

NELRC ABE-to-College Transition Project (revised 4/04)
Graduate Survey Form

Unique Student Identification Number (eleven digits): _____

Questions for Graduates

1. For the following areas, please rate your preparedness for college:

- | | | | | | | | | |
|-------------------------------------------|--------------------------|-----------|--------------------------|------|--------------------------|------|--------------------------|------|
| Overall academic readiness | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| Math | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| Reading | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| Writing skills | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| Computer skills | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| Knowledge about what college will be like | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |

2. Please list what you learned about college that you did not know prior to attending this program:

1. _____
2. _____
3. _____

3. What are your career goals?

- | | | |
|----------------------------------------|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Business Administration | <input type="checkbox"/> Computer Science |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Education | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Other _____ | |

4. Have your career goals changed since you enrolled in this program? Yes No

If yes, please fill in: My career goals changed from _____ to _____

5. Employment Status: Employed Homemaker Retired
 Unemployed and looking for work Unemployed and not looking for work

If you are working, what is your job? _____

How many hours a week do you work? 1-14 hours 15-21 hours 21-34 hours 35+ hours

6. To what extent do you think the following are likely to challenge your ability to successfully attend college?

- | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------|--------------------------|---------------|--------------------------|--------|--------------------------|-----------------|--------------------------|------------|
| Needing Childcare | <input type="checkbox"/> | Highly Likely | <input type="checkbox"/> | Likely | <input type="checkbox"/> | Not Very Likely | <input type="checkbox"/> | Not at All |
| Needing Transportation | <input type="checkbox"/> | Highly Likely | <input type="checkbox"/> | Likely | <input type="checkbox"/> | Not Very Likely | <input type="checkbox"/> | Not at All |
| Lack of Financial Aid | <input type="checkbox"/> | Highly Likely | <input type="checkbox"/> | Likely | <input type="checkbox"/> | Not Very Likely | <input type="checkbox"/> | Not at All |
| Needing to Work to pay for Tuition | <input type="checkbox"/> | Highly Likely | <input type="checkbox"/> | Likely | <input type="checkbox"/> | Not Very Likely | <input type="checkbox"/> | Not at All |
| Overall Cost of Tuition | <input type="checkbox"/> | Highly Likely | <input type="checkbox"/> | Likely | <input type="checkbox"/> | Not Very Likely | <input type="checkbox"/> | Not at All |
| Immigration/Language Issues | <input type="checkbox"/> | Highly Likely | <input type="checkbox"/> | Likely | <input type="checkbox"/> | Not Very Likely | <input type="checkbox"/> | Not at All |
| Health Issues for Self and Others
(includes physical health, mental
health, addiction issues) | <input type="checkbox"/> | Highly Likely | <input type="checkbox"/> | Likely | <input type="checkbox"/> | Not Very Likely | <input type="checkbox"/> | Not at All |

Questions for Program Staff

1. Assessment Tool (check one): Accuplacer/Companion Other (specify)_____ (skip to Question 3)

2. Specific Scores

Algebra	Initial score_____	Exit score_____
Arithmetic	Initial score_____	Exit score_____
Reading Comprehension	Initial score_____	Exit score_____
Sentence Skills	Initial score_____	Exit score_____

3. FAFSA or other Financial Aid Applied Received Decision Pending Scholarship Received

4. College (check all that apply) Applied Accepted Expected to be Enrolled Enrolled

Name of College _____ Anticipated Date of Enrollment _____

5. Courses Enrolled (Check the appropriate boxes below for courses the student is enrolled, then circle whether is the course is college or remedial level and indicate the number of credits towards an AA/BA)

<input type="checkbox"/> Math (not Algebra)	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> English	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> Social Science (includes History)	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> Biology or Chemistry	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> Composition Writing	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> Algebra	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> Psychology or Sociology	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> Other (specify) _____	college level/remedial	# credits towards AA/BA_____
<input type="checkbox"/> Other (specify) _____	college level/remedial	# credits towards AA/BA_____

6. Certificate Program/ Vocational/Job Training (circle one) Applied Accepted
Expected to enroll Enrolled

7. How many total hours did this student attend your program? _____ Program Repeater? Yes No

8. Please rank this student for the following characteristics, **compared** with other students in your program:

Motivation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Class participation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Time Management skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Readiness for college	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Likelihood he/she will succeed in college	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

9. Are there any extenuating circumstances that you feel may prevent this student from successfully transitioning to college? Yes No If yes, please check all that apply:

<input type="checkbox"/> Logistical Issues (work demands, childcare, caring for elderly parents)	<input type="checkbox"/> Academic/Learning Disabilities
<input type="checkbox"/> Financial Issues	<input type="checkbox"/> Language/Immigration Issues
<input type="checkbox"/> Personal/Psychological Issues	<input type="checkbox"/> Health Issues (self or others)