Form #10-SS
Revised 1/05

SUMMARY OF SECONDARY STUDENT COMPLETER FOLLOW-UP REPORT

A. GENERAL INFORMATION

NAME OF SCHOOL OR INSTITUTION	DISTRICT NO.	SCHOOL NO.	GRADUATION YEAR

THIS FORM IS TO BE COMPLETED AND SUBMITTED ELECTRONICALLY BY THE ADMINISTRATOR DESIGNATED TO APPROVE ALL OF THE PROFESSIONAL-TECHNICAL FORMS SUBMITTED ONLINE. PLEASE SUMMARIZE COMPLETERS FOR ALL PROGRAMS IN THE SCHOOL ON ONE FORM. THE ***DATA FOR THIS FORM SHOULD BE TAKEN FROM THE FORM 10S*** AND SHOULD REFLECT THE STATUS OF LAST YEAR'S PROGRAM COMPLETERS AS OF DECEMBER/JANUARY OF THE CURRENT YEAR. A PROGRAM COMPLETER IS DEFINED AS **A STUDENT WHO, AS EITHER A JUNIOR OR SENIOR, HAS TAKEN A PROFESSIONAL-TECHNICAL CAPSTONE COURSE.**

B. PROGRAMS					**C. FOLLOW-UP STATUS** (Each student should be counted in one column only - see instructions)																	
							EMPLOYED IN A FIELD				PURSUING ADDITIONAL EDUCATION						NOT IN LABOR FORCE					
PROGRAM TITLE	PROGRAM ID #	CIP CODE	**TOTAL NUMBER OF COM-PLETERS**		MILITARY SERVICE FULL-TIME		RELATED TO TRAINING		NOT RELATED TO TRNG, NOT PURSUING ADD'L EDUC		PROFESSIONAL-TECHNICAL		ACADEMIC		SEEKING EMPLOYMENT (NOT WORKING, NOT PURSUING ADD'L EDUC)		(NOT SEEKNG EMPLOYMENT OR PURSUING ADD'L EDUC)		STATUS UNKNOWN		DECEASED	
			M	**F**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
TOTALS - ALL COLUMNS																						

D. SIGNATURES

PROFESSIONAL-TECHNICAL ONLINE ADMINISTRATOR	DATE	SCHOOL ADMINISTRATOR	DATE