

Student Evaluation: Pre-Assessment
(Middle School Students)

Student 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: |

Student Name: _____

Here is an opportunity for you to brainstorm about what you already know and what you would like to know about jobs in health care. You may write your ideas or questions in the boxes below.

What I know	What I Want to Know