

**Cleveland Clinic Office of Civic Education Initiatives
 Career Experience (Shadowing) Program
 Student Evaluation of Program**

Please take a few minutes to complete and return this evaluation form. This will provide valuable feedback not only to the program but to the mentors as well.

Today's Date _____

Your Name _____

Mentor's Name _____

Department _____

Your Start Date _____ End Date _____

The Program/Work Environment

Using the following scale, please rate how much you agree with these statements:

N/A	1-Strongly disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly agree
	0	1	2	3	4 5
My mentor had enough time for me					
I had the opportunity to be involved as part of a team					
The people I interacted with were friendly					
I was allowed to take part in some tasks					
The tasks they allowed me take part in were interesting & varied					
I had the right amount of guidance in doing my tasks					
I met my goal of learning about careers associated with this department					

Attitudes Towards A Health Care Career

Place a check mark to indicate whether your interest in the following areas has increased, stayed the same or decreased after your shadowing experience.

	INCREASED	STAYED THE SAME	DECREASED
The study of science & math	_____	_____	_____
Math and engineering	_____	_____	_____
Medicine and health care	_____	_____	_____
College and post-graduate education	_____	_____	_____
A career in science or medicine	_____	_____	_____

Your Career Goal

Which career do you plan to pursue? _____

After participating in this program, has your interest in pursuing this career path increased, stayed the same or decreased after your shadowing experience?

INCREASED STAYED THE SAME DECREASED

Fax completed form to Nedra Starling 216.297.8305