**INSTRUCTIONS:** The primary goal of an educational program is to prepare graduates to function as competent Allied Ophthalmic Personnel (AOP). This survey is designed to help the program faculty determine the strengths and areas for improvement for our program. Data will be used for program evaluation purposes. *We request that this survey be completed by the graduate’s immediate supervisor.*

Consider each item separately and rate each item independently of all others. Choose the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select “Not Applicable” if you do not know about a particular area, or it does not apply.

***Thank you in advance for completing this survey.***

**Icon Key**

1. **Check Box:** Click on the check box to mark your rating choice (will appear ).
2. Click or tap here to enter text. **Text Area:** This is used to enter text into a field; click the words to start entering in text. This area will expand as you include more text.
3. Choose an item. **Dropdown Area:** This is used to select a predetermined answer from the dropdown menu; click the words and choose the appropriate answer.
4. Click or tap to enter a date. **Date Area:** This is used to select a date; click the words and choose the appropriate date you completed the survey.

**Please rate each of the following items by choosing the appropriate rating according to the following scale:**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Graduate: | Click or tap here to enter text. | Institution Name: | Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Length of employment at time of evaluation: | Choose an item. | years and | Choose an item. | months. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What credentials as an employer do you require of your Allied Ophthalmic Personnel? *(Select all that apply)* | | | | |
| COA | COT | COMT | CDOS | ROUB |
| OSA | OSC | CCOA | Other *(specify):* | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **1.** | **Knowledge Base *(Cognitive Domain)*** | | | | | | |
|  | **The graduate:** | | | | | | |
|  | A. | Has the ophthalmic knowledge necessary to function in a health care setting |  |  |  |  |  |
|  | B. | Has the general medical knowledge necessary to function in a health care setting |  |  |  |  |  |
|  | C. | Is able to collect data from charts and patients |  |  |  |  |  |
|  | D. | Is able to interpret patient data |  |  |  |  |  |
|  | E. | Is able to recommend appropriate diagnostic and therapeutic procedures |  |  |  |  |  |
|  | F. | Uses sound judgment while functioning in a health care setting |  |  |  |  |  |

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| --- | --- |
| Please provide any comments on your ratings: | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **2.** | **Clinical Proficiency *(Psychomotor Domain)*** | | | | | | |
|  | **The graduate:** | | | | | | |
|  | A. | Effectively performs a broad range of clinical skills |  |  |  |  |  |
|  | B. | Possesses the skills to perform patient assessment |  |  |  |  |  |
|  | C. | Is able to perform current ophthalmic procedures and modalities |  |  |  |  |  |
|  | D. | Is able to perform and interpret diagnostic procedures |  |  |  |  |  |

|  |  |
| --- | --- |
| Please provide any comments on your ratings: | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **3.** | **Behavioral Skills *(Affective Domain)*** | | | | | | |
|  | **The graduate:** | | | | | | |
|  | A. | Communicates effectively within a health care setting |  |  |  |  |  |
|  | B. | Conducts himself/herself in an ethical and professional manner |  |  |  |  |  |
|  | C. | Functions effectively as a member of the health care team |  |  |  |  |  |
|  | D. | Accepts supervision and works effectively with supervisory personnel |  |  |  |  |  |
|  | E. | Is self-directed and responsible for his/her actions |  |  |  |  |  |

|  |  |
| --- | --- |
| Please provide any comments on your ratings: | Click or tap here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4.** | **Overall Rating** | **Very Good** | **Good** | **Poor** | **Very Poor** | **Not Applicable** |
|  | Please rate and comment on the **OVERALL** quality of this graduate |  |  |  |  |  |

|  |  |
| --- | --- |
| Comments: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **5.** | **Additional Comments** |

What qualities or skills (if any) did you expect of the graduate upon employment that he/she did not possess?

|  |
| --- |
| Click or tap here to enter text. |

Please provide comments and suggestions that would help this program to better prepare future graduates.

|  |
| --- |
| Click or tap here to enter text. |

What are strengths of the graduate(s) of this program?

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| If given the opportunity, would you hire another graduate from this program? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Signature | Title | Date |