

TRAINING GRANT GRADUATE FOLLOW-UP

Date of Survey: _____ **Card#:** _____ **Address:** _____

Name of Graduate: _____ **Group Name:** _____

Type of Business/Skill: _____ **Graduation Date:** _____

Animator: _____ **Supervisor:** _____

Months since disbursement: One _____ **Three** _____ **Six** _____ **Other (specify #)** _____

- | | |
|---|---|
| <p>1. Have you continued your Business/Activity since disbursement?</p> <p>2. If no, why? (Check one)
 * Sold my materials.....
 * Materials were stolen.....
 * Awaiting repatriation.....
 * Going to school or voc. institute
 * Other: _____</p> <p>3. Have you done any production since disbursement?</p> <p>4. How much did you earn in the past week _____ or month _____?
 * 10,000 gnf or less _____
 * 11,000 gnf to 30,000 gnf _____
 * 31,000 gnf to 50,000 gnf _____
 * Over 50,000 gnf _____</p> <p>5. Have you purchased any additional materials?</p> <p>6. What else have you used your profits for? *Food _____
 *Clothes _____ *Medicine _____
 *Children's Sch _____ *Other _____</p> | <p>7. What were you doing to earn money before coming to ARC/CSI?
 *Small business__ *Farming____
 *Office work____ *Nothing____
 *Other_____</p> <p>8. What are you doing now to earn money?</p> <p>9. Will you continue to use your acquired skill to earn money?</p> <p>10. What three things did you like best about your skill training with CSI?</p> <p>11. What three things did you like least about skill training?</p> |
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Signature of Interviewer:

Signature of Beneficiary

INTERVIEWER COMMENTS: