**ALUMNI SURVEY [insert beginning grade] - [insert terminal grade]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name (optional) |   |   |   |  |  |  |
|  |  |  |  |  |  |  |
| Current School |   |   |   |  Last School Year |   |
| To assist us in determining the effectiveness of the school's program, please indicate  |
| your agreement or disagreement with the following statements. We would appreciate any  |
| information that you are willing to share to help us strengthen our program and improve  |
| communications with former students. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| As a graduate of (school name), I was well prepared for my next school. |   |   |   |   |   |
| Comment: |  |  |  |  |  |  |   |
|      |
| My study and time-management skills prepared me for my next school. |   |   |   |   |   |
| Comment: |   |   |   |   |   |   |   |
|  |
|   What classes are you currently taking? Are any of these classes advanced or honors classes? |
|  |
|   Are you involved in any extracurricular programs (sports, choir, drama, clubs, etc.)? |
|    |
| We would like to stay in touch with you and follow your academic career. |   |   |
| What is the most effective way to stay in touch? |  |  |  |   |
|   |  |  |  |  |  |  |   |
| \_\_\_\_\_letters \_\_\_\_\_newsletters \_\_\_\_\_email \_\_\_\_\_links on our web page \_\_\_\_\_social media \_\_\_\_\_other |   |
| Has (school name)'s school climate and culture influenced the student you are today? If so, how? |
|  |
| In order for us to assess the effectiveness of our academic program, will you please attach a copy |
| of your most recent grades or let us know how you are doing in your subjects? This is a  |
| requirement of our accreditation that we review this information to ensure that our program is  |
| preparing our students for success in high school. |  |  |  |   |
|     |
|  If you could do it all over again, would you enroll at (school name)? |
|  |
| When you think about (school name), what is your most memorable experience? |
|  |
| How likely is it that you would recommend (School name) to a friend or family member?  |   |   |   |   |   |
| (0--not likely at all; 10--highly likely |  |  |  |  |   |
|   |  |  |  |  |  |  |   |
|   | 0 1 2 3 4 5 6 7 8 9 10 |   |