

Folie

Hair Academy

Exit Interview Survey

Name: _____ **Graduation Date:** _____

The purpose of this survey is to assist Med Academy in performance improvements. Your feedback will be used to make changes to our curriculum, student services, and our community interests. We encourage you to be through honest in your comments. Your suggestions will in no way affect your completion status or assistance from our institution moving forward.

*Answer **Yes** or **No** in references to the services and training you received at Med Academy. Comments may be made on the spaces provided below.*

1. I was provided with an orientation of my enrollment, financial obligations, program requirements, and student services prior to beginning the program.

---YES ---NO ---Not Applicable

2. I was given a student catalog and had the opportunity to review this catalog with school officials prior to beginning the program.

---YES ---NO ---Not Applicable

3. Financial terms of the course where explained. Terms of payment plans (if applicable) were fair and manageable.

---YES ---NO ---Not Applicable

4. Accommodations at the school provided an environment conducive for learning. --
---YES ---NO ---Not Applicable
5. If I had questions or concerns about my enrollment or financial status, they were answered appropriately and in a timely manner.
---YES ---NO ---Not Applicable
6. The administrative staff was readily available to assist me with my needs.
---YES ---NO --- Not Applicable

Comments

Theoretical and Practical Education:

1. I feel confident that my didactic and clinical education has prepared me for an entry level position as a MRI technologist.
---YES ----NO ---Not Applicable
2. The classroom instructors were knowledgeable in the subject matter they presented.
---YES ----NO ---Not Applicable
3. The lecture materials were consistent with the examinations and lesson objectives that were presented.
---YES ----NO ---Not Applicable
4. I was given an appropriate orientation for clinical training including expectations,

requirements, facility policies and procedures, and staff introductions.

---YES ----NO ----Not Applicable

5. All my concerns or issues at the clinical cosmetology site were addressed appropriately and in a timely manner by my clinical instructor and/or the administration of Jolie Hair Academy.

----YES ----NO ---Not Applicable

6. The length of my clinical training was sufficient for me to complete my clinical competency requirements.

---YES ---NO ---Not Applicable

7. I was provided with appropriate counseling about my academic progress throughout my studies at Jolie Hair Academy.

---YES ---NO ---Not Applicable

8. I feel confident that the classroom training and clinical training have prepared me to sit for the cosmetology licensure examination.

----YES ----NO ---Not Applicable

Comments

Continuing Education/Employment

Please indicate which of the following best describes your plans after

graduation:

_____ Continue my education in another imaging modality.

_____ Continue my education in a non-medical field of study.

_____ Begin looking for employment immediately in the imaging field.

_____ Begin looking for work in a non-imaging related field.

Are you currently employed in the field of cosmetology? ---YES ---NO

If yes complete about the employer:

Name of employer:

Address:

Contact Person: Telephone #:

Personal Contact Information

Your Current Address:

Your Current Contact #

Alternate Contact #

Reference Contact (A person that we can call if we can't reach you)

Contact Name:

Reference Address:

Contact #

Relationship: