

**New York Methodist Hospital
Center for Allied Health Education**
Orientation Survey – Distance Education

Introduction

The purpose of the orientation survey is for students to provide feedback regarding their overall experience during orientation. Responses are reviewed during the annual program review and recommended changes will be considered at that time.

Name: _____

Program: _____

Cohort: _____

Orientation

- | | |
|--|--|
| 1. Did you get a clear understanding of the roles of the Center's administrative staff and Program faculty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Was the information received helpful? (Institutional Catalog and Program Handbook) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. At the completion of orientation, did you feel comfortable to begin using the learning management system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. At the completion of orientation, did you feel adequately prepared to start the Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have a clear understanding of the career path for your profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Was the webinar(s) informative and helpful? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Were the presenter(s) knowledgeable in his or her area(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Was the HIPPA presentation informative? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Was there value to the sexual misconduct presentation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Did you find the R2 Digital Library Webinar helpful? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments

Please use the remaining space to explain your answers, give suggestions, and/or for additional comments.