select all that apply</i>	G. Did you complete the program?	H. What were the reasons you stopped attending? <i>Select all that apply</i>
1 .	1 <input type="checkbox"/> To gain new job or occupational skills 2 <input type="checkbox"/> To help move up in the job I already have 3 <input type="checkbox"/> To help me get a new job I'm interested in 4 <input type="checkbox"/> To prepare for occupational certification or work-related licensure 5 <input type="checkbox"/> To earn course credits needed for a program at a different school 6 <input type="checkbox"/> To take courses for recreation, self-improvement or personal interest 7 <input type="checkbox"/> To complete an undergraduate degree 99 <input type="checkbox"/> Other (Specify) _____	0 <input type="checkbox"/> Stopped Attending 1 <input type="checkbox"/> Yes GO TO NEXT PROGRAM OR B1 2 <input type="checkbox"/> Still Enrolled GO TO NEXT PROGRAM OR B1	1 <input type="checkbox"/> Offered or got a good job 2 <input type="checkbox"/> Did not have money for tuition/cost of program 3 <input type="checkbox"/> Needed to work more so didn't have enough time 4 <input type="checkbox"/> Did not expect to get a good job after completion 5 <input type="checkbox"/> Not satisfied with the quality of the program 6 <input type="checkbox"/> Program was too hard/did not have the right background to learn the new skills 7 <input type="checkbox"/> Physical, mental health, family, or personal reasons 8 <input type="checkbox"/> Was called to active duty/joined the armed forces 99 <input type="checkbox"/> Other (Specify) _____
2 .	1 <input type="checkbox"/> To gain new job or occupational skills 2 <input type="checkbox"/> To help move up in the job I already have 3 <input type="checkbox"/> To help me get a new job I'm interested in 4 <input type="checkbox"/> To prepare for occupational certification or work-related licensure 5 <input type="checkbox"/> To earn course credits needed for a program at a different school 6 <input type="checkbox"/> To take courses for recreation, self-improvement or personal interest 7 <input type="checkbox"/> To complete an undergraduate degree 99 <input type="checkbox"/> Other (Specify) _____	0 <input type="checkbox"/> Stopped Attending 1 <input type="checkbox"/> Yes GO TO NEXT PROGRAM OR B1 2 <input type="checkbox"/> Still Enrolled GO TO NEXT PROGRAM OR B1	1 <input type="checkbox"/> Offered or got a good job 2 <input type="checkbox"/> Did not have money for tuition/cost of program 3 <input type="checkbox"/> Needed to work more so didn't have enough time 4 <input type="checkbox"/> Did not expect to get a good job after completion 5 <input type="checkbox"/> Not satisfied with the quality of the program 6 <input type="checkbox"/> Program was too hard/did not have the right background to learn the new skills 7 <input type="checkbox"/> Physical, mental health, family, or personal reasons 8 <input type="checkbox"/> Was called to active duty/joined the armed forces 99 <input type="checkbox"/> Other (Specify) _____
3 .	1 <input type="checkbox"/> To gain new job or occupational skills 2 <input type="checkbox"/> To help move up in the job I already have 3 <input type="checkbox"/> To help me get a new job I'm interested in 4 <input type="checkbox"/> To prepare for occupational certification or work-related licensure 5 <input type="checkbox"/> To earn course credits needed for a program at a different school 6 <input type="checkbox"/> To take courses for recreation, self-improvement or personal interest 7 <input type="checkbox"/> To complete an undergraduate degree 99 <input type="checkbox"/> Other (Specify) _____	0 <input type="checkbox"/> Stopped Attending 1 <input type="checkbox"/> Yes GO TO NEXT PROGRAM OR B1 2 <input type="checkbox"/> Still Enrolled GO TO NEXT PROGRAM OR B1	1 <input type="checkbox"/> Offered or got a good job 2 <input type="checkbox"/> Did not have money for tuition/cost of program 3 <input type="checkbox"/> Needed to work more so didn't have enough time 4 <input type="checkbox"/> Did not expect to get a good job after completion 5 <input type="checkbox"/> Not satisfied with the quality of the program 6 <input type="checkbox"/> Program was too hard/did not have the right background to learn the new skills 7 <input type="checkbox"/> Physical, mental health, family, or personal reasons 8 <input type="checkbox"/> Was called to active duty/joined the armed forces 99 <input type="checkbox"/> Other (Specify) _____

<p>4</p>	<p>1 <input type="checkbox"/> To gain new job or occupational skills</p> <p>2 <input type="checkbox"/> To help move up in the job I already have</p> <p>3 <input type="checkbox"/> To help me get a new job I'm interested in</p> <p>4 <input type="checkbox"/> To prepare for occupational certification or work-related licensure</p> <p>5 <input type="checkbox"/> To earn course credits needed for a program at a different school</p> <p>6 <input type="checkbox"/> To take courses for recreation, self-improvement or personal interest</p> <p>7 <input type="checkbox"/> To complete an undergraduate degree</p> <p>99 <input type="checkbox"/> Other (Specify)</p> <hr/>	<p>0 <input type="checkbox"/> Stopped Attending</p> <p>1 <input type="checkbox"/> Yes GO TO NEXT PROGRAM OR B1</p> <p>2 <input type="checkbox"/> Still Enrolled GO TO NEXT PROGRAM OR B1</p>	<p>1 <input type="checkbox"/> Offered or got a good job</p> <p>2 <input type="checkbox"/> Did not have money for tuition/cost of program</p> <p>3 <input type="checkbox"/> Needed to work more so didn't have enough time</p> <p>4 <input type="checkbox"/> Did not expect to get a good job after completion</p> <p>5 <input type="checkbox"/> Not satisfied with the quality of the program</p> <p>6 <input type="checkbox"/> Program was too hard/did not have the right background to learn the new skills</p> <p>7 <input type="checkbox"/> Physical, mental health, family, or personal reasons</p> <p>8 <input type="checkbox"/> Was called to active duty/joined the armed forces</p> <p>99 <input type="checkbox"/> Other (Specify)</p> <hr/>
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B. EXPERIENCE WITH THE MOST RECENT OR MOST RECENTLY COMPLETED PROGRAM

B1. There are many factors students may consider when choosing an educational or training program. For your most recent program, how important was each of the factors listed below in your decision to enroll in this program? Were these factors very important, somewhat important, or not important in your decision to choose the program?

Select one per row

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
a. Quality of faculty/teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Ability to reach or talk to faculty/teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Opportunities for hands-on learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Skills taught seemed very related to desired job, promotion, or industry certification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Availability/quality of career counseling/case management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Availability/quality of work readiness training (e.g. resume writing, job interviewing, career information)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Job placement assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Academic advising/support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Availability of financial aid, such as loans, scholarships, or grants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Convenience of location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Convenience of time when classes are offered	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Duration of program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Availability of an internship as part of the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Recommended by a friend, relative, or advisor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B. EXPERIENCE WITH THE MOST RECENT OR MOST RECENTLY COMPLETED PROGRAM (CON'T)

B2. Considering these same factors, please rate your satisfaction with the most recent education or training program you attended. Would you say you are/were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Select one per row

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED
a. Quality of faculty/teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Ability to reach/talk to faculty/teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Opportunities for hands-on-learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Appropriateness of skills taught to desired job, promotion, or industry certification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Availability and/or quality of career counseling/case management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Work readiness (e.g. resume writing, job interviewing) and career information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Job search/placement assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Academic advising/support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Availability of financial aid, such as loans, scholarships, or grants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. geographic location/convenience	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B3. Overall, how would you rate your most recent education/training program?

- 0 Excellent
- 1 Good
- 2 Fair
- 3 Poor

B4. Have you received career counseling, work readiness, or job search assistance from any other person or organization outside your most recent educational or training program since [fill APPLICATION MONTH, YEAR]?

Select all that apply

	Work readiness (e.g. resume writing, job interviewing) and career information	Job search/placement assistance	Career counseling/case management
a. College Career Center	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Government Agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Local/community workforce development center or organization (e.g. one-stop career center)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Select all that apply

Work readiness (e.g. resume writing, job interviewing) and career information	Job search/placement assistance	Career counseling/case management
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d. Community based or neighborhood organization →

1

2

3

B. EXPERIENCE WITH THE MOST RECENT PROGRAM (CON'T)

B4. Have you obtained a professional certification or a state or industry license? A professional certification or license shows you are qualified to perform a specific job and includes things like Certified Medical Assistant, commercial truck driving, automotive technician, or an IT certification (e.g., Cisco, networking, security technology, etc.).

1 Yes

0 No GO TO C1, PAGE 7

B5. What is the name of any certification(s) or license(s) and what type of credential is it?

Select one per row

	A. Name of credential	B. Industry Certification	C. State License	D. Other
1.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

C. PAYING FOR EDUCATION AND TRAINING PROGRAMS

The next few questions are designed to help us understand how students pay for expenses to attend educational and vocational training programs.

C1. Please think about all of the educational and training programs you may have attended since [fill APPLICATION MONTH/YEAR]. What was the total cost of your tuition to attend the program(s)?

Please include room and board if you had this expense.

Please include any costs covered by financial aid, grants, loans or scholarships.

\$ |_|_|_|_|, |_|_|_|_| . |0|0|

C2. Now we would like to know the different funding sources you used to cover your costs in attending all these educational and training programs and how the availability of the funding source affected your choice to enroll.

Select one per row

Funding Source	Did you receive funds?	If yes, how much of your overall spending did it cover?	If you had not received funding from this source, would you have enrolled in these programs?
GRANTS (Financial aid that does not need to be paid back)			
a. Federal Pell Grants	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
b. Other federal/state/school grants	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
c. Job training vouchers or Individual Training Accounts from local One-Stop Center or workforce development agency	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
d. Grants or tuition reimbursement from your employer	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
LOANS (Financial aid that needs to be paid back)			
e. Federal/state/school loans	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
f. Loans from private banks	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
SCHOLARSHIPS (Financial aid awarded based on merit or status—e.g. because you are citizen of state, member of church, etc.)			
g. Scholarships	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know

C. PAYING FOR ALL EDUCATIONAL AND TRAINING PROGRAMS (CON'T)



<i>Select one per row</i>			
Funding Source	Did you receive funds?	If yes, how much of your overall spending did it cover?	If you had not received funding from this source, would you have enrolled in this program?
OTHER			
h. From Veteran's Benefits (including GI Bill)	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
i. Gifts from family and friends	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
j. My savings	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know
k. Credit Cards	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know	1 <input type="checkbox"/> Less than 1/4 2 <input type="checkbox"/> More than 1/4 but less than 1/2 3 <input type="checkbox"/> About 1/2 4 <input type="checkbox"/> More than 1/2	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> I don't know

C3. Overall, about what portion of the total cost of the programs would you say you will pay through student loans offered to you from schools, banks, or other organizations?

Please do not include money that you borrowed from friends or family.

- 1 None GO TO C5
- 2 Less than 1/4
- 3 More than 1/4 but less than 1/2
- 4 About 1/2
- 5 More than 1/2

C4. Right now, how much do you still owe in student loans or credit card payments used to cover tuition?

\$ |_|_|_|_|, |_|_|_|_| . |0|0|

C. PAYING FOR ALL EDUCATIONAL AND TRAINING PROGRAMS (CON'T)

C5. We are also interested in learning about financial assistance you may have received to help you with other expenses (not including tuition and fees) to attend any educational or training programs?

Since [fill APPLICATION MONTH, YEAR], have you received assistance in the form of cash, vouchers, gift cards, or reimbursement to help you pay for any of the following:

(Please do not include financial assistance you may have received from friends or family.)

Select one per row

	YES	NO
a. Books?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Tools or other supplies?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Clothes or other uniforms?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Transportation such as gas cards or bus passes?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Child care?	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GO TO E1, PAGE 11

D. REASONS FOR NOT ATTENDING EDUCATIONAL OR TRAINING PROGRAM(S)

ONLY COMPLETE SECTION D IF YOU DID NOT ATTEND ANY EDUCATIONAL PROGRAM SINCE [fill PROGRAM AT INSTITUTION]

D1. How important was each of the following factors in your decision to not attend any educational or training program since [fill PROGRAM AT INSTITUTION]?

Select one per row

	MAJOR FACTOR	MINOR FACTOR	NOT A FACTOR
a. Offered or got a good job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Did not have money for tuition/cost of program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Needed to work more so didn't have enough time for program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Did not expect to get a good job after completing the programs I knew about	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Was not satisfied with the quality of the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Was undecided about which course of study to pursue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Did not think I had the right background to learn the new occupational/vocational skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Family reasons (e.g. needed to take care of family member, had child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Had physical or mental health challenges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Other personal reasons (e.g. other interests besides school)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. I was called to active duty and/or I joined one of the armed forces/military	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E. EMPLOYMENT STATUS

E1. Which of these conditions describes your main activity during the week?

Select one only

- 1 Working
- 2 Seeking employment
- 3 Caring for children or other relatives at home without pay
- 4 Volunteering at least 20 hours per week
- 5 Part-time student
- 6 Full-time student
- 7 Medical or maternity leave
- 8 Something else (Specify) _____

E2. How many hours do you work in a typical week?

Enter "0" if not currently employed

|_|_|_|

E2a. Using the list of occupations, please select the code that best describes your current job or most recent job if you're not currently employed. If you are currently holding more than one job, select the occupation where you work the most hours.

Select one only

|_|_|

LIST OF OCCUPATIONS

To make sure you have found the best code, please review all occupations before making your choice.

- | | |
|--|--|
| 1 Management | 12 Protective Service |
| 2 Business and Financial | 13 Food Preparation and Serving Related |
| 3 Computer and Mathematical | 14 Building and Grounds Cleaning and Maintenance |
| 4 Architecture and Engineering | 15 Personal Care and Service |
| 5 Life, Physical, and Social Science | 16 Sales and Related |
| 6 Community and Social Services | 17 Office and Administrative Support |
| 7 Legal | 18 Farming, Fishing, and Forestry |
| 8 Education, Training, and Library | 19 Construction and Extracting |
| 9 Arts, Design, Entertainment, Sports, and Media | 20 Installation, Maintenance, and Repair |
| 10 Healthcare Practitioners and Technical | 21 Production |
| 11 Healthcare Support | 22 Transportation and Material Moving |

E2b. In what month and year did you begin working at this job (current or most recent) for pay?

|_|_| / |_|_|_|_|
MONTH YEAR

E. EMPLOYMENT STATUS (CON'T)

**E3. How much do you currently earn per hour at this job or did or did you earn in your most recent job?
Your best estimate is fine.**

Select one only

- 1 \$7.25 or less
- 2 \$7.26 - \$10.00
- 3 \$10.01 - \$13.00
- 4 \$13.01 - \$16.00
- 5 \$16.01 - \$19.00
- 6 \$19.01 - \$23.00
- 7 \$23.01 - \$25.00
- 8 \$25.01 or more

IF CURRENTLY UNEMPLOYED GO TO F1, PAGE 13, OTHERWISE CONTINUE.

E4. Thinking about your current job, please rate your satisfaction with the job's benefits such as . . .

Select one per row

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIE D	VERY DISSATISFIE D
a. Salary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Healthcare benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Pension/retirement benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. 401K/IRA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Job Security	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Opportunities for additional or specialized training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Opportunities for advancement/promotion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Intellectual challenge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Level of responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Contribution to society	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Ability to use skills you learned from education and training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

E. EMPLOYMENT STATUS (CON'T)

E5. Who was most helpful to you in getting your current job?

Select one only

- 1 No one, I got the position on my own
- 2 Counselors, teacher, or other staff at the most recent education or training program I attended
- 3 College/school career center
- 4 A government agency
- 5 Local/community workforce development center or organization (e.g. One-Stop Career Center)
- 6 Community base or neighborhood organization
- 7 High school advisor
- 8 Family/relatives (e.g. parents, guardians)
- 9 Previous employer
- 10 Friends

E6. To what extent is the work you do on your current job related to any education or training you may have received since [fill APPLICATION MONTH/YEAR]?

Select one only

- 1 Closely related to a training program I attended/am attending
- 2 Somewhat related to a training program I attended/am attending
- 3 I did not attend a training program, so work not at all related
- 4 I did attend a training program, but work not at all related

GO TO F1, PAGE 13

E7. Did any of these factors influence your decision to work in an area outside the program field you applied for in [fill APPLICATION MONTH/YEAR] which was [fill PROGRAM AT INSTITUTION]?

Select one per row

	YES	NO
a. Pay, promotion opportunities	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Working conditions (e.g. hours, equipment, working environment)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Job location	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Change in career or interests	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Family-related reasons (e.g. children, spouse's job moved)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Job in program field not available	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Some other reason (Specify)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

F. FUTURE GOALS

F1. Do you plan on enrolling in any other educational or vocational training programs in the future?

1 Yes

0 No → **GO TO G1, PAGE 15**

F2. What type of degrees or certification programs and in what fields of study do you plan on pursuing?

Please use the codes below to complete table.

SELECT ONE CODE PER ROW

a. Vocational/technical certificate (less than 2 years)	_ _ _
b. Associate's degree (AS, 2 years, vocational)	_ _ _
c. Associate's degree (AA, 2 years, academic)	
d. Bachelor's degree or equivalent (BA/BS, 4 years)	_ _ _
e. Master's degree or equivalent (MA/MS)	_ _ _
f. Doctorate/Ph.D. (MD, PhD)	_ _ _
g. Other professional degree/certificate (Specify) _____	_ _ _
h. Some other (Specify) _____	_ _ _

FIELD OF STUDY CODES

- | | | |
|---|---|--|
| 1 = Agriculture, natural resources, and related sciences
2 = Architecture, planning, and related services
3 = Area, ethnic, cultural, and gender studies
4 = Arts—visual and performing
5 = Biological and biomedical sciences
6 = Business, management, marketing, and related support services
7 = Communication, journalism, communication technologies, and related programs
8 = Computer and information sciences and support services
9 = Construction trades
10 = Cosmetology, funeral services, and culinary service | 11 = Education
12 = Engineering, engineering technologies/technicians
13 = English language and literature/letters
14 = Family and consumer sciences/human sciences
15 = Foreign languages, literatures, and linguistics
16 = Health professions and related clinical sciences
17 = Legal professions and studies
18 = Liberal arts and sciences, general studies and humanities
19 = Library science
20 = Mathematics and statistics
21 = Mechanical and repair technologies/technicians
22 = Multi/interdisciplinary studies | 23 = Parks, recreation, leisure and fitness studies
24 = Precision production
25 = Philosophy, religion & theology
26 = Physical sciences
27 = Psychology
28 = Public administration and social service professions
29 = Science technologies/technicians
30 = Security & protective services
31 = Social sciences and history (except psychology)
32 = Transportation & materials moving
99 = Other |
|---|---|--|

G. BACKGROUND AND CONTACT INFORMATION

These last questions ask for some general demographic information.

G1. In what year were you born?

|_|_|_|_| YEAR

G2. Are you Hispanic or Latino?

1 Yes

0 No

G3. What is your race?

Select all that apply

1 White

2 Black or African American

3 Asian

4 Native Hawaiian or Other Pacific Islander

5 American Indian or Alaska Native

G4. Are you...

1 Male

2 Female

G5. Do you have any children under 18? Include birth, adopted, foster, or stepchildren.

1 Yes

2 No

G6. What is your marital status as of today?

Select one only

1 I am single

2 I am married/remarried

3 I am separated

4 I am divorced or widowed

G7. We will be mailing you a check in a couple of weeks and we would like to confirm the spelling of your name and address where we should send the payment.

FIRST NAME

MIDDLE INITIAL/NAME

LAST NAME

STREET 1

STREET 2

APT. #

CITY

STATE

ZIP

G8. Thank you for participating in the survey and providing your address. Please provide your telephone number and email address because we may need to contact you again in the future.

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
AREA CODE

EMAIL

Survey of Recent Program Applicants Flowchart

(Do not distribute to respondents)

