



STUDENT GROUP SUMMARY HEALTH CAREER OUTREACH K-POST SECONDARY

Form C

AHEC is required to report general demographic information about participants in the categories below. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly. This form may be sent to the school in advance to obtain information on the student diversity.

PROGRAM INFORMATION

Program Title:	Program Date:	Program Length/Total Hours:
Host Organization Name:		
Host Organization Address:		
City:	State:	Zip code:
Host Organization Address:		
Preceptor Info: (# of Preceptors, Name &/or contact info, primary discipline if available.)		

PARTICIPANT INFORMATION

Total Attendees:	Total Male Attendees:	Total Female Attendees:
Race/Ethnicity:		Education Level:
<u>Total Males</u>	<u>Total Females</u>	
<input type="text"/>	<input type="text"/>	
	American Indian or Alaskan Native	
<input type="text"/>	<input type="text"/>	<u># Attendees</u>
	Asian: underrepresented (i.e., Cambodia, Malaysia, Pakistan, Vietnam)	<u>Grade Level</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Asian: Non-underrepresented (i.e., China, Philippine, Japan, Korea, India, Thailand)	K-8 grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Black or African American	9-12 Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hispanic or Latino	College
<input type="text"/>	<input type="text"/>	
	Native Hawaiian or Other Pacific Islander	
<input type="text"/>	<input type="text"/>	
	White– Non Disadvantaged	
<input type="text"/>	<input type="text"/>	
	White – Disadvantaged	
<input type="text"/>	<input type="text"/>	
	More Than One Race	

FOR OFFICE USE ONLY

Host Information	
Site Type: <input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown <input type="checkbox"/> Medical School <input type="checkbox"/> Health Professions School	
Reviewing AHEC Staff Member:	Date:
Data Entry:	Date: