

**H. COUNCILL TRENHOLM STATE TECHNICAL COLLEGE
MEDICAL RADIOLOGIC TECHNOLOGY PROGRAM**

EMPLOYER SURVEY CONSENT FORM

Purpose: Our accreditation agency requires us to conduct employer follow-up studies on our graduates. An employer questionnaire is attached for your review. After reviewing the questionnaire, please indicate your approval by signing the statement below. The approval form and the questionnaire will be sent to your employer approximately six months after your graduation.

I, _____, give permission to my present employer to complete the employer questionnaire and return it to the program from which I graduated.

Signature of Graduate

Print your name

Date

**H. Councill Trenholm State Technical College
School of Radiologic Technology**

EMPLOYER SURVEY

_____, one of our graduates, has given us your name and address for a confidential assessment of their professional competencies. We would appreciate your cooperation in completing and returning this brief form in the enclosed, self-addressed, stamped envelop. The purpose of this assessment is to ensure that our graduates are meeting your entry-level requirements for a staff radiologic technologist and to help make improvements in our program.

Date You Completed This Survey: _____

In what capacity have you been associated with this technologist?

For how long? _____

Please rate this graduate in the following areas:

		Exceeds Standards	Meets Standards	Below Standards
1.	Patient care	___	___	___
	Comments: _____			
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2.	Patient interactions	___	___	___
	Comments: _____			
<hr/>				
3.	Knowledge of proper radiation protection techniques	___	___	___
	Comments: _____			
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4.	Knowledge of proper exposure Factors	___	___	___
	Comments: _____			
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5.	Knowledge of proper patient positioning	___	___	___
	Comments: _____			
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		Exceeds Standards	Meets Standards	Below Standards
6.	Ability to get along with co-workers	___	___	___
	Comments: _____			

7.	Pride in work	___	___	___
	Comments: _____			

8.	Initiative	___	___	___
	Comments: _____			

9.	Quality of work performed	___	___	___
	Comments: _____			

10.	Quantity of work performed	___	___	___
	Comments: _____			

11.	Dependability, reliability	___	___	___
	Comments: _____			

12.	Willingness to accept responsibility	___	___	___
	Comments: _____			

13.	Self-confidence	___	___	___
	Comments: _____			

14.	Good judgment within limits of competence	___	___	___
	Comments: _____			

Exceeds Standards	Meets Standards	Below Standards
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15. Ability to make decisions _____ _____ _____

Comments: _____

16. Ability to organize assigned work _____ _____ _____

Comments: _____

This graduate=s overall performance rating would be:

- ____ excellent
- ____ very good
- ____ adequate
- ____ would not re-hire

Comments: _____

You are encouraged to offer suggestions for the program in the space below:

Thank you for your time in completing this survey.

***Trenholm State Technical College
Medical Radiologic Technology Program
1225 Air Base Blvd.
P.O. Box 10048
Montgomery, Alabama 36108
(334) 420-4342
(334) 420-4412 Fax***