

Rutgers GSE School Counseling Program Former Graduate Contact Form

The purpose of this form is to keep in touch with you after your graduation. In addition, the form provides contact information that facilitates our implementation of a comprehensive evaluation of the school counseling program. Consent for participation in this aspect of the evaluation is listed below. Should you wish to see a copy of the form, see the website at <http://www.gse.rutgers.edu/>, click on Ed.M. Program in School Counseling, Other Info, and Resources for School Counseling Students.

Name: _____

Year Graduated: _____

Permanent Address: _____

Address (after graduation): _____

Email address (current): _____

Email address (after graduation): _____

Tel. Number (current): _____

Tel. Number (after graduation): _____

In addition to contacting you after graduation, part of the evaluation process is to contact your employer to inquire about how the Program in School Counseling has prepared you for the workforce. The purpose of this part of the evaluation, i.e., the administration of the ***Employer Survey of Former Graduate Student***, is not to evaluate you, rather, to get information about how we as a program are preparing our students. Please sign below if you give your consent to have us contact you employer and send him/her this survey:

_____ Yes, I give consent for you to administer the ***Employer Survey of Former Graduate Student*** to my employer.

Signature: _____ Date: _____

_____ No, I do not give consent for you to administer the ***Employer Survey of Former Graduate Student*** to my employer.

Signature: _____ Date: _____