

# GRADUATE SATISFACTION SURVEY

## For Polysomnography Technology Education

Date: \_\_\_\_\_

Name of Polysomnography Technology Program: \_\_\_\_\_

Name of graduate: (Optional) \_\_\_\_\_

Year of graduation: \_\_\_\_\_ Length of post-graduate employment: \_\_\_\_\_

Current Place of Employment: (Optional) \_\_\_\_\_

Are you registered by the Board of Registered Polysomnographic Technologists? Yes \_\_\_ No \_\_\_

If Yes, What is the Date of Your Certification? \_\_\_\_\_

*Please rate your degree of agreement or disagreement with the following statements about your polysomnography technology program using this scale: 5 = Strongly Agree, 4 = Agree, 3 = Neither Agree nor Disagree, 2 = Disagree, 1 = Strongly Disagree, NA= Not Applicable.*

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|--|---|---|---|---|---|----|
| 1. The classroom portion of the program provided adequate core knowledge of polysomnographic technology for employment as a polysomnographic technologist. | 5 | 4 | 3 | 2 | 1 | NA |
| 2. The clinical portion of the program provided the clinical skills required for employment as a polysomnographic technologist.                            | 5 | 4 | 3 | 2 | 1 | NA |
| 3. My experience in the program enabled me to confidently accept employment as a polysomnographic technologist.  | 5 | 4 | 3 | 2 | 1 | NA |
| 4. The program adequately prepared me for the BRPT certification exam.   | 5 | 4 | 3 | 2 | 1 | NA |
| 5. Program faculty was sensitive to student needs, treated students equally and with respect and was available to assist me when I needed help.            | 5 | 4 | 3 | 2 | 1 |    |
| 6. Program officials were supportive of the students, and provided constructive evaluations  | 5 | 4 | 3 | 2 | 1 |    |
| 7. Program faculty was competent, knowledgeable, and well-prepared for instruction.  | 5 | 4 | 3 | 2 | 1 |    |
| 8. Program policies and procedures were clearly defined and enforced   | 5 | 4 | 3 | 2 | 1 |    |

Comments regarding statements 1-8: \_\_\_\_\_

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9. What do you feel were the strengths of the program?

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10. What do you feel were the weaknesses of the program?

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11. If you could make changes in the program, what would you change?

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12. What portions of the program would you keep, and why?

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