**Employer Needs Survey Form**

**Institutional Summary**

**(Please compile the data from each Employer Needs Survey and submit the data on this Summary Form. Return the summary form and a copy of each survey form to ADHE with your program proposal.)**

**Proposed Degree/Certificate Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (person completing this form)

List names of employers responding to survey

List current job titles for the proposed degree/certificate program

List the degree/certificate required for each job title

Indicate number of current positions for each job title

Indicate number of future positions for each job title

Indicate salary for each job title

Indicate number of employers who gave preference for:

on-line/distance technology\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

evenings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

weekends\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at company site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate any type of support employers will give for support of the proposed degree/certificate program

Summarize the skills needed for employment in the positions listed

Summarize any additional information provided by prospective employers