



Goal A Evaluation Form

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: 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

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 (such as: free or reduced school lunch, WIC, subsidized housing, food stamps, Medicaid or Hoosier Healthwise, etc.).
- 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

	BEFORE this program/experience		AFTER this program/experience
This experience was helpful in exploring health careers.	N/A		1 2 3 4 5
I know what education or training I need to have for a health career.	1 2 3 4 5		1 2 3 4 5
I think a health career would be a good fit for me.	1 2 3 4 5		1 2 3 4 5
I have the information needed to pursue a health care career.	1 2 3 4 5		1 2 3 4 5
I am prepared to continue my education or training after graduation.	1 2 3 4 5		1 2 3 4 5
I plan to continue my education or training after graduation.	1 2 3 4 5		1 2 3 4 5
I plan to become a health care professional.	1 2 3 4 5		1 2 3 4 5
I plan to stay in Indiana after graduation.	1 2 3 4 5		1 2 3 4 5