

**Student Name:** \_\_\_\_\_

**Program:** *(check one)*

**Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Medical Assistant     Dental Assistant     Health Claims Examiner     Pharmacy Technician

**Externship Site:** \_\_\_\_\_

**Externship Site Supervisor:** \_\_\_\_\_

***Please complete the following survey so that we can assess the viability of the experience and training you have received at your externship site.***

***Read each item carefully and then circle the number under each statement that best describes your evaluation.***

**1. Was knowledge of anatomy and physiology used in the workplace?**

5  
*Yes, extensively*
4
3  
*Somewhat*
2
1  
*No, not at all*
Not  
Applicable

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Did you have adequate knowledge and ability to use job site equipment?**

5  
*Superior*
4
3  
*Average*
2
1  
*Inferior*
Not  
Applicable

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Did you have the ability to communicate with your supervisor about job functions?**

5  
*Yes*
4
3  
*Somewhat*
2
1  
*No*
Not  
Applicable

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Did you have a chance to interact with patients?**

5  
*Yes*

4

3  
*Somewhat*

2

1  
*No*

Not  
Applicable

Comment: \_\_\_\_\_

\_\_\_\_\_

**5. Did you get along with other caregivers?**

5  
*Yes*

4

3  
*Somewhat*

2

1  
*No*

Not  
Applicable

Comment: \_\_\_\_\_

\_\_\_\_\_

**6. Did the supervisor and the externship site have a positive attitude towards you?**

5  
*Yes*

4

3  
*Somewhat*

2

1  
*No*

Not  
Applicable

Comment: \_\_\_\_\_

\_\_\_\_\_

**7. Overall, did you have a good experience at the externship site?**

5  
*Superior*

4

3  
*Average*

2

1  
*Inferior*

Not  
Applicable

Comment: \_\_\_\_\_

\_\_\_\_\_

**8. Did your externship experience work well with your school training?**

5  
*Yes*

4

3  
*Somewhat*

2

1  
*No*

Not  
Applicable

Comment: \_\_\_\_\_

\_\_\_\_\_

**9. Was the training you received at Galaxy Medical College applicable to the training activities you were asked to perform at the externship site?**

5  
*Yes*

4

3  
*Somewhat*

2

1  
*No*

Not  
Applicable

Comment: \_\_\_\_\_

\_\_\_\_\_

**10. What area(s) should be improved or changed at the externship site to better help students get a more valuable experience?**

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**11. What job duties did you perform while at the externship site?**

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**12. What duties do you wish you had more time to work on?**

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**13. Did the externship supervisor give you the help and guidance you needed to complete your externship?**

Yes  No

Comment: \_\_\_\_\_

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**14. Would you recommend this site be used for future students?**

Yes  No

Comment: \_\_\_\_\_

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**Student Signature:** \_\_\_\_\_

**Thank you for taking the time to complete this survey. Please return the completed form to:**

**Mail:**  
Galaxy Medical College  
6400 Laurel Canyon Blvd Suite 115  
North Hollywood, CA 91606

**Fax:**  
818-509-9935

**Email:**  
galaxy\_student\_services@yahoo.com