

GENESYS

EMS EDUCATION

Graduate Survey

Student Name: _____ SUID#: _____

Program: _____ Date of Graduation: _____

Date of this survey: _____

1. Are you currently employed?

Yes- Please complete the following:

Job title: _____

Employer Name: _____

Address: _____

City, State, ZIP: _____

Dates of Employment: _____

No-Select one of the following:

I need assistance I am unavailable for employment due to: _____

If you are currently employed or were employed since graduating from Genesys, please complete the following survey so we can assess the educational quality and training provided to you.

2. Do you feel that you were prepared for your job duties and responsibilities for your entry level position in EMS? Yes No

If not, how could we have improved the training? _____

3. Did the training program provide you with the knowledge and the ability to use EMS equipment? Yes No

If not, how could we have improved the training? _____

We are called to:

Service of the Poor

Reverence

Integrity

Wisdom

Creativity

Dedication

GENESYS

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4. Did the training program provide you with the ability to meet the demands of your EMS job?

Yes No

If not, how could we have improved the training? _____

5. Are you satisfied overall with the training that you received? Yes No

Comment: _____

6. Do your job responsibilities meet your expectations of the career you chose?

Yes No

Comment: _____

7. Would you recommend Genesys to a family member or friend seeking training in EMS?

Yes No

8. What other area(s) could Genesys improve upon or change in our training program that may help future graduates or students?

Comment: _____

Thank you for taking the time in completing this survey. Please
enclose the completed survey and mail back to us using the self
addressed pre-paid envelope.