**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 | | | | | |  |