EMPLOYER QUESTIONNAIRE AND PROGRAM OVERVIEW

A. **To be completed by the ACCET accredited institution:**

   Name of responding company:
   Address:

   Type of business:
   Name of evaluator:
   Title:
   Phone number:
   Email:

   Name of accredited institution:
   Address:

   ACCET ID:
   Name of program:
   Name of contact person:
   Title:
   Phone number:
   Email:

   **Program Overview:** A program description is to be attached to the questionnaire by the accredited institution to include:
   1. Program objectives;
   2. A program outline listing all courses or major subjects and the number of clock hours and/or credit hours of each;
   3. Course descriptions, if applicable; and
   4. A listing of positions/job titles for which graduates of the program may qualify.

B. **To be Completed by Company Representative:**

   The institution listed on this questionnaire is developing/revising a program of study to prepare graduates for employment in your industry/field. You have been selected to provide an employer's perspective on the quality and relevance of the attached program curriculum. **This is not a contract and in no way commits your organization to hiring graduates of the institution.**

   1. Is the attached curriculum for this program sufficient in content and length to provide the knowledge and skills necessary to prepare graduates for employment in the industry/field?
      Yes □ No □

      If no, please explain:
2. Please identify any additions, modifications, and/or deletions to the content or length of the program that would make graduates better qualified and marketable?

3. Are there any other requirements (e.g. certification, licensure, additional training, externship, prior work experience) graduates of the proposed program must meet to qualify for employment? Yes ☐ No ☐

   If yes, please identify the requirement(s):

4. How would you describe the projected unmet demand for graduates of this program in your local area in the next 12 months?

   ☐ High demand ☐ Moderate demand ☐ Low demand ☐ No demand

5. From the attached list provided by the educational institution, check (✓) all positions/job titles that align with the proposed program and require the set of skills being taught in this program. Add any additional positions/job titles for which graduates of the program may qualify.

   Printed Name of Company Representative

   Date

   Signature of Company Representative