

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