**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.