Form #10-SS
Revised 1/10

SUMMARY OF SECONDARY STUDENT CONCENTRATOR GRADUATE FOLLOW-UP REPORT

A. GENERAL INFORMATION

NAME OF SCHOOL OR INSTITUTION	DISTRICT NO.	SCHOOL NO.	GRADUATION YEAR

THIS FORM IS TO BE COMPLETED AND SUBMITTED ELECTRONICALLY BY THE ADMINISTRATOR DESIGNATED TO APPROVE ALL OF THE PROFESSIONAL-TECHNICAL FORMS SUBMITTED ONLINE. PLEASE SUMMARIZE CONCENTRATRATOR GRADUATE DATA FOR ALL PROGRAMS IN THE SCHOOL ON ONE FORM. THE ***DATA FOR THIS FORM SHOULD BE TAKEN FROM THE FORM 10S*** AND SHOULD REFLECT THE STATUS OF LAST YEAR'S PROGRAM CONCENTRATOR GRADUATES AS OF DECEMBER/JANUARY OF THE CURRENT YEAR. (PLEASE SEE THE CONCENTRATOR DEFINITION ON THE FORM 10S AND 10SS INSTRUCTIONS.)

B. PROGRAMS					C. FOLLOW-UP STATUS (Each student should be counted in one column only - see instructions)																	
							EMPLOYED IN A FIELD				PURSUING ADDITIONAL EDUCATION											
									NOT RELATED TO TRNG, NOT PURSUING ADD'L EDUC						SEEKING EMPLOYMENT (NOT WORKING, NOT PURSUING ADD'L EDUC)		NOT IN LABOR FORCE (NOT SEEKNG EMPLOYMENT OR PURSUING ADD'L EDUC)					
PROGRAM TITLE	PROGRAM ID #	CIP CODE	**TOTAL NUMBER OF CONCENTRATORS**		MILITARY SERVICE FULL-TIME		RELATED TO TRAINING				PROFESSIONAL-TECHNICAL		ACADEMIC						STATUS UNKNOWN		DECEASED	
			M	**F**	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
TOTALS - ALL COLUMNS																						

D. SIGNATURES

PROFESSIONAL-TECHNICAL ONLINE ADMINISTRATOR	DATE	SCHOOL ADMINISTRATOR	DATE