

career direction² feedback sheet

Please assist us by providing your feedback so we can continue to provide the best possible material and instruction to future students.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: (_____) _____ E-mail: _____

High School Graduation Year: _____

• **What are your plans AFTER graduation? (mark all that apply)**

- ☐ Enter technical college or trade school ☐ Work full-time ☐ Work part-time
- ☐ Enter the military ☐ Go to college
- ☐ I already have enough money to pay for my education/training.
- ☐ I am counting on my parents to come up with all the money for my education/training.
- ☐ I need to consider sources of financial aid, scholarships, etc., that may be available.

• **Which subjects covered were the most beneficial to you?**

- ☐ Priorities ☐ Personality ☐ Career interests ☐ Perceived skills
- ☐ Education sources ☐ Financial aid ☐ Resumes/letters ☐ Job application
- ☐ Interview strategies ☐ Business etiquette ☐ Decision-making

• **Did you learn more about yourself and the types of careers that are right for you?** ☐ Yes ☐ No

• **Do you feel better prepared to make important career decisions?** ☐ Yes ☐ No

• **Do you feel better prepared to present yourself to a prospective employer?** ☐ Yes ☐ No

Comments _____

☐ **I would like information about the National Guard.**

All information provided is protected by the Privacy Act of 1974 and is provided only to the Army National Guard as the sponsor of the CD2 program.