**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.

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 if 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. 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.
4. 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.

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

Strongly Agree

Agree

Disagree

Strongly Disagree

Not Applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Graduate: | Click or tap here to enter text. | Date Completed: | Click or tap to enter a date. |  |  |

|  |  |
| --- | --- |
| 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. |

|  |  |  |
| --- | --- | --- |
| Level of program attended: | Non-Clinical Assistant | Clinical Assistant |
|  | Technician | Medical Technologist |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Credential(s): | 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 program helped/prepared me:** | | | | | | |
|  | A. | Acquire the ophthalmic care knowledge necessary to function in a health care setting |  |  |  |  |  |
|  | B. | Acquire the general medical knowledge base necessary to function in a health care setting |  |  |  |  |  |
|  | C. | To collect data from charts and patients |  |  |  |  |  |
|  | D. | To interpret patient data |  |  |  |  |  |
|  | E. | To evaluate findings in order to perform appropriate procedures |  |  |  |  |  |
|  | F. | To use sound judgment while functioning in a health care setting |  |  |  |  |  |

|  |  |
| --- | --- |
| 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 program prepared me:** | | | | | | |
|  | A. | To perform a broad range of skills |  |  |  |  |  |
|  | B. | With the skills to perform patient assessment |  |  |  |  |  |
|  | C. | To perform up-to-date ophthalmic procedures |  |  |  |  |  |
|  | D. | 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 program prepared me to:** | | | | | | |
|  | A. | Communicate effectively within a health care setting |  |  |  |  |  |
|  | B. | Conduct myself in an ethical and professional manner |  |  |  |  |  |
|  | C. | Manage my time efficiently while functioning in a health care setting |  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | **Yes** | **No** |
| **4.** | **General Information *(Select Yes or No)*** | | | |
|  | A. | I have actively pursued attaining my credentials |  |  |
|  | B. | I am a member of a state/local ophthalmic professional association |  |  |
|  | C. | I am a member of a national ophthalmic professional association |  |  |
|  | D. | I actively participate in continuing education activities |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5.** | **Overall Rating of the Program** | **Very Good** | **Good** | **Poor** | **Very Poor** | **Not Applicable** |
|  | Please rate comment on the **OVERALL** quality and your preparation as an  **ENTRY-LEVEL** Allied Ophthalmic Personnel (AOP) |  |  |  |  |  |

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

|  |  |
| --- | --- |
| **6.** | **Additional Comments** |

Based on your work experience, please identify several strengths of the program.

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

Based on your work experience, please make several suggestions to further strengthen the program.

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

What qualities/skills (if any) were expected of you upon employment that were not included in the program?

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

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

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