

CAREER/TECHNICAL EDUCATION STUDENT PLACEMENT STATUS DPE-29

REPORTING SEMESTER _____

These data are required for program improvement and reporting activities. This form is to be completed by the designated program instructor or advisor for each student in the program. Part I is to be completed when a student enters the program. Part II is to be completed when a student exits the program. Data on race, sex and disabilities will be aggregated and used for reporting purposes only.

PROGRAM NAME Practical Nursing (Wallace Community College) **CIP CODE** 51.3901

PART I. STUDENT DEMOGRAPHIC DATA AND EMPLOYMENT STATUS - PROGRAM ENTRY	
A. Student Demographic Data	
Name _____	Date _____ Student ID _____
Address _____	
Sex _____ Male _____ Female _____	
Race (check one)	
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hispanic/Latino and more than one race
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> More than one race
B. Student Employment Status at Time of Program Entry	
<input type="checkbox"/> Employed in related field	<input type="checkbox"/> Employed in non-related field
Hourly Rate of Pay _____	Not employed _____
Employer name _____	Phone _____
Employer address _____	
Occupation _____	Full time _____ Part time _____

PART II. STUDENT COMPLETION, EMPLOYMENT AND EDUCATION STATUS - PROGRAM EXIT	
Date of program exit _____	Number of program-related credit hours completed _____
Check the ONE completion category that applies:	
<input type="checkbox"/> Program graduate	<input type="checkbox"/> Alternative completer (completed 15 semester hours in field, related employment 40 hours per week)
<input type="checkbox"/> Leaver (left program w/o award or sufficient hours to be completer)	
Employer name _____	Employer phone _____
Employer address _____	
Occupation _____	Full time _____ Part time _____
Supervisor _____	Initial date of employment _____
Passed licensure exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (check one)	
Name of licensure exam (if applicable) _____	
Date of licensure _____	
Check the ONE statement below that best describes the individual's current employment and education status.	
Education Status	Employment Status
<input type="checkbox"/> Not pursuing education	<input type="checkbox"/> employed
<input type="checkbox"/> Not employed and pursuing education or training	<input type="checkbox"/> employed in an occupation related to field of training
<input type="checkbox"/> Continuing Education – non related field	<input type="checkbox"/> entered military
<input type="checkbox"/> Continuing Education – related field	<input type="checkbox"/> entered church related work
<input type="checkbox"/> Status unknown/information unavailable	<input type="checkbox"/> unavailable for employment (correctional student)
	<input type="checkbox"/> status unknown/information unavailable
Hourly rate of pay if employed in field or related field \$ _____	
Signature of person completing Part II of form _____	Date of Part II completion _____
<i>This form is to be completed on any student that graduates or leaves a program and is to be submitted to the appropriate instructional dean at the end of each term</i>	