

Seccina Memorial High School Graduate Survey

Date _____

By completing this survey, you help us track and support the academic achievements of Seccina graduates. Thank you for your assistance.

1. What year did you graduate from Seccina? _____

2. What college or vocational school are you attending? _____

3. # of semesters completed: _____ # of credit hours earned: _____

4. What is your major? _____

5. What courses have you taken? (list general subject areas) _____

6. List any classes you are struggling in and tell whether you feel that SMHS prepared you for them.

7. List any classes you are doing well in and tell whether you feel that SMHS prepared you for them.

8. List any academic awards/recognition you have received (for example, Dean's List, grants, scholarships)

9. List any academic-oriented projects or activities you are involved in (for example, student government, debate team, solar engineering competition)

10. What AP/ACP classes did you take at Seccina? _____

11. List any college placement tests you chose (or were required) to take.

11. If you "tested out" of any college classes, please list them here: _____

Short answer: Do you feel that SMHS prepared you for your college experience? If so, how? If not, what could we have done?

Name _____ Email _____ Phone # _____