



*The mission of CTK Healthcare and Career Institute is to offer quality professional trainings in Healthcare, Information Technology and Business related disciplines.*

### **Follow-Up Plan**

CTK provides continuous and systematic plan for follow up its student's activity for quality program and career training to all students, and assists with job placement prior to and upon completion of their program. To ensure the outcome of training in the job and the growth of program, it also collects feedback about the program including the instructor's evaluation and the method of delivery right after the program completion, from its former graduates and from the employers.

#### **Coordination of Services**

CTK student services coordinator (SSC) conducts an exit interview with students before they leave the institution. All activities related to the program they are graduating, job placement and follow-up with them and their employers are coordinated through the student services department. The activities are outlined as below

##### **1. Collection of Information**

Students are asked to complete a program review survey, student evaluation of Instructor's Survey and Exit Survey prior to exiting the institution. Students are given an employment verification letter to be completed by their employer upon securing employment. The completed form is then returned to via e-mail, fax or postal service and the information is used to calculate the placement rate for programs. SSC systematically calls former graduates for their job status if they missed to inform CTK about their job status. The Employment Verification Form is made a part of the student permanent folder. SSC also plans to collect the former graduates' survey form to hear about the knowledge they received from their program in the job.

#### **Purpose and Use of Information Collected**

Information is collected from students, former graduates, and employers of graduates to determine the effectiveness of the training provided. A good indicator of the effectiveness of the training

is whether the student passed the state board requirements and secured employment. It is important for the institution to gain information on what improvements can be made to better prepare students for employment.

From time to time, student services staff contacts former students to update information on the students regarding whether they are still employed, the starting salaries, advancement opportunities, if the training they received prepared them to be competitive in the job market and were the placement services beneficial.

Employers of those students who are employed after leaving. CTK are asked to complete an Employer Survey to assess the effectiveness of the training the students received. This information is beneficial in future planning for employment sites that are critical to the placement of students upon completion of their program. It is also beneficial in making program changes that can better prepare students for the job market.

If students leave the area or change address locations and do not notify the institution of the change, the institution will have no way of contacting the students, thus limiting the amount of follow-up data that is available for program improvement. Information on students who leave and later contact the school will be entered into the student record for future data collection.

## **2. Placement Data Distribution**

At least once annually during a formal staff meeting, follow-up information collected from former students and employers of former students is shared with the instructional personnel and administrative staff. This information is discussed and used for planning procedural changes in the student services department that will impact the methods used to gain information on former students and from employers.

### **Elements of Program Outcome/Attached Survey Forms**

1. Program Evaluation/Grievances by Student
  2. Student Follow-up Survey/Exit Survey from TWC
  3. Employer Survey of Former Student
  4. Follow up survey from former graduates
3. **Annual Review**

This plan is revised and reviewed annually by institutional advisory board and revised as necessary. The revised plan has been made public by SSC through emails or placing the plans in the lobby.

**Program Evaluation/Grievances by Student**

**Name of the Program:**

**Date:**

1	Course facilities including technology/media are adequate for the success of this course	1	2	3	4	5
2	Does the course able to train you in all the activities necessary to work you in a health care industry of your filed	1	2	3	4	5
3	Were the contents and the method of delivery is relevant to the objectives	1	2	3	4	5
4	Means of assessing my ability by CTK personnel during enrollment time for my chosen occupations were appropriate	1	2	3	4	5
5	Were there information/counseling available for jobs and placement	1	2	3	4	5
5	CTK staff are courteous, professional and helpful	1	2	3	4	5
6	Overall, how is your personal judgement of your program & School	1	2	3	4	5
6	<b><u>Any Comments/complain about Program:</u></b>					
7	<p><b><u>Need to talk to the School Director in any issues: or email to <a href="mailto:ctkhealthcare@gmail.com">ctkhealthcare@gmail.com</a>, Ph # 940-594-8910</u></b></p> <p><b><u>Action by director to resolve the Grievances: Yes/ No</u></b>  <b><u>If Yes: Write the resolution met &amp; Date:</u></b></p>					

**FORMER STUDENT FOLLOW-UP SURVEY/ OR TWC exit Form**

Student \_\_\_\_\_

Address \_\_\_\_\_  
Program \_\_\_\_\_ Enrollment Period \_\_\_\_\_

This survey is requesting information to see how your training program relates to your present work situation. Please answer the questions below and return this form by (Date) \_\_\_\_\_

Information you provide will not be reported on an individual basis but will be used only to provide statewide statistical information.

Please call if you have questions about this survey. Thank you.

\_\_\_\_\_  
Program Instructor Date

1. What is your current employment status? (Please check one)  
 Employed in a field related to training  
 Employed in a field not related to training  
 Not Employed, Not Seeking Employment  
 Unemployed, Seeking Employment  
 Continuing Education
  
2. Please provide the following information about your present job.  
Name of Company/Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Beginning Salary before deductions \_\_\_\_\_  
Current Salary before deductions \_\_\_\_\_  
The salary is based on how many hours per week of employment? \_\_\_\_\_
  
3. Are there advancement opportunities in your current position?  Yes  No
  
4. Was your training at CTK beneficial to you in your current position?  Yes  No
  
5. Were you satisfied with the placement services you received?  Yes  No

**Please return completed survey to**  
CTK Healthcare & Career Services  
3455 N. Beltline Rd #203, Irving, TX, 75062

**EMPLOYER SURVEY OF FORMER STUDENTS**

Please rate the technical training received by the following individual in the areas below by placing a check in the appropriate column.

Student: \_\_\_\_\_

Program: \_\_\_\_\_

**A. Technical Knowledge** Acceptable OR Needs Improvement

1. Employee possesses specific job related knowledge for success on the job. \_\_\_\_\_
2. Employee is able to operate equipment used on the job. \_\_\_\_\_
3. Employee possesses basic reading, verbal and math skills. \_\_\_\_\_
  
4. Overall rating of technical knowledge  
\_\_\_\_\_

Very Good    Good            Neutral            Poor            Very Poor

**B. Work Attitude**

- 1. Willingness to accept responsibility \_\_\_\_\_
- 2. Punctuality \_\_\_\_\_
- 3. Ability to work without supervision \_\_\_\_\_
- 4. Willingness to learn and improve \_\_\_\_\_
- 5. Cooperation with co-workers \_\_\_\_\_
- 6. Compliance with policies and procedures \_\_\_\_\_
- 7. Work attendance \_\_\_\_\_
  
- 8. Overall rating of work attitude \_\_\_\_\_  
Very Good    Good    Neutral    Poor    Very Poor

**C. Overall rating of work quality** \_\_\_\_\_  
Very Good    Good    Neutral    Poor    Very Poor

**D. Overall rating of work quantity** \_\_\_\_\_  
Very Good    Good    Neutral    Poor    Very Poor

**OVERALL RATING**

What is your overall rating of the training received by this individual as it relates to the requirements of his/her job?

Very Good    Good            Neutral            Poor    Very Poor

You may make additional comments on the back of this form.

**EMPLOYER DATA**

Employer Name:

Phone Number

Address:

Supervisor:

**Please return completed survey to**

CTK Healthcare & Career Services

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