



High School Program Exit Survey

This is a confidential survey designed to help us evaluate our programs

Name _____ Exit Date _____

Program _____ School _____

Your Phone # _____ Email address _____

Please indicate below all of the reasons why you are withdrawing from your current program at WCCC. **Check all that apply.** Please make additional comments in the space provided.

- | | |
|---|--|
| <input type="checkbox"/> Need classes to graduate | <input type="checkbox"/> Transferred to another program:
_____ |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Health related |
| <input type="checkbox"/> Issues with instructors (Explain below) | <input type="checkbox"/> Dropped out of school |
| <input type="checkbox"/> Trouble with other students in program (Explain below) | <input type="checkbox"/> Instructor recommendation |
| <input type="checkbox"/> Program is too difficult (Explain below) | <input type="checkbox"/> Early Graduation |
| <input type="checkbox"/> Program is not challenging enough (Explain below) | <input type="checkbox"/> Seeking employment |
| <input type="checkbox"/> Scheduling conflicts (Explain below) | <input type="checkbox"/> Pursuing GED |
| <input type="checkbox"/> Transportation Issues | <input type="checkbox"/> Taking Concurrent classes @ CMU or home high school |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Other (Explain below) |
| <input type="checkbox"/> No longer interested in the program (Explain below) | |

Comments/Explanation

On scale from 1 to 5, with 1 being poor and 5 being excellent, how would you rate your experience in this program? _____

Would you recommend this program to a friend? Yes No

How could we improve? _____
