

## Advanced Degree Graduate Follow-up

The purpose of this questionnaire is to gather information about how well your program at Eastern Michigan University prepared you for work as a professional educator. Your feedback, along with information from other graduates and work supervisors, will be used to improve our programs. While we are requesting your name to coordinate record keeping, information regarding individuals will remain confidential. Thank You for taking the time to assist us.

Name \_\_\_\_\_  
Last First MI

**Experience at EMU:** What was your status in the EMU program? (Check One)

Was your initial certification from EMU? (Circle one)    **YES**    **NO**

\_\_\_\_\_ If yes, year obtained.

**Current Status:**

\_\_\_\_\_ Years of experience since completing last advanced degree. (counting the current year)

\_\_\_\_\_ Total years of experience as professional educator. (counting the current year)

What school level are you presently working? (Check One)

\_\_\_\_\_ Preschool    \_\_\_\_\_ Elementary    \_\_\_\_\_ Middle School    \_\_\_\_\_ High School    \_\_\_\_\_ Central Office

Current title or subjects/grade leve taught. \_\_\_\_\_

District where you are employed. \_\_\_\_\_

Please respond to the following questions in terms of the degree to which you feel that the EMU program prepared you to do the following: (Key: SA=strongly agree, A=agree, N=neutral, D=disagree, SD=strongly disagree, NA=not applicable).

**I was prepared to:**

**Circle One**

- |   |    |   |   |   |    |    |
|---|----|---|---|---|----|----|
| 1. perform with a higher level of expertise in my degree area.....  | SA | A | N | D | SD | NA |
| 2. expand my repertoire of instructional strategies.....  | SA | A | N | D | SD | NA |
| 3. expand my repertoire of assessment strategies.....   | SA | A | N | D | SD | NA |
| 4. use research to inform problem-solving and decision-making in the classroom ...                                      | SA | A | N | D | SD | NA |
| 5. engage in reflective inquiry regarding teaching practices.....   | SA | A | N | D | SD | NA |
| 6. apply learning and developmental theories to observation, problem-solving and decision-making in the classroom ..... | SA | A | N | D | SD | NA |
| 7. provide optimal learning experiences for students from diverse cultural and experiential backgrounds .....           | SA | A | N | D | SD | NA |
| 8. work collaboratively with colleagues .....   | SA | A | N | D | SD | NA |
| 9. use technology to inform and enhance practice .....  | SA | A | N | D | SD | NA |
| 10. advocate for children and young adults .....  | SA | A | N | D | SD | NA |
| 11. engage in ongoing opportunities for professional development.....   | SA | A | N | D | SD | NA |
| 12. take a leadership role in my profession.....  | SA | A | N | D | SD | NA |
| 13. demonstrate dispositions (attitudes / behaviors) appropriate to the profession.....                                 | SA | A | N | D | SD | NA |

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Briefly identify what you believe are two of the program's strengths:

Briefly identify any areas in which the program needs to be strengthened. (Include "job realities" for which you would like to have been better prepared.):

### Supervisor Information Request

Your Name: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Current Employment (unemployed, full-time, part-time): \_\_\_\_\_

Current Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Your Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ I authorize the College of Education at Eastern Michigan University to contact the supervisor listed above for the purpose of requesting feedback on my training.

\_\_\_\_\_ I do not authorize the College of Education at Eastern Michigan University to contact the supervisor listed above.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date