

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

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 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 \_\_\_\_\_