

ACT College ♦ Career Services

GRADUATE FOLLOW-UP SURVEY										
Graduate Name										
Home Address										
Home Telephone						Work Telephone				
E-mail						Program				
Campus Location <i>(Check one)</i>			<input type="checkbox"/> Arlington		<input type="checkbox"/> Alexandria			<input type="checkbox"/> Manassas		
SURVEY										
Please respond to each of the items, statements, and/or questions. Rate each item using the following scale.										
Excellent 5		Good 4		Average 3		Below Average 2		Poor 1		Not applicable N/A
SCHOOL EXPERIENCE (Circle one)										
1. Overall quality of academic experience								5 4 3 2 1		N/A
2. Overall quality of instruction								5 4 3 2 1		N/A
3. Accessibility of faculty and staff								5 4 3 2 1		N/A
4. Overall quality of classroom and laboratory facilities								5 4 3 2 1		N/A
5. Externship/internship experience reinforced classroom and laboratory instruction								5 4 3 2 1		N/A
6. Administration support and willingness to help								5 4 3 2 1		N/A
7. Career advising and job placement assistance								5 4 3 2 1		N/A
8. Did the training you received at ACT College adequately prepare you for your entry-level career?								Yes		No
9. If you had to do it all over again, would you choose ACT again to satisfy your training needs?								Yes		No
10. Would you refer some else to ACT for allied health training?								Yes		No
WORK EXPERIENCE										
What is your current work status? <input type="checkbox"/> Employed in field <input type="checkbox"/> Employed (non-related field) <input type="checkbox"/> Unemployed										
If you are currently employed in either of the two categories listed above, please provide the following information:										
Name of Employer										
Address of Employer										
Position/Title						Salary				
Supervisor's Name						Telephone Number				
If you are not employed and not seeking work, please indicate which of the following reasons best describes your current situation <i>(Check one)</i> :										
<input type="checkbox"/> Continuing Education								<input type="checkbox"/> Pregnant/Maternity		
<input type="checkbox"/> Medical reason								<input type="checkbox"/> Change in domestic situation or marital status		
<input type="checkbox"/> Employment not available in my locale								<input type="checkbox"/> Other (Please explain)		
By signing below, I am attesting that the information supplied to ACT College is both truthful and complete.										
Student Signature:						Date:				