

ARC/STSA
GRADUATE SURVEY for Surgical Technology Education

Date _____

Name of Surgical Technology program _____

Name of graduate _____

Date of graduation _____

Place of employment _____

Are you certified? Yes No

If yes, what is the date of your certification _____

Are you continuing your education? Yes No

If yes, what institution are you attending _____

What degree are you working toward? _____

Please rate the following items according to this scale:

5 = Strongly Agree, 4 = Agree, 3 = Somewhat Agree, 2 = Disagree, 1 = Strongly Disagree

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|--|---|---|---|---|---|
| 1. The didactic portion of the program adequately prepared me for my present position. | 1 | 2 | 3 | 4 | 5 |
| 2. The clinical portion of the program adequately prepared me for my present position. | 1 | 2 | 3 | 4 | 5 |
| 3. The program adequately prepared me for the certification exam. | 1 | 2 | 3 | 4 | 5 |
| 4. Program officials were available for assistance. | 1 | 2 | 3 | 4 | 5 |
| 5. Program officials were sensitive to student needs, and treated students equally and with respect. | 1 | 2 | 3 | 4 | 5 |
| 6. Program officials were supportive of the students, and provided constructive evaluations. | 1 | 2 | 3 | 4 | 5 |
| 7. Program officials were competent, knowledgeable, and well-prepared for instruction. Questions and independent thinking were encouraged. | 1 | 2 | 3 | 4 | 5 |
| 8. Program policies and procedures were clearly defined and enforced. | 1 | 2 | 3 | 4 | 5 |

9. What do you feel were the strengths of the program? _____

10. What do you feel were the weaknesses of the program? _____

11. If you could make changes in the program, what would you change? _____

12. What portions of the program would you keep, and why? _____

13. General Comments About Your Education _____

Signature of Graduate _____