Texas Workforce Commission—Career Schools and Colleges Completer's Evaluation Survey (Annual Report)

Instructions: For information on completing this survey (CSC-072A) and on annual reporting requirements, see <u>Submitting Your Report</u> (www.twc.state.tx.us/partners/career-schools-colleges-annual-reporting#submittingYourReport).

To be completed by school:		
Student's Name	Social Security Number	
Student's Graduation Date (mm/dd/yyyy)	Program Name	
To be completed by school—for telephone interview	ews only:	
School official conducting the phone interview (name	e and title)	
Name of student interviewed	Date of phone interview (mm/dd/yyyy)	
Recent Gr Instructions: Complete either section A or B, as applicate as much information as possible to help your school report	ole. Check the boxes in the section that apply. Provide rt on graduate employment.	
Section A—Since graduation, I have not worked in the		
Since graduation, I have:	2 enlisted full time in the military:	
1. enrolled in a full-time program:	Name of Military Branch	
Name of Program or Major		
	Recruiting Office's Phone Number	
Name of Postsecondary Educational Institution	OR	
OR	3. The graduate is : (documentation required) ☐ Incarcerated ☐ Deceased ☐ Other	
Section B—Since graduation, I have worked in the fiel	d for which I was trained.	
I obtained the job because:	2. I found the job on my own; OR	
1. the school's placement office (or other members of the school's staff) helped me by:	3. I found the job with help from a source other than the career school that I attended (enter name of source below):	
OR		

Page 1 of 2

Job Information

Employer where you are or were employed (Write "self," if self-employed.)			Start Date (mm/dd/yyyy)
Job Title	Starting Hourly Wage	Job Duties	
Employer's Address, City	y, State, ZIP Code		
Immediate Supervisor (full name)		Employer's Telephone Number	
Student's Signature		Date (mm/dd/yyyy)	