



Plan Name:	Follow-Up Plan
Effective Date:	August 1, 2014
Revision Date:	August 1, 2023
Evaluate:	Annually
Standard:	3:14-18

## **Follow-up Plan**

### **Purpose**

The follow-up is a planned process of gathering information from former students and their employers for informational, evaluation, and quality control purposes. The Waynesville Career Center follow-up procedures consists of two major components: Program completer follow-up and employer follow-up. Survey information received from both alumni and employers provides an accurate evaluation of the success of the adult programs. Follow-up information will be used in the evaluation of institutional operations and program content.

### **Goals & Objectives**

The Waynesville Career Center's goal is to gather accurate and verifiable follow-up data for every adult completer and applicable employer from the preceding school year on an annual basis. The objective are as follows:

1. To determine the strengths and weaknesses in instructional programs and in the overall marketing of students.
2. To determine the relevance of training in relation to job requirements.
3. To determine the effectiveness of various modes of program delivery.
4. To obtain suggestions for the improvement of the school's programs and services.
5. To obtain information regarding the economic impact of school graduates.
6. To obtain updated occupational information of school graduates for student recruitment purposes.
7. To collect data for reporting purposes as needed. .

### **Process Overview and Applicability**

The Waynesville Career Center realizes that the collection of follow-up data is contingent, in part, upon the degree of emphasis placed on follow-up and recognize follow-up as an important component in the evaluation of the effectiveness of programs and their success in preparing graduates for employment. WCC staff work cooperativity to obtain information from graduates and employers.

Students are informed of follow-up procedures and requirements during their orientation. Throughout the student's training, the WCC staff continues to stress the significance of student responses to follow-up. The importance of follow-up data is emphasized during the exit interview as well.



Surveys from program completers and employers of completers will be reviewed by instructional personnel and administrative staff on an annual basis. Additionally, occupational and institutional advisory committees will review survey data at least twice per year.

Occupational advisory members, include local employers, review progress with program effectiveness, delivery methods, and relevance to the job market at each scheduled advisory meeting which is done two times per year.

### **Procedures and Specific Guidelines**

The WCC compiles placement data for adult students once they leave the occupational training program. The data is compiled for all students within a 12-month time period of July 1-June 30 each year. The information is reported to COE and the Missouri Department of Elementary and Secondary Education on an annual basis.

Methods to locate accurate placement data include the following:

1. Completer survey
2. Phone calls
3. Letter to student(includes hard copy of email)
4. Social media (Facebook)
5. Contact with CTE instructor

When contacting students, the following items are documented:

1. Student name
2. Program name
3. Method of contact
4. Date of contact
5. Employment status; place of employment; related/not related to field of instruction
6. Continuing education and attending institution
7. Military
8. Licensure exam status; taken; waiting to test; not planning on testing; test results
9. Unable to contact

### **Personnel Responsible**

Follow-up is conducted and supervised by the Waynesville Career Assistant Director over Adult Programs and the Adult Education Secretary.



**WAYNESVILLE CAREER CENTER**  
400 GW Lane  
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## Adult Student Follow-Up

Program \_\_\_\_\_

School Year \_\_\_\_\_ Semester (if applicable) \_\_\_\_\_

Student Name \_\_\_\_\_

**Program Completer?** Yes    No (if no please document why)

Disciplinary  
Incarcerated  
Personal medical issues or health of family member  
Student deceased  
Other \_\_\_\_\_

Date(s) of Contact \_\_\_\_\_

Unable to contact  
Student deceased

Method(s) of Contact

Phone  
Face-to-face  
Letter  
Social media  
Contact with CTE instructor  
Other \_\_\_\_\_

**Licensure Status**    Licensure exam required    Licensure exam not required

(If required, document the student's status below)

Exam(s) taken \_\_\_\_\_

Date(s) passed (if applicable) \_\_\_\_\_

Took exam—passed    Took exam—failed    Waiting to take exam  
Took exam—waiting for results    Not planning to take exam



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## Employment Status

If employed—name & contact information of employer (may include address, phone #, and or email address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Send Employer Survey & Alumni Survey)**

Employed—related    Employed—unrelated    Not Employed

If not employed in related field why?

Joined military

Branch \_\_\_\_\_

Continuing education

Attending institution \_\_\_\_\_

Area of study \_\_\_\_\_

Refused job interview(s) and/or employment offer(s)

Employer(s) \_\_\_\_\_

Student took program for personal reasons (If yes, attach interview questions or other supporting documents)

Incarcerated

Personal medical issues or health of family member

Other \_\_\_\_\_

WCC staff member(s) conducting follow-up \_\_\_\_\_



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Dear Graduate,

We sincerely appreciate that you chose the Waynesville Career Center as the site for your skilled technical training. Our mission is to be the area's premier provider for skilled **workFORCE development**. As part of our on-going evaluation for institutional effectiveness, we are conducting our annual alumni survey. The information you provide will allow us to fulfill our mission by making us aware of our strengths and allowing us to improve our weaknesses. Your responses will be used for statistical purposes only and will be kept in the strictest confidence. Please complete the questionnaire and return it to us. You may fax the completed form to (573) 842-2501, the Career Center Fax number, or by email to [scharfueros@waynesville.k12.mo.us](mailto:scharfueros@waynesville.k12.mo.us) and [rcrabortree@waynesville.k12.mo.us](mailto:rcrabortree@waynesville.k12.mo.us).

In our highly skilled, technical economy, we encourage you to consider life-long learning and **workFORCE development** as part of your personal commitment to professional excellence. When you are ready for additional training, please allow the Waynesville Career Center to be part of that process; **workFORCE development, it's what we do!**

Thank you again. We look forward to hearing from you.

Sincerely,

*Sam Callis*

Mr. Sam Callis, Director



# WAYNESVILLE CAREER CENTER

400 GW Lane  
Waynesville, MO. 65583

## Alumni Survey

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School Use Only:  
\_\_\_\_ Related  
\_\_\_\_ Non-Related

Alumni Name \_\_\_\_\_ Last 4 digits of SSN only \_\_\_\_\_

Training Program \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Are you presently employed or have you been employed in an occupation related to your training since graduation?

\_\_\_\_\_ No (Please state reason) \_\_\_\_\_

\_\_\_\_\_ Yes (Please complete the following section):

Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number ( ) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Length of Employment \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Hourly Wage: Please check (x) one: ( ) \$7.25-\$8.00 ( ) \$8.01-\$10.00 ( ) \$ 10.01-\$12.00 ( ) \$12.01-\$15.00

( ) \$15.01-\$20.00 ( ) \$20.01-\$25.00 ( ) Over \$25.00 \_\_\_\_\_

Please rate your training program by responding to the questions below using the following scale:

**4=Excellent 3=Good 2=Satisfactory 1=Poor**

\_\_\_\_\_ a. How well did your training program prepare you in terms of technical theory and knowledge needed to perform your job

\_\_\_\_\_ b. How well did the hands on projects, clinical or practical experiences received in your training program prepare you for your job

\_\_\_\_\_ c. Were instructional tools and equipment in the training program adequate

\_\_\_\_\_ d. Was the instructional content and curriculum up to date

\_\_\_\_\_ e. How well did your training program prepare you to deal with co-workers and other personnel

\_\_\_\_\_ f. Shop instruction

\_\_\_\_\_ g. Classroom instruction

\_\_\_\_\_ h. Overall program effectiveness for various modes of delivery

\_\_\_\_\_ i. Overall relevance of training in relation to job requirements

\_\_\_\_\_ j. Other \_\_\_\_\_

### Your comments to the following questions would be most appreciated:

Did your training assist you to learn on your own? \_\_\_\_\_ Define and solve problems? \_\_\_\_\_

Build your self-confidence? \_\_\_\_\_

Noted program strengths: \_\_\_\_\_

Noted program weaknesses: \_\_\_\_\_

What suggestions do you have for improving the school's program & services: \_\_\_\_\_

What programs or courses not currently being taught would you like to see offered? \_\_\_\_\_

Would you recommend this school to others? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please give reason: \_\_\_\_\_

Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR YOUR TIME, WE WISH YOU WELL IN YOUR ENDEAVORS.**



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Dear Employer,

Our mission is to be the area's premier provider for skilled **workFORCE development**. As part of our on-going evaluation for institutional effectiveness, we are conducting our annual employer survey. We want to be certain we are providing the correct training so that our students are prepared for entering the workforce. The information you provide will allow us to fulfill our mission by making us aware of our strengths and allowing us to improve our weaknesses. Your responses will be used for statistical purposes only and will be kept in the strictest confidence. Please complete the questionnaire and return it to us at your earliest convenience. You may also fax the completed form to (573) 433-2955, the Career Center Fax number, or by email at [scharfauros@waynesville.k12.mo.us](mailto:scharfauros@waynesville.k12.mo.us) and [rcrabtree@waynesville.k12.mo.us](mailto:rcrabtree@waynesville.k12.mo.us).

Thank you again. We look forward to hearing from you.

Sincerely,

*Sam Callis*

Mr. Sam Callis, Director



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## EMPLOYER SURVEY

EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_

To help our school improve the quality of our programs, please respond to the items below about the following student graduate:

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TRAINING  
PROGRAM: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

Is or has the above named person been in your employment? ☐ Yes ☐ No

How would you rate the vocational training received by the individual in the areas indicated below?  
4 = Excellent 3 = Good 2 = Satisfactory 1 = Poor N/A = Unrelated Job

- \_\_\_\_\_ a. Job related Technical Knowledge and Theory
- \_\_\_\_\_ b. Technical Skills
- \_\_\_\_\_ c. Work Quality
- \_\_\_\_\_ d. Work Attitude
- \_\_\_\_\_ e. Overall Preparation for the Job

*Your responses to the following questions would be most helpful.*

Do you have any suggestions for improving the vocational technical or personal skills of future students?

\_\_\_\_\_  
\_\_\_\_\_

Noted program strengths: \_\_\_\_\_

Noted Program weaknesses: \_\_\_\_\_

\_\_\_\_\_

Do you have any additional comments?

\_\_\_\_\_

**NOTE:** All responses are confidential and will be used for program evaluation purposes only.

\_\_\_\_\_  
NAME OF PERSON COMPLETING QUESTIONNAIRE

\_\_\_\_\_  
TITLE

For your convenience this form may BE faxed to (573) 842-2501

THANK YOU FOR YOUR TIME AND INPUT



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School Use Only  
\_\_\_\_C  
\_\_\_\_NC

## EXIT INTERVIEW AND PLACEMENT INFORMATION

Name \_\_\_\_\_ Program \_\_\_\_\_ Date \_\_\_\_\_

I. Please rate the school's programs and services in accordance with the following scale:

4=Excellent 3=Good 2=Satisfactory 1=Poor N/A=Not Apply

- a. \_\_\_\_ Lab, shop and/or test equipment and media resources
- b. \_\_\_\_ Live work projects, practical experiences, clinical experiences, etc.
- c. \_\_\_\_ Occupational Instructor
- d. \_\_\_\_ School Administrator
- e. \_\_\_\_ Financial Aid
- f. \_\_\_\_ Counseling Services (vocational and personal)
- g. \_\_\_\_ Job Placement Services (job readiness and employability skills training)
- h. \_\_\_\_ Student Life Activities (job fairs, guest speakers, special events, etc.)
- i. \_\_\_\_ Physical condition of the school (maintenance, housekeeping, parking)

II. Why are you leaving school? (Ex. Completed course, financial reasons, etc.)

Do you feel you received the proper instruction? (Circle) ☐ Yes ☐ No Could Improve:

What suggestions would you offer to improve the program and/or the school?

Please provide any comments or suggestions for improving Student Services:

Did you receive financial aid benefits? (circle) ☐ Yes ☐ No

Continued on back

**PLACEMENT INFORMATION**

3. Do you have a job?

\_\_\_ No (Please indicate reason): \_\_\_\_\_

\_\_\_ Yes (Please provide complete information on below):

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

What is/will be your job title? \_\_\_\_\_ Starting Date: \_\_\_\_\_

Du es \_\_\_\_\_

Immediate Supervisor (Name & Title) \_\_\_\_\_

Employment is: \_\_ Full- time or \_\_ Part- time      Number of hours /week: \_\_\_\_\_

**Hourly Wage:** a. ( ) \$7.25 – \$8.00      b. ( ) \$8.01 - \$10.00      c. ( ) \$10.01 - \$12.00  
d. ( ) \$12.01 - \$15.00      e. ( ) \$20.01 - \$25.00      f. ( ) Above \$25.00

What is your current address? \_\_\_\_\_

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

**WE WISH YOU WELL IN YOUR FUTURE ENDEAVOURS. PLEASE VISIT US ANYTIME.**

**\*\*\*Thank you for your assistance\*\*\***