**Student Volunteer Survey**

Thank you for your input! Please complete the following survey and turn in a hard copy or email your responses to your faculty representative at CHAMP.

**What school do you attend?**   **What degree program are you in?**

**What year are you in the program?**  1st  2nd  3rd  4th +

1. **What facility did you visit for CHAMP? (Check all that apply.)**

McDowell Senior Center

Lois E. Harrill Senior Center/ Project on Aging

Appalachian Brian Estates

Quest4Life (Caldwell County)

1. **How prepared did you feel coming in to CHAMP?**

Extremely Prepared

Very Prepared

Somewhat Prepared

Not Very Prepared

Not Prepared At All

#### **How would you rate your overall performance at CHAMP?**

Excellent

Very Good

Good

Fair

Poor

#### **Please rate your level of agreement with the following statement: “The faculty and/or health care professionals present at the event were helpful to me”.**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

#### **Please rate your level of agreement with the following statement: “Participation in CHAMP helped me to better understand material from my courses”.**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

#### **Please rate your level of agreement with the following statement: “Participation in CHAMP made me more aware of the roles of professionals in disciplines other than my own”.**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

#### **Please rate your level of agreement with the following statement: “Participation in CHAMP helped prepare me to function as a member of an interprofessional health care team”.**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

#### **How would you rate your overall experience at CHAMP?**

Excellent

Very Good

Good

Fair

Poor

#### **Is there any information that you wish you had been available to you prior to or during the CHAMP event?**

1. **Is there anything that you think should be changed about the CHAMP program?**

**Additional comments:**