



## Commission on Accreditation of Allied Health Education Programs

**ATTENTION GRADUATES:** Completion and submission of this survey is crucial for program improvement and reporting outcomes to the CoA-END and CAAHEP. Thank you for your participation.

### GRADUATE SURVEY for Electroneurodiagnostic (END) Technology Education Programs

Date \_\_\_\_\_

Name of END Technology Program \_\_\_\_\_

Name of graduate \_\_\_\_\_

Month and year of graduation \_\_\_\_\_

Are you currently employed in the field of END? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you passed any Board Registration exam(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please specify which exam(s) and the approximate date.

\_\_\_\_\_

Please rate the following items according to this scale:

1 = Seldom Meets Expectations, 2 = Sometimes Does Not Meet Expectations,  
3 = Regularly Meets Expectations, 4 = Often Exceeds Expectations, 5 = Exceeds Expectations

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|---|---|---|---|---|---|
| 1. The didactic portion of the program adequately prepared me for END employment      | 1 | 2 | 3 | 4 | 5 |
| 2. The clinical portion of the program adequately prepared me for END employment      | 1 | 2 | 3 | 4 | 5 |
| 3. The program adequately prepared me for board registration exam(s)                  | 1 | 2 | 3 | 4 | 5 |
| 4. Program officials were supportive and available for assistance                     | 1 | 2 | 3 | 4 | 5 |
| 5. Program officials treated students fairly and were sensitive to their needs        | 1 | 2 | 3 | 4 | 5 |
| 6. Program officials provided constructive evaluations                                | 1 | 2 | 3 | 4 | 5 |
| 7. Program officials were competent, knowledgeable and well-prepared for instruction. | 1 | 2 | 3 | 4 | 5 |
| 8. Questions and independent thinking were encouraged                                 | 1 | 2 | 3 | 4 | 5 |
| 9. Program policies and procedures were clearly defined and enforced                  | 1 | 2 | 3 | 4 | 5 |

10. What do you feel were the strengths of the program?

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11. What do you feel were the weaknesses of the program?

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

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13. Comments about your education

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Signature of Graduate \_\_\_\_\_