

**Student Evaluation: Post-Assessment**  
**(High School Students)**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

**Please check the careers below that interest you:**

<input type="checkbox"/>	1. Non-health career: _____	<input type="checkbox"/>	22. Occupational therapist
<input type="checkbox"/>	2. Audiologist/hearing specialist	<input type="checkbox"/>	23. Occupational therapy assistant
<input type="checkbox"/>	3. Cardiovascular technologist	<input type="checkbox"/>	24. Optometrist/eye doctor
<input type="checkbox"/>	4. Certified Nurse Assistant	<input type="checkbox"/>	25. Orthopedic surgeon
<input type="checkbox"/>	5. Chiropractor	<input type="checkbox"/>	26. Pharmacist
<input type="checkbox"/>	6. Dental hygienist	<input type="checkbox"/>	27. Pharmacologist
<input type="checkbox"/>	7. Dental laboratory technician	<input type="checkbox"/>	28. Physical therapist
<input type="checkbox"/>	8. Dentist	<input type="checkbox"/>	29. Physician (M.D. or D.O.)
<input type="checkbox"/>	9. Dermatologist	<input type="checkbox"/>	30. Physician assistant
<input type="checkbox"/>	10. Dietitian	<input type="checkbox"/>	31. Podiatrist
<input type="checkbox"/>	11. Emergency Medicine Technician (EMT)/Paramedic	<input type="checkbox"/>	32. Psychologist – mental health
<input type="checkbox"/>	12. Forensic scientist	<input type="checkbox"/>	33. Radiation therapist
<input type="checkbox"/>	13. Geriatric specialist	<input type="checkbox"/>	34. Radiology or ultrasound technologist
<input type="checkbox"/>	14. Health administrator	<input type="checkbox"/>	35. Registered Nurse
<input type="checkbox"/>	15. Health educator	<input type="checkbox"/>	36. Social worker
<input type="checkbox"/>	16. Health/Medical information technologist	<input type="checkbox"/>	37. Speech therapist
<input type="checkbox"/>	17. Medical illustrator	<input type="checkbox"/>	38. Sports medicine specialist
<input type="checkbox"/>	18. Medical laboratory technician	<input type="checkbox"/>	39. None
<input type="checkbox"/>	19. Neurologist	<input type="checkbox"/>	40. Other interests or ideas:
<input type="checkbox"/>	20. Nuclear medicine technologist		
<input type="checkbox"/>	21. Nurse Practitioner		

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Student Name: \_\_\_\_\_

Before [*Specific Program*] we asked about what you already know and would like to know about jobs in health care. Now we would like to know what have you learned? You may write about what you have learned in the space below:

How would you rate this program? (Please circle the number corresponding to your answer)

	Strongly Agree 1	Agree 2	Neither Agree nor Disagree 3	Disagree 4	Strongly Disagree 5	Comments
The program met my personal objectives.	1	2	3	4	5	
I gained new/additional information on opportunities in health care.	1	2	3	4	5	
As a result of this experience I am considering pursuing a health career.	1	2	3	4	5	
I would consider working at the facility where I attended this program someday.	1	2	3	4	5	
I would recommend this program to others.	1	2	3	4	5	

	Yes	No	
Did you enjoy this experience?	1	2	If yes, what did you enjoy most?  If no, what did you dislike?
Did you feel you learned about different health topics?	1	2	If yes, which health topics(s) did you learn the most about?
Would you like to see additional topics next year?	1	2	If yes, which topics?
Would you change anything about the program?	1	2	If yes, what?

Student Name: \_\_\_\_\_

How can we help meet your needs and expectations as you plan your future career?

<input type="checkbox"/> Additional programs on career opportunities in health care	<input type="checkbox"/> Copy (or CD) of a career guide
<input type="checkbox"/> Information on colleges	<input type="checkbox"/> A summer work experience in health care
<input type="checkbox"/> Information on what courses to take while still in high school	<input type="checkbox"/> Other. Please explain: