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Issue Date: October 23, 2024

## Adult Education and Literacy (AEL) Follow Up Survey Purpose, Tips, and Survey Questions

### Purpose

Follow up surveys are administered to students who have exited from AEL services and had 12 or more hours of service in the fiscal year. The survey collects employment and post-secondary information from students that is important for federal reporting. Students must be surveyed in the second and fourth quarters following the quarter in which they exited. Lists of which students are eligible for a follow up survey can be found in LACES. Note that students who have social security numbers entered in their LACES records do not need to have employment and earnings information collected by a follow up survey – their information will be collected in the Agency of Education’s annual data match with the Department of Labor. However, their post-secondary data will still need to be collected via a follow up survey. For specific details on the survey processes in LACES, please see the Adult Education and Literacy (AEL) Follow Up Survey Data Collection and Entry into LACES.

Below are tips and the list of survey questions. Brackets indicate text that will need to be adapted by each provider.

### Tips

- Make at least two total attempts to contact each student.
  - Try two different methods of contact if possible (for example, send an email to the student, and if they do not respond, call them).
- Consider the use of an incentive such as a coffee coupon for the first 25 responses.

### Sample Script with Survey Questions

On the next page is a sample script with survey questions that can be pulled from this document for use in surveying students. **Do NOT use the text on this first page or the Agency of Education’s logo when using the sample script and survey questions.**



**[Use individual AEL provider's program logo/AEL provider name here].**

## **Adult Education and Literacy Follow Up Survey**

This is a follow-up survey because of your recent enrollment as a student at **[name of AEL provider]**. We hope you are doing well and that you will respond promptly to these questions below. It should take fewer than five minutes. Our program is required by the Vermont Agency of Education for federal statistical purposes to collect this information after students leave the program. The information we collect helps us to improve and continue our AEL programs. Your responses are secure. We appreciate your time! Thank you.

Your first and last name: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

### **Secondary Credential**

1. A. Did you receive any of the following diplomas, certificates, or degrees since you completed or stopped coming to your lessons at **[name of AEL provider]**?

B. If yes, please check all that apply. If no, skip to question #2.

\_\_\_ High School Diploma, or high school equivalency certificate (such as GED, HiSet, or other)

\_\_\_ Certificate - indicate in what area:

(for example: Early Childhood Education) \_\_\_\_\_

\_\_\_ Associate's degree

\_\_\_ Bachelor's degree

C. What date did you receive this certificate, or degree?

MM/DD/YYYY \_\_\_\_\_

2. A. Since you completed or stopped attending lessons at our program, have you enrolled in any other educational or training programs? Yes/No \_\_\_\_\_

If yes, please fill in below:

B. Name of program: \_\_\_\_\_

C. What date did you start? MM/DD/YYYY \_\_\_\_\_

D. What type of class or classes? (please check all that apply)

\_\_\_\_ Vocational/Job Training

\_\_\_\_ College Level

\_\_\_\_ Other

## Employment

1. A. Since you completed or stopped going to classes at **[name of AEL provider]**, did you work at a job where you were paid? Yes/ No \_\_\_\_\_

B. If yes, dates of employment: (MM/YY) \_\_\_\_\_

C. What were your earnings? \$ \_\_\_\_\_

\_\_\_\_ weekly

\_\_\_\_ monthly

\_\_\_\_ hourly – How many hours per week did you work? \_\_\_\_\_

D. Are you presently employed? Yes/No \_\_\_\_\_

E. If your current employer is different from above, please give us the following information:

Dates you started employment: (MM/YY) \_\_\_\_\_

F. What are your earnings? \$ \_\_\_\_\_

\_\_\_\_ weekly

\_\_\_\_ monthly

\_\_\_\_ hourly – How many hours per week did you work? \_\_\_\_\_

**Thank you for your time! You may hear from the program again in a few months. Please respond again at that time. Best wishes.**