**Appendix B-3: Master of Science Alumni Survey**

**PERSONAL INFORMATION**

1. **Today's Date:**
2. **Year you entered the program**
3. **Year you graduated from the program**
4. **Currently held certificates and licenses:**
* **CCC-SLP**
* **NC Licensure**
* **Licensure in another state**
* **Other**
1. **After graduating from UNC did you earn another degree?**
* **No**
* **Yes**
1. **If you answered "YES" to question 4:**
* **University**
* **Degree**
* **Area of Study**
1. **Are you currently enrolled in another degree program?**
* **No**
* **Yes**
1. **If you answered "YES" to question 5:**
* **University**
* **Degree**
* **Area of Study**

**CLINICAL FELLOWSHIP YEAR**

1. **To what extent does/did your CFY clinical activities match the area of interest you developed in graduate school?**
* **Exceptionally closely**
* **Reasonably closely**
* **Not at all**
1. **Approximately what percent of your CFY do/did you work with (total 100%)**
* **0-3 year-olds**
* **3-5 year-olds**
* **6-21 year-olds**
* **21-65 year-olds**
* **65+ year olds**
1. **(For those with complete CFY's) Were you offered a position at the same institution/agency following your CFY?**
* **No**
* **Yes**
1. **Did you accept this position?**
* **Yes**
* **No**
* **Not applicable**
1. **Have you completed your CFY?**
* **Yes**
* **No**

**PROFESSIONAL EXPERIENCE**

1. **Does your current position relate to the interests you developed during your CFY?**
* **Yes**
* **At least 50% of the time**
* **No**
1. **What is your primary work setting?**
* **Early Intervention**
* **School**
* **College/university**
* **Hospital**
* **Residential health care facility (e.g., skilled nursing/rehab)**
* **Government agency**
* **Research/scientific organization, foundation, institute, lab**
* **Association, society, professional organization**
* **Industry**
1. **Approximately what percent of your time do you work with (total 100%)**
* **0-3 year-olds**
* **3-5 year-olds**
* **6-21 year-olds**
* **22-64 year-olds**
* **65+ year-olds**
1. **What is the nature of your current responsibilities (% of time spent in each activity per week)**
* **Assessment, Diagnosis and/or Evaluations**
* **Screening**
* **Habilitation/Rehabilitation/Therapy**
* **Counseling**
* **Administrative meetings**
* **Record keeping**
* **Professional education**
1. **Other, please describe**
2. **How long have you been employed in your current setting?**
* **1-6 months**
* **6-12 months**
* **more than 1 year**

**ACADEMIC**

1. **The UNC program prepared you with knowledge and skills regarding the nature of speech, language and swallowing disorders, including etiologies and characteristics**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The UNC program prepared you with knowledge and skills for prevention, assessment and intervention for people with communication and swallowing disorders**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The UNC program prepared you with knowledge and skills regarding standards of ethical conduct**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The UNC program prepared you with knowledge and skills regarding the integration of research principles into evidence-based clinical practice**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The UNC program prepared you with the knowledge of contemporary professional issues**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The UNC program prepared you with skills in oral and written and other forms of communication sufficient for entry into professional practice**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The UNC program prepared you to work with individuals from culturally and linguistically diverse backgrounds**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The UNC program prepared you to work with client/patient populations across the lifespan**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **Please identify other important aspects of the UNC academic program not addressed in the foregoing items.**

**CLINICAL**

1. **You had sufficient advising regarding clinical and professional requirements**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **You had exposure to culturally and linguistically diverse populations**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **You had exposure to clients/patients across the nine disorder categories**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **There was consideration of my input to clinical site/experience selection**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The sequence of clinical experiences was profitable**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The clinical education you received at UNC contributed to your ability to design effective assessments**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The clinical education you received at UNC contributed to your ability to design effective interventions**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **Overall, the amount of supervision was appropriate to your level of knowledge, experience and competence and was sufficient to ensure the welfare of the client/patient**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**

**KNOWLEDGE AND SKILLS**

1. **Speech Disorders:**
* **ACADEMIC**
* **Fluency**
* **Voice**
* **Articulation/Motor Speech Disorders**
* **CLINICAL**
* **Fluency**
* **Voice**
* **Articulation/Motor Speech Disorders**
1. **LANGUAGE**
* **ACADEMIC**
* **Receptive and Expressive Language**
* **Social Communication**
* **Cognitive Communication**
* **CLINICAL**
* **Receptive and Expressive Language**
* **Social Communication**
* **Cognitive Communication**
1. **RELATED DISORDERS**
* **ACADEMIC**
* **Communication Modalities/AAC**
* **Hearing Loss**
* **Feeding and Swallowing**
* **CLINICAL**
* **Communication Modalities/AAC**
* **Hearing Loss**
* **Feeding and Swallowing**
1. **LIFESPAN CATEGORIES**

**ACADEMIC**

* **Infants, Toddlers, and Preschoolers**
* **School Age Children**
* **Young Adults (22-64)**
* **Older Adults (65+)**
* **CLINICAL**
* **Infants, Toddlers, and Preschoolers**
* **School Age Children**
* **Young Adults (22-64)**
* **Older Adults (65+)**
1. **OTHER AREAS**
* **ACADEMIC**
* **Counseling**
* **Evidence Based Practice**
* **Cultural/Linguistic Diversity**
* **CLINICAL**
* **Counseling**
* **Evidence Based Practice**
* **Cultural/Linguistic Diversity**

**OVERALL EDUCATIONAL EXPERIENCE**

1. **The overall quality of the program was excellent**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The overall quality of academic education was excellent**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The overall quality of the clinical education was excellent**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **Academic Advising met my needs**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **The support and encouragement of the faculty was strong**
* **Strongly Agree**
* **Agree**
* **Disagree**
* **Strongly Disagree**
1. **Suggestions for program improvement**