



*This class recommended on Voc. Assessment? Y N

Student Follow-Up Form

Student's Name: _____ Date: _____ School: _____

Class: _____ Section: _____ Teacher: _____ Grade: _____

How do you like the class? *Great* *Like it* *It's Okay* *Don't like it very much*

Did you ask for this ROP class? *Yes* *No* *Not sure*

Have you taken an ROP class before? *Y* *N* Which one? _____

Is there anything you *don't* like about this class? *Y* *N*

What is it? _____

Do you have good communication with the teacher, feel free to talk to him or her? *Y* *N*

What do you like best about the class?

Are you or will you be participating in community classroom? *Y* *N* (*where?*)_____

What are your plans after you graduate?

College *Tech/Vocational School* *Military* *Work* *Other*_____

Would you like to continue in this field of work? *Y* *N*

Do you feel you could be employed in this field of work? *Y* *N*

If no, why? _____

Are there additional services that you would like at this time or before you exit high school?

*(If so, what services?)*_____