

# Health Science Foundation Credential Student Survey

**Student Name**

**Student ID**

**What classes were you enrolled in for Fall 2015? (Please check all that apply)**

Health Occupations 62 (Skill Set for the Health Care Professional)

Health Occupations 63 (Medical Terminology, Pathophysiology and Pharmacology)

Health Occupations 64 (Cultural and Legal Topics)

Health Occupations 65 (Fundamentals for the Health Care Professional)

**What was the difficulty level of the courses you enrolled in?**

	Very Easy	Easy	Neutral	Difficult	Very Difficult	Did Not Take Course
HOC 62 (Skill Set)						
HOC 63 (Terminology, Pathophysiology, Pharmacology)						
HOC 64 (Cultural & Legal Topics)						
HOC 65 (Fundamentals)						

**How helpful did you find the following components of the program?**

	Extremely Helpful	Very Helpful	Slightly Helpful	Not Helpful	Did Not Participate
SpherIt Assessment					
Mock Interviews					
WorkSource Enrollment					
Efolio Workshop					
COPE Health Scholars Presentation					

**For the components you participated in above, please give a brief description of how they WERE or WERE NOT helpful.**

**Did you complete the Health Science Foundation Credential? (Passed all 4 Health Occupation Courses)**

YES

NO

**Have you attained employment in the Health Care Industry?**

YES

NO

If YES, please include location and wage below.

**Have you attained employment with a higher wage?**

YES

NO

If YES, please include previous and current work location and wage.

**Have you enrolled in other college courses after enrolling in the Health Science Foundation Credential courses?**

YES

NO

If YES, please specify which classes you enrolled in.

**Have you continued to take courses towards your Associate Degree in Health Science after enrolling in the Health Science Foundation Credential courses?**

YES

NO

If YES, please include the estimated graduation date, and classes you are currently taking.

**Did you enroll in the Nurse Assistant Training Program at Los Angeles Mission College?**

YES

NO

If YES, please include the estimated graduation date.

**Did you enroll in the COPE Health Scholars program?**

YES

NO

**Are there any other comments or suggestions you would like to make about the program to help us improve?**