

Follow-up Log for Reporting Secondary Placement

This log is a document for use in reporting secondary placement of Perkins IV concentrators. Each concentrator is to be sent a survey. If he or she does not respond, then this log would be used to make follow up phone calls. A minimum of two attempts to contact each concentrator should be made. The log should be kept on file in your local school system for a minimum of five years. Feel free to make additional copies as needed.

School System: _____ School: _____

Program Area: _____ Date Concentrator Surveys Mailed: _____

Individual Responsible for Follow-up (including the job title): _____

Name of student who concentrated in CTE	Phone Call # 1	Phone Call #2	Placement Information (Check <u>all</u> that apply)	Placement Details (Check <u>all</u> that apply)
	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	<input type="checkbox"/> Graduated from high school <input type="checkbox"/> Enrolled in Postsecondary Education/Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Employed <input type="checkbox"/> Current activity related to area of CTE concentration <input type="checkbox"/> None of the above	HS CTE focus: _____ Postsecondary Institution: _____ <input type="checkbox"/> Took Remedial Course <input type="checkbox"/> Used Dual Credit <input type="checkbox"/> Tech Prep <input type="checkbox"/> Licenses or Certifications
	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	<input type="checkbox"/> Graduated from high school <input type="checkbox"/> Enrolled in Postsecondary Education/Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Employed <input type="checkbox"/> Current activity related to area of CTE concentration <input type="checkbox"/> None of the above	HS CTE focus: _____ Postsecondary Institution: _____ <input type="checkbox"/> Took Remedial Course <input type="checkbox"/> Used Dual Credit <input type="checkbox"/> Tech Prep <input type="checkbox"/> Licenses or Certifications
	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	<input type="checkbox"/> Graduated from high school <input type="checkbox"/> Enrolled in Postsecondary Education/Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Employed <input type="checkbox"/> Current activity related to area of CTE concentration <input type="checkbox"/> None of the above	HS CTE focus: _____ Postsecondary Institution: _____ <input type="checkbox"/> Took Remedial Course <input type="checkbox"/> Used Dual Credit <input type="checkbox"/> Tech Prep <input type="checkbox"/> Licenses or Certifications
	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	Date & Time: _____ <input type="checkbox"/> Spoke With: _____ Relation to Concentrator: _____ <input type="checkbox"/> Busy <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong # <input type="checkbox"/> Disconnected Comments: _____	<input type="checkbox"/> Graduated from high school <input type="checkbox"/> Enrolled in Postsecondary Education/Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Employed <input type="checkbox"/> Current activity related to area of CTE concentration <input type="checkbox"/> None of the above	HS CTE focus: _____ Postsecondary Institution: _____ <input type="checkbox"/> Took Remedial Course <input type="checkbox"/> Used Dual Credit <input type="checkbox"/> Tech Prep <input type="checkbox"/> Licenses or Certifications