GRADUATE SURVEY

ACADEMIC PROGRAM: ____________________________________________________________

CITY/STATE: ________________________________________________________________

This survey is designed to help the Program faculty determine the strengths and areas for improvement. All data will be kept confidential and will be used for Program evaluation purposes only.

Please check (✓) the category or categories that reflect(s) your status at the time of this survey:

_____ Employed in a health-related job (Circle either): Full-time OR Part-time

_____ Employed in a non-health related job (Circle either): Full-time OR Part-time

_____ Not Employed at this time and/or attending College toward another degree

_____ Other (please explain): ____________________________________________________

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

4 = Strongly Agree 3 = Generally Agree 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. THE PROGRAM:

1. Helped me acquire the knowledge necessary for my job. 4 3 2 1 N/A

2. Prepared me to use sound judgment while functioning in my job. 4 3 2 1 N/A

3. Enabled me to think critically, solve problems, and develop appropriate action steps. 4 3 2 1 N/A

4. Prepared me to communicate effectively within my work setting. 4 3 2 1 N/A

5. Prepared me to conduct myself in an ethical and professional manner. 4 3 2 1 N/A

B. OVERALL RATING:

1. My OVERALL academic experience met my expectations. 4 3 2 1 N/A
2. What two suggestions would further strengthen the Program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What knowledge or skills were expected of you upon employment that was not included in the Program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Please provide comments and suggestions that would help to better prepare future graduates.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

BACKGROUND INFORMATION:
Job Title: ________________________________________________________________
Employer: ______________________________________________________________

Name of Graduate: __________________________ Today’s Date ________________

Please return this questionnaire to the address below. Thank you for your responses