

# MARION TECHNICAL COLLEGE PLANS AND PROCEDURES MANUAL

# PLACEMENT AND FOLLOW-UP PLAN

**EFFECTIVE SCHOOL YEAR: 2023 - 2024** 

REVISED: July 25, 2023

A DIVISION OF THE MARION COUNTY PUBLIC SCHOOLS AN EQUAL OPPORTUNITY SCHOOL DISTRICT

# MARION TECHNICAL COLLEGE

# PLACEMENT PROCESS AND FOLLOW UP PLAN

### PLACEMENT PROCESS

Marion Technical College (MTC) Career Education Facilitators (CEF), Managers, Program Clerks, and Instructors are responsible for providing placement assistance to program participants. Each Career Education Facilitator, Manager and Program Clerk serve as the Placement Coordinators for their respective programs and are responsible for developing and organizing all placement activities. Most Career Certificate Programs provide clinical experience for students, and many students receive employment offers through these clinical experiences. However, for students that do not attain employment through the clinical experiences, the following process has been developed to assist them through the employment search process.

The following procedures outline the Placement Process.

- 1. Students are encouraged to register with CareerSource CLM (Citrus Levy Marion), Employ Florida, Florida Marketplace, CareerBuilder, Indeed, and other online job search websites. Students are also encouraged to visit the "Career Connections" employment board posted outside of the Student Services Department and in the Student Resource Room for local employment opportunities. The employment opportunities posted on the employment board are gathered through efforts of the Student Services staff, program managers, program clerks, instructors, and recruiting/marketing coordinator. Employment opportunities are also emailed out to our recent graduates.
- 2. A workshop is held annually, prior to graduation, in which MTC students will learn resume writing, job search skills and practice interviewing.
- 3. Business partners are invited into the program classes to share career opportunities with graduating students.
- 4. Instructors in coordination with program managers, CEFs, and program clerks contact local

- industry professionals to attain information about local employment opportunities. Students are referred to local employers to apply for employment.
- 5. Program clerks follow up with students via email and phone calls, recording the students' placement information in FOCUS. Program managers are contacting employers via email and phone calls to complete the employer survey. The employer survey requests information regarding the level of satisfaction with the education that was received. The program managers record employer survey information in placement notes in FOCUS.
- 6. The annual COE Completion, Placement, and Licensure Report, containing MTC's completion, placement and licensure results, is made available annually to staff and faculty on the MTC SharePoint. The report is also maintained on file in the Administration Office.

### **FOLLOW UP PLAN**

Program Managers, Career Education Facilitators (CEF), instructional staff and program clerks provide follow-up services to MTC career and technical program completers. Students are informed of the follow up process prior to completing their program of study. They are instructed to immediately contact the program CEF, program manager, program clerk or instructor if any of their contact or employment information changes. The following plan outlines the procedure for conducting follow up.

- 1. Each student receives a follow-up email after graduating/leaving a Career Certificate Program. During the follow up contact, the student provides updated contact information, employment information, and feedback on program contents. Information gathered during the follow up contact is entered into MTC's student information system, FOCUS. Students are encouraged to visit the Student Services Department (Room #045), if they need employment assistance. Students having difficulty attaining or maintaining employment are strongly encouraged to visit the CareerSource CLM (Citrus Levy Marion) office for employment counseling and other employment services.
  - a. If Program Clerk is unable to contact a student via email, clerk follows up with a telephone call, and documents the attempts in FOCUS.

- 2. The Employer Follow-Up
  - The Program Managers contact employers via email and telephone requesting information regarding the level of satisfaction with the education that was received. The Program Managers record employer survey results in Cume Folder in FOCUS.
- 3. The information gathered from staff contact is maintained in the student information system, FOCUS.
- 4. Follow-Up results are maintained in FOCUS and used to generate the annual COE Completion,
  Placement and Licensure Report. MTC's COE Liaison generates the annual COE Completion, Placement
  and Licensure Report.
- 5. COE Completion, Placement and Licensure Report results are made available to MTC staff and faculty on MTC SharePoint when completed.
- 6. Council on Occupational Education's Completion, Placement, and Licensure Report is completed annually in March. The report containing the results of student and employer follow-up is made available annually to staff and faculty. The report is also on file in the administration office for review.

During the Accreditation Visit, the Accreditation Team will conduct a review of MTC's Follow-Up Process utilizing three forms developed by the Commission on Occupational Education (COE): COE Graduate- Completer Verification Form (Exhibit B), COE Placement Verification for Non-Graduate Completers Form, (Exhibit C) and COE Placement Verification for Graduate Completers Form (Exhibit D) and COE Licensure Examination Verification Form (Exhibit E).



# MARION TECHNICAL COLLEGE

1014 S.W. 7th Road | Ocala, Florida, 34471 | (352) 671-7200

# **Employer Follow Up Form**

Employee Name:		Last Four of SS# XXX-XX			
Employer/Company:	Phone #:				
Contact Person:					
Address:					
We need your assistance with the evaluation of ou				Program.	
Permission to contact you has been granted by					
Date Student Graduated:		Date Hired:			
Length of Employment		Date of License:			
Issuing Agency & Address:					
A. Vocational Training Evaluation Please rate the vocational training received by job. (Related to Entry Level)				en demonstrated on the	
Superior	r Good	Average	Poor		
A. Technical Knowledge					
B. Professional Ethics					
C. Programmatic Skills					
D. Problem Solving Skills					
E. Critical Thinking Skills					
F. Professionalism During Interview					
G. Professionalism on the Job					
H. Clinical Professional Skills					
B. <b>Relative Preparation</b> As a result of this person's vocational training, employees in his or her work group who receives	-		preparation in	relation to other	
Individual is better prepared	Both are ab	out the same			
	No basis for				
		•			
C. If and when the need arises, would you be williyesno	ing to hire addi	tional employe	es who comple	ete the same program:	
D. Is there any information that you feel would b	enefit our pro	gram that we h	ave not inquire	d about?	
E. Remarks:					
SIGNATURE OF RESPONDENT TITLE		D	)ATE		

# Exhibit B COE GRADUATE-COMPLETER VERIFICATION FORM

Instit	tution Name:		Date of Verification	1:
Team	n Member Verifying Data:			
Repo	orting Period of Data Being Verified:			
	This form is to be comple	eted by Visi	ting Teams during accreditat	ion visits.
Licen perces the prenter Stand that he corrappro	uctions: Please examine the institution's most currescure Form. This information will likely be located ntage of completers and request the documents for cogram completed, the date of graduation, a contact the confirmation information in the spaces provide lard Three: Program Outcomes, Verifying Student are or she is not a graduate, request an explanation fintacted, continue until you are able to contact five opriate boxes on the check sheet for Standard 3 and aution for the institution's permanent accreditates.	I in the exhibit regraduate control telephone in the delow or restriction from institution graduates. Utility the state finding	oits for Standard 3. Select one or ompleters only. Student files shown umber, and an address. Please vereference the <i>Policies and Rules at Data</i> for additional information on officials. Write as a finding the Jse and attach extra pages when	two programs reporting a high uld include the name of the graduate, rerify the graduation by telephone and of the Commission – 2022 Edition, n. If the individual contacted states he explanation. If the graduate cannot necessary. When finished, check the
1.	Name of Graduate:	Program:		Date Graduated:
	Graduate's Address: Graduate's Telephone No: Findings:		Confirmation: YES	NO
2.	Name of Graduate:	Program:		Date Graduated:
-	Graduate's Address:			
	Graduate's Telephone No: Findings:		Confirmation: YES	NO
3.				
	Name of Graduate:	Program:		Date Graduated:
	Graduate's Address: Graduate's Telephone No: Findings:		Confirmation: YES	NO
4.	N Contactor	Directions.		D C. 1
-	Name of Graduate: Graduate's Address:	Program:		Date Graduated:
	Graduate's Telephone No: Findings:		Confirmation: YES	NO
5.				
	Name of Graduate:	Program:		Date Graduated:
•	Graduate's Address:			
-	Graduate's Telephone No:		Confirmation: YES	NO
	Findings:			

# **Exhibit C**

# **COE PLACEMENT VERIFICATION FORM For Non-Graduate Completers**

	Date of Veri	ification:
mploted by Vicitin	a Toams during acc	croditation visits
st current COE Annua ated in the exhibits f ents supporting the act telephone numb ny contact number.	al Report and locate to standard 3. Select is placements for five er, the name of the elease verify the place	the Annual Completion, Placement, and one or two programs reporting a high e NON-GRADUATE completers. Student files mployer, the address of the employer, the tement by telephone and enter the
		kplanation. Use and attach extra pages when
boxes on the check s	sheets for Standard 3	and state findings, if any. IMPORTANT:
	ermanent accreditati	
Program:		Date Graduated (if applicable):
	Date Completer v	vas Hired:
Finding:		
Program:		Date Graduated (if applicable):
	Title:	
	Date Completer v	vas Hired:
Finding:		
Program:		Date Graduated (if applicable):
	Title:	
	Date Completer v	vas Hired:
Finding:		
Program:		Date Graduated (if applicable):
	Title:	
	Date Completer v	vas Hired:
Finding:	<u> </u>	
Program:		Date Graduated (if applicable):
<u>,                                    </u>		
	Title:	
	Date Completer v	vas Hired:
Finding:		
	mpleted by Visitinate current COE Annuated in the exhibits of the exhibits of the eact telephone number. The pelow or reference the event Data for actitution officials. We boxes on the check of the institution's part the institut	mpleted by Visiting Teams during act tourrent COE Annual Report and locate to ated in the exhibits for Standard 3. Select teents supporting these placements for five act telephone number, the name of the entry contact number. Please verify the place pelow or reference the Policies and Rules evement Data for additional information. Stitution officials. Write as a finding the exposses on the check sheets for Standard 3 for the institution's permanent accreditation and program:  Title:  Date Completer with Finding:  Title:  Date Completer with Finding:

# **Exhibit D**

# **COE LICENSURE EXAMINATION VERIFICATION FORM**

Instit	nstitution Name:Date of Ver			erification:		
Tean	n Member Verifying Data:					
Repo	orting Period of Data Being Verified: _					
Licen	This form is to be uctions: Please examine the institution's name is a refer to the institution of the likely be lending of pass rates on licensure examinate.	located in the exhibits for	al Report and loc or Standard 3. Se	ate the A elect one	Annual Completion, Placement, and error two programs reporting a high	
of the e the e agend Edition to the	sure examination pass rates for graduates e examination, the name of the agency iss examination pass score either by viewing o cy. Enter the confirmation information in son, Standard Three: Program Outcomes, View contacted official, request an explanation	suing the license, the ad official agency document the spaces provided belearifying Student Achieve on from institution official control of control official control official control of control	dress of the ager tation in the stud ow or reference ement Data for a als. Write as a fir	ncy, and dent's file the <i>Polic</i> dditiona nding the	an agency contact number. Please verify e or by telephone contact with the cies and Rules of the Commission – 2022 Il information. If the graduate is unknown e explanation. Use and attach extra pages	
	n necessary. When finished, check the app					
	se provide this document to the institutio	n for the institution's p	ermanent accre	ditation	file.	
1.	Name of Graduate:	Dио сиоти			Date Graduated:	
	Date of Licensure Issuance:	Program:	Iccuing Agen	277	Date Graduated:	
	Official Documents Confirming Lice	nca Issuanca in Fila:	Issuing Agend YES	NO	(If no, confirm directly.)	
	Address of Licensing Agency:	ilse issuance in file.	163	NO	(II no, commit directly.)	
	Telephone No:	Contact Person:			Title:	
	Findings:	Contact I cison.			Title.	
2.	i munigs.					
۷.	Name of Graduate:	Program:			Date Graduated:	
	Date of Licensure Issuance:	1 Togram.	Issuing Agen		Date Graduated.	
		ence Iccuance in File:	YES	NO	(If no, confirm directly.)	
	Official Documents Confirming License Issuance in File: Address of Licensing Agency:			NO	•	
	Telephone No:	Contact Person:			Title:	
	Findings:					
3.						
	Name of Graduate:	Program:			Date Graduated:	
	Date of Licensure Issuance:		Issuing Agend	cy:		
	Official Documents Confirming Lice Address of Licensing Agency:	nse Issuance in File:	YES	NO	(If no, confirm directly.)	
	Telephone No:	Contact Person:			Title:	
	Findings:					
4.						
•••	Name of Graduate:	Program:			Date Graduated:	
	Date of Licensure Issuance:		Issuing Agend	cv:		
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.) Address of Licensing Agency:				(If no, confirm directly.)		
	Telephone No:	Contact Person:			Title:	
	Findings:	Contact I Cison.			THE.	
5.	Timenigo.					
<i>J</i> .	Name of Graduate:	Program:			Date Graduated:	
	Date of Licensure Issuance:	110814111	Issuing Agend	ev:		
	Official Documents Confirming Lice	nse Issuance in File:	YES	NO	(If no, confirm directly.)	
	Address of Licensing Agency:	Control Di			T141a.	
	Telephone No:	Contact Person:			Title:	
	Findings:					

# Exhibit E

# **COE LICENSURE EXAMINATION VERIFICATION FORM**

Institu	tion Name:	Γ	Date of Verification	n:	
Team l	Member Verifying Data:				
Report	ing Period of Data Being Verified:				
	This form is to be	completed by Westing	. Taoma durina a	oomoditot	ina vinia
Licens percen licensus the examine Enter to Standa contact necessions.	This form is to be ctions: Please examine the institution's mure Form. This information will likely be tage of pass rates on licensure examination are examination pass rates for graduates of amination, the name of the agency issuing nation pass score either by viewing official he confirmation information in the spaces and Three: Program Outcomes, Verifying atted official, request an explanation from it ary. When finished, check the appropriate provide this document to the institution	located in the exhibits ns required for employ aly. Student files should the license, the address al agency documentation provided below or refestudent Achievement Destitution officials. Write boxes on the check she	al Report and loca for Standard 3. Sel ment in the field. I d include the name s of the agency, an in the student's ference the <i>Policies</i> ata for additional in te as a finding the eets for Standard 3	te the Antect one of Request to of the grad an ager and Rule information and states and states and states and states and states and states are considered as a states ar	mual Completion, Placement, and or two programs reporting a high he documents supporting these raduate, the date and passing score of acy contact number. Please verify the telephone contact with the agency. es of the Commission – 2022 Edition, on. If the graduate is unknown to the ion. Use and attach extra pages when e findings, if any. <b>IMPORTANT:</b>
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	Date of Licensure Issuance:	Y . Y . Y . Y . Y . Y . Y . Y . Y . Y .	Issuing Agency		TC C: 1: 1
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	Telephone No:	Contact Person:			Title:
	Findings:				
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<u> </u>	Date of Licensure Issuance:	Y ' 1711	Issuing Agency		TC (' 1' 1
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3.					
_	Name of Graduate:	Program:	T = - :		Date Graduated:
	Date of Licensure Issuance:		Issuing Agency		
	Official Documents Confirming Licer	ise Issuance in File:	YES	NO (	If no, confirm directly.)
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Official Documents Confirming License Issuance in File: Address of Licensing Agency:					If no, confirm directly.)
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5.	Č				
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	Date of Licensure Issuance:	, 5	Issuing Agency	7:	
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