



Goal A Evaluation Form Objective A.1 Knowledge and Awareness Only

The Indiana AHEC Network is required to report general demographic information about participants in the categories below. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

AHEC Center: EI Program Start Date: / / End Date: / / Contact hours: Program Name: Shaded section to be completed by AHEC center

First Name Last Name Date of birth

Address City State Zip County

Milan

Phone Email School Grade Expected graduation year

Identified Gender:

- Male Prefer not to answer Female

Where did you grow up?

- Urban area Rural area

Ethnicity:

- Hispanic/Latino Not Hispanic/Latino Other:

Race (check all that apply):

- Black or African American Native Hawaiian or Pacific Islander White American Indian or Alaska Native Asian Other:

Can you answer yes to any of the following? Yes No

- You are (or will be) the first generation in your family to attend college. You are a 21st Century Scholar or currently receive Scholarship or Loan for Disadvantaged Students. While growing up, you or your family used a federal or state assistance program... While growing up, you lived where there were few medical providers at a convenient distance.

Please circle the number that best answers how much you agree with each statement BEFORE and AFTER participating in this program/experience. 1= Strongly Disagree 2= Disagree 3= Not sure 4= Agree 5= Strongly Agree

Table with 3 columns: Statement, BEFORE this program/experience, AFTER this program/experience. Rows include: 'This experience was helpful in exploring health careers.', 'I know what education or training I need to have for a health career.', 'I think a health career would be a good fit for me.'