\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, proposed to be located at

 Proposed School Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is performing a

 Proposed Address of School

market and employment viability survey.

Please take a few moments to answer the following questions so that we might better understand your needs, desires, and requirements as potential employers of our anticipated graduates. This survey should not take more than 10 minutes of your time, and a self-addressed stamped envelope is enclosed for the survey’s return. Thank you in advance for your participation!

**SECTION 1: Program Description** *(to be completed by the proposed school)*

|  |  |
| --- | --- |
| **A. Training Program & Clock Hours:** |  |
| *Program Name* | *Total Clock Hours* |
| **B. Program Overview:** |  |
|  |  |
| **C. Program Course (Topic/Subject) Breakdown:** | Clock Hours |

|  |  |
| --- | --- |
| **D. This training prepares students for these entry-level positions:** |  |
| **E. Name and address of company completing this survey:** |  |
| Company/Business Name, Address, City, State Zip Code |  |
|  |  |
| **F. Name, title and phone/fax and/or email of person completing this survey:** |  |
| Name, Title, Phone, and/or Email  |  |

## SECTION 2: Employer Feedback

**Question #1**

How many people did your company hire for the position(s) listed under Section 1D

* 1. two years ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. one year ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question #2**

How many people do you anticipate hiring in the upcoming year for the listed position(s)? \_\_\_\_\_\_\_

**Question #3**

On a scale of 0-to-5 with *5 being the most desirable*, please rate the above training program as it would meet the employment needs of your company.

[ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5

**Question #4**

Does your company see a current *local* need for this training? [ ]  Yes [ ]  No

Does your company see a current *statewide* need for this training? [ ]  Yes [ ]  No

**Question #5**

How does your company view the *industry’s* future local and statewide employment markets for these jobs?

[ ]  Increasing [ ]  Decreasing [ ]  Remaining the Same

Comments:

**Question #6**

Taking into account the training described, what additional training or skills, if any, would your company like to see in an applicant?

(Possible examples: more “soft” skills, more hands-on training, more emphasis on writing, etc.)

Comments:

**Question #7**

Based on the above training description, would your company consider employing graduates of this program? [ ]  Yes [ ]  No

Comments:

**Question #8**

Do you have anything to add that would be helpful to us as we develop this program?

Comments: