

Illinois Post - School Survey

Expanded Version

Spring - 2021

Attempts to contact the student

(Please make and log at least 3 attempts, unless refused.)

Date (MM/DD/YYYY)	Method	Result
	<input type="checkbox"/> Phone	<input type="checkbox"/> Complete the survey
	<input type="checkbox"/> Mail	<input type="checkbox"/> Refused to complete survey
	<input type="checkbox"/> In Person	<input type="checkbox"/> Failed to reach or contact
		<input type="checkbox"/> Respondent asked to complete survey at another time
		<input type="checkbox"/> Student deceased
		<input type="checkbox"/> Returned to school

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Please indicate with whom you spoke to obtain survey information:

- Former Student
- Family member
- Other Knowledgeable Individual (e.g. Roommate, Friend, Guardian not of a family relation)
- Failed Contact

Name(Optional): _____