## CAREER TECHNICAL STUDENT DATA FORM

PROGRAM NAME Advisor  PART I. STUDENT DEMOGRAPHIC DATA AND EMPLOYMENT STATUS PROGRAM ENTRY	
Name	Date Student ID
Address	City, State Zip
Gender (circle): M F student	declined Ethnicity (circle) African Am. Asian Cauc. Hisp. Native Am. Other student declined
to subm	annual of the second of the se
Special Population Status (Circle	all that apply )
Pell Grant Recipient	Developmental Courses ESL Americans with Disabilities Act
Purpose for enrolling in program	: obtain a degree or certification obtain a job obtain job advancement
B. Student Employment Status at	: Time of Program Entry
Not employed	_ Employed out of field Employed in related field
Employer Name	Phone
Occupation / Job Title	Full time or Part time (circle one)
Part II. STUDENT EMPLOYMENT	AND EDUCATION STATUS PROGRAM EXIT
Date of program exit	, , , , , , , , , , , , , , , , , , , ,
If fewer than 15 semester in-field	credit hours were completed, did the individual accomplish his/her
purpose for program enrollment?	(circle one) Yes No
Special Population Status (Circle	all that apply)
I am in the military	I am on a church mission I am serving on a foreign mission
Employer Name	Phone
	Full-time or Part-time (circle one)
Supervisor	Initial Date of Employment
	that best describes the individual's current employment and education
	upation related field of training and pursuing education related to field of training
employed in an occupation related to field of training and pursuing education not related to field of training	
	upation related to field of training and not pursuing additional education
	upation not related to field of training and pursuing education related to field of training
employed in an occupation not related to field of training and pursuing education not related to field of training.	
employed in an occupation not related to field of training and not pursuing additional education	
entered military	
	pursuing education related to field of training
not employed and pursuing education not related to field of training not employed but actively seeking employment	
unavailable for employment due to illness or injury	
status unknown/info	ormation unavailable
Check method used to collect d	ata.
Personal interview	· · · · · · · · · · · · · · · · · · ·
	Other Signature of person completing PART II of form Date form was completed
Form Submitted to	Date form submitted: