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: _____   Fax#: _____
Address: _____
We need your assistance with the evaluation of our _____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 the individual in the following areas as has been demonstrated on the job. (Related to Entry Level)

	Superior	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. **Relative Preparation**
As a result of this person's vocational training, how would you rate his or her preparation in relation to other employees in his or her work group who received training elsewhere?

_____Individual is better prepared   _____Both are about the same
_____Individual is not as prepared   _____No basis for comparison

C. **If and when the need arises, would you be willing to hire additional employees who complete the same program:**
_____yes   _____no

D. **Is there any information that you feel would benefit our program that we have not inquired about?**
_____
_____

E. **Remarks:**
_____
_____

SIGNATURE OF RESPONDENT   TITLE   DATE

COE GRADUATE-COMPLETER VERIFICATION FORM

Institution Name: _____ Date of Verification: _____

Team Member Verifying Data: _____

Reporting Period of Data Being Verified: _____

<mark>**This form is to be completed by Visiting Teams during accreditation visits.**</mark>

Instructions: Please examine the institution's most current COE Annual Report and locate the Annual Completion, Placement, and Licensure Form. This information will likely be located in the exhibits for Standard 3. Select one or two programs reporting a high percentage of completers and request the documents for graduate completers only. Student files should include the name of the graduate, the program completed, the date of graduation, a contact telephone number, and an address. Please verify the graduation by telephone and enter the confirmation information in the spaces provided below or reference the *Policies and Rules of the Commission – 2022 Edition, Standard Three: Program Outcomes, Verifying Student Achievement Data* for additional information. If the individual contacted states that he or she is not a graduate, request an explanation from institution officials. Write as a finding the explanation. If the graduate cannot be contacted, continue until you are able to contact five graduates. Use and attach extra pages when necessary. When finished, check the appropriate boxes on the check sheet for Standard 3 and state findings, if any. **IMPORTANT: <mark>Please provide this document to the institution for the institution's permanent accreditation file.</mark>**

1.

Name of Graduate:		Program:		Date Graduated:
Graduate's Address:				
Graduate's Telephone No:		Confirmation:	YES	NO
Findings:				

2.

Name of Graduate:		Program:		Date Graduated:
Graduate's Address:				
Graduate's Telephone No:		Confirmation:	YES	NO
Findings:				

3.

Name of Graduate:		Program:		Date Graduated:
Graduate's Address:				
Graduate's Telephone No:		Confirmation:	YES	NO
Findings:				

4.

Name of Graduate:		Program:		Date Graduated:
Graduate's Address:				
Graduate's Telephone No:		Confirmation:	YES	NO
Findings:				

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 <u>Non-Graduate</u> Completers

Institution Name: _____ Date of Verification: _____

Team Member Verifying Data: _____

Reporting Period of Data Being Verified: _____

This form is to be completed by Visiting Teams during accreditation visits.

Instructions: Please examine the institution's most current COE Annual Report and locate the Annual Completion, Placement, and Licensure Form. This information will likely be located in the exhibits for Standard 3. Select one or two programs reporting a high percentage of placements and request the documents supporting these placements <u>for five NON-GRADUATE completers</u>. Student files should include the name of the completer, a contact telephone number, the name of the employer, the address of the employer, the name of the completer's supervisor, and a company contact number. Please verify the placement by telephone and enter the confirmation information in the spaces provided below or reference the *Policies and Rules of the Commission – 2022 Edition, Standard Three: Program Outcomes, Verifying Student Achievement Data* for additional information. If the completer is unknown to the contacted official, request an explanation from institution officials. Write as a finding the explanation. Use and attach extra pages when necessary. When finished, check the appropriate boxes on the check sheets for Standard 3 and state findings, if any. **IMPORTANT:** Please provide this document to the institution for the institution's permanent accreditation file.

Name of Completer:	Program:	Date Graduated (if applicable):
Employer (Company):		
Employer's Address (Town, State):		
Contact's Name:	Title:	
Telephone No:	Date Completer was Hired:	
Length of Employment:	Finding:	

Name of Completer:	Program:	Date Graduated (if applicable):
Employer (Company):		
Employer's Address (Town, State):		
Contact's Name:	Title:	
Telephone No:	Date Completer was Hired:	
Length of Employment:	Finding:	

Name of Completer:	Program:	Date Graduated (if applicable):
Employer (Company):		
Employer's Address (Town, State):		
Contact's Name:	Title:	
Telephone No:	Date Completer was Hired:	
Length of Employment:	Finding:	

Name of Completer:	Program:	Date Graduated (if applicable):
Employer (Company):		
Employer's Address (Town, State):		
Contact's Name:	Title:	
Telephone No:	Date Completer was Hired:	
Length of Employment:	Finding:	

Name of Completer:	Program:	Date Graduated (if applicable):
Employer (Company):		
Employer's Address (Town, State):		
Contact's Name:	Title:	
Telephone No:	Date Completer was Hired:	
Length of Employment:	Finding:	

Exhibit D
COE LICENSURE EXAMINATION VERIFICATION FORM

Institution Name: _____ Date of Verification: _____

Team Member Verifying Data: _____

Reporting Period of Data Being Verified: _____

This form is to be completed by Visiting Teams during accreditation visits.

Instructions: Please examine the institution's most current COE Annual Report and locate the Annual Completion, Placement, and Licensure Form. This information will likely be located in the exhibits for Standard 3. Select one or two programs reporting a high percentage of pass rates on licensure examinations required for employment in the field. Request the documents supporting these licensure examination pass rates for graduates only. Student files should include the name of the graduate, the date and passing score of the examination, the name of the agency issuing the license, the address of the agency, and an agency contact number. Please verify the examination pass score either by viewing official agency documentation in the student's file or by telephone contact with the agency. Enter the confirmation information in the spaces provided below or reference the *Policies and Rules of the Commission – 2022 Edition, Standard Three: Program Outcomes, Verifying Student Achievement Data* for additional information. If the graduate is unknown to the contacted official, request an explanation from institution officials. Write as a finding the explanation. Use and attach extra pages when necessary. When finished, check the appropriate boxes on the check sheets for Standard 3 and state findings, if any. **IMPORTANT: Please provide this document to the institution for the institution's permanent accreditation file.**

1.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

2.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

3.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

4.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

5.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

COE LICENSURE EXAMINATION VERIFICATION FORM

Institution Name: _____ Date of Verification: _____

Team Member Verifying Data: _____

Reporting Period of Data Being Verified: _____

<mark>This form is to be completed by Visiting Teams during accreditation visits.</mark>

Instructions: Please examine the institution's most current COE Annual Report and locate the Annual Completion, Placement, and Licensure Form. This information will likely be located in the exhibits for Standard 3. Select one or two programs reporting a high percentage of pass rates on licensure examinations required for employment in the field. Request the documents supporting these licensure examination pass rates <u>for graduates only</u>. Student files should include the name of the graduate, the date and passing score of the examination, the name of the agency issuing the license, the address of the agency, and an agency contact number. Please verify the examination pass score either by viewing official agency documentation in the student's file or by telephone contact with the agency. Enter the confirmation information in the spaces provided below or reference the *Policies and Rules of the Commission – 2022 Edition, Standard Three: Program Outcomes, Verifying Student Achievement Data* for additional information. If the graduate is unknown to the contacted official, request an explanation from institution officials. Write as a finding the explanation. Use and attach extra pages when necessary. When finished, check the appropriate boxes on the check sheets for Standard 3 and state findings, if any. **IMPORTANT:** <mark>Please provide this document to the institution for the institution's permanent accreditation file.</mark>

1.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

2.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

3.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

4.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			

5.

Name of Graduate:	Program:		Date Graduated:
Date of Licensure Issuance:		Issuing Agency:	
Official Documents Confirming License Issuance in File: YES NO (If no, confirm directly.)			
Address of Licensing Agency:			
Telephone No:	Contact Person:		Title:
Findings:			