

Sample Student Survey Form

(SCHOOL LETTERHEAD)

Date _____

Your name _____

Your high school and location _____

Year graduated (or earned GED) _____

1. How did you **hear about** the Collision Repair Technology program at (NAME OF SCHOOL) (check one or more)?

- From high school guidance counselor
- From a high school shop teacher
- From other high school teacher
- Tour of (NAME OF SCHOOL)'s campus during
 - Elementary school
 - Freshman or Sophomore year of high school
 - Junior or Senior year of high school
- Information from a relative
 - Relative attended (NAME OF SCHOOL)
 - Relative did not attend (NAME OF SCHOOL)
- Information from a friend
 - Friend attended (NAME OF SCHOOL)
 - Friend did not attend (NAME OF SCHOOL)
- Newspaper advertisement
- Radio or television advertisement
- Flier from (NAME OF SCHOOL)
- Career day presentation at high school
- Other (please explain)

2. Please check one or more of the above that **most influenced your decision** to enter the Collision Repair Technology program.