

Health Career Internship Student Survey

This is a **confidential survey** designed to measure:

- Your expectations of your health career internship (paid or unpaid)
- Your future college and career plans

Please answer honestly and according to your own situation. Thanks!

1. **Today's Date:** ____/____/____

2. **Your Gender:** Male Female

3. **Your School:** _____

4. **Your current grade level (or if between grades, check the grade you just completed):**

- 9th 10th 11th 12th Adult Ed

5. **Location of your internship:** _____

6. **How did you first hear about the internship?** (mark one that fits best)

- | | |
|--|--|
| <input type="checkbox"/> Guest presentation in class | <input type="checkbox"/> www.RAHSI.org |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> School counselor / advisor | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Friend or classmate | <input type="checkbox"/> Other: specify: _____ |

7. **What are you hoping to learn or gain from this internship experience?**

8. For each of the statements below, indicate how much you agree on a scale 1 to 5, with 1 being strongly disagree and 5 being strongly agree by placing a checkmark (☑) in the appropriate box.

	Strongly Disagree 1	Somewhat Disagree 2	Unsure/ Neutral 3	Somewhat Agree 4	Strongly Agree 5	N/A
a. The internship experience will look good on my college and/or scholarship applications.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	
b. My parents told me to participate in this internship program.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	
c. A teacher or school counselor thought the internship would be a good experience for me.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	
d. I am interested in the monetary (\$) or school credit incentive I will receive (if not applicable for this internship, check "N/A").	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ^{NA}
e. I am not sure whether a career in health care is what I really want to do, but I want to explore it.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	
f. I feel prepared to be academically successful in college (if you don't plan to go to college, mark "N/A").	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ^{NA}
g. I understand the duties and responsibilities of the career that I want.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	

9. Which of these courses have you taken? Place a checkmark (☑) for all that apply.

Class	Currently Enrolled	Taken during High School	Taken during Adult Ed	Taken during Middle School ONLY	Have not taken
Medical Biology	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Medical Chemistry	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Anatomy and/or Physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Sports Medicine and/or Medical PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Healthcare Essentials and/or Healthcare Fundamentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Medical Terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Nursing Assistant (CNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Medical Assistant (MA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Medical English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Biochemistry and/or Biotechnology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Physics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Pre-Algebra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra II (Intermediate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Geometry and/or Trigonometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Pre-Calculus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Calculus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other health, science, math or ROP course(s) → Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other health, science, math or ROP course(s) → Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other health, science, math or ROP course(s) → Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

10. At this point, what do you plan to do after you graduate from high school or after you have completed your Adult Ed classes? (mark one that fits best)

- Attend a 4 year university
- Attend a community college
- Attend a technical/vocational college
- Join the military
- I will not go to school; I will only work
- I will not go to school; I will do missionary or volunteer work
- I will not go to school; I will become a homemaker
- Undecided
- Other: specify: _____

11. Have you decided on a college major (area of focus)?

- Yes → specify: _____
- No
- I'm not going or don't plan to go to college

12. Name up to three careers that you are considering for the future:

1.
2.
3.

13. What is your race/ethnicity? (mark one that fits best)

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multiple races / ethnicities |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: specify: _____ |
| <input type="checkbox"/> Pacific Islander | |

14. What one language do you primarily speak at home? (mark one that fits best)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: specify: _____ |

15. Did either of your parents graduate high school?

- | | |
|---|--|
| <input type="checkbox"/> Yes, one parent | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Yes, both parents | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No, neither parent | |

16. Will you be the first in your immediate family (parents, brothers, sisters) to go to college?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> I'm not going or don't plan to go to college |

17. During high school, have you ever qualified for free or reduced lunch?

- Yes
- No
- Unsure
- Prefer not to say

**Thank you for taking the time to complete this survey.
Good luck with your studies and career pursuits!**