

HEALTH OCCUPATIONS EDUCATION STUDENT SURVEY

Name _____ Home School _____

Please answer the following questions (you may use this sheet or a computer-generated copy of your answers and attach this to your application):

1. What plans do you have following graduation? What health care careers are you interested in? _____

2. Do you have any health care experience? Please explain: _____

3. If you are accepted in the Health Occupations Education program, what do you expect to gain? _____

4. Has anyone influenced your interest in the health care field? If so, in what way?

5. Of the following classes, which have you taken or do you plan to take
(T=Taken; PT=Plan to Take)

Biology _____ Chemistry _____ Algebra I _____ Algebra II _____

6. What types of experience and observations are you interested in when you think of exploring the health care field? _____

7. Please include any additional comments or questions.

THIS SURVEY MUST INCLUDE COPIES OF THE FOLLOWING ITEMS:
TRANSCRIPT, ATTENDANCE RECORD AND **THREE** TEACHER REFERENCES.
APPLICATIONS WILL **NOT** BE CONSIDERED WITHOUT THIS INFORMATION!
DUE 2/19/10 to FCAVC Administrative Office