

Student Evaluation: Post-Assessment
(Middle School Students)

Name: _____

Date: _____

Grade: _____

Please check the careers below that interest you:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Non-health career: _____ |
| <input type="checkbox"/> | 2. Audiologist/hearing specialist |
| <input type="checkbox"/> | 3. Cardiovascular technologist |
| <input type="checkbox"/> | 4. Certified Nurse Assistant |
| <input type="checkbox"/> | 5. Chiropractor |
| <input type="checkbox"/> | 6. Dental hygienist |
| <input type="checkbox"/> | 7. Dental laboratory technician |
| <input type="checkbox"/> | 8. Dentist |
| <input type="checkbox"/> | 9. Dermatologist |
| <input type="checkbox"/> | 10. Dietitian |
| <input type="checkbox"/> | 11. Emergency Medicine Technician (EMT)/Paramedic |
| <input type="checkbox"/> | 12. Forensic scientist |
| <input type="checkbox"/> | 13. Geriatric specialist |
| <input type="checkbox"/> | 14. Health administrator |
| <input type="checkbox"/> | 15. Health educator |
| <input type="checkbox"/> | 16. Health/Medical information technologist |
| <input type="checkbox"/> | 17. Medical illustrator |
| <input type="checkbox"/> | 18. Medical laboratory technician |
| <input type="checkbox"/> | 19. Neurologist |
| <input type="checkbox"/> | 20. Nuclear medicine technologist |
| <input type="checkbox"/> | 21. Nurse Practitioner |

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 22. Occupational therapist |
| <input type="checkbox"/> | 23. Occupational therapy assistant |
| <input type="checkbox"/> | 24. Optometrist/eye doctor |
| <input type="checkbox"/> | 25. Orthopedic surgeon |
| <input type="checkbox"/> | 26. Pharmacist |
| <input type="checkbox"/> | 27. Pharmacologist |
| <input type="checkbox"/> | 28. Physical therapist |
| <input type="checkbox"/> | 29. Physician (M.D. or D.O.) |
| <input type="checkbox"/> | 30. Physician assistant |
| <input type="checkbox"/> | 31. Podiatrist |
| <input type="checkbox"/> | 32. Psychologist – mental health |
| <input type="checkbox"/> | 33. Radiation therapist |
| <input type="checkbox"/> | 34. Radiology or ultrasound technologist |
| <input type="checkbox"/> | 35. Registered Nurse |
| <input type="checkbox"/> | 36. Social worker |
| <input type="checkbox"/> | 37. Speech therapist |
| <input type="checkbox"/> | 38. Sports medicine specialist |
| <input type="checkbox"/> | 39. None |
| <input type="checkbox"/> | 40. Other interests or ideas: |

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:

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How would you rate [*Specific 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
I found the activities/presentations interesting.	1	2	3	4	5	
I learned a lot about health care professions.	1	2	3	4	5	
The activities and presentations are helpful to someone thinking about working in the health care field.	1	2	3	4	5	
After this experience, I am more interested in working in a health care field.	1	2	3	4	5	
I would recommend this camp to others.	1	2	3	4	5	

Name: _____

	Yes	No	
Are there things that you liked about [<i>Specific Program</i>]?	1	2	If yes, what:
Are there things that you did not like about [<i>Specific Program</i>]?	1	2	If yes, what:
Do you have some ideas to improve [<i>Specific Program</i>] next year? (For example: time of year held, program, hands-on activities etc.)?	1	2	If yes, what:

How can we help you to plan your future?

<input type="checkbox"/> More programs on health care professions	<input type="checkbox"/> Information on colleges
<input type="checkbox"/> A copy (or CD) of a career guide	<input type="checkbox"/> Other. Please explain:
<input type="checkbox"/> Information on what courses to take in high school	