

DEPARTMENT OF COMMUNICATIVE SCIENCES AND DISORDERS
Hampton University - Hampton, Virginia 23668
Follow-up Survey of Program Graduates

Name of Graduate _____
Address _____
Phone (Home) _____ (Work) _____
Date of Graduation _____ Degree Granted _____

Employer _____
Employer's Mailing Address _____
Name, Position and Title of supervisor _____

Setting of Present Employment
_____ Hospital or other Medical Facility _____ College or University
_____ Speech/Language/Hearing Clinic _____ Public or Private School
_____ Private Practice
_____ Other (Please specify) _____

Certification Status

| | |
|--------------------------------------|--------------------------------------|
| State Certification | Teacher Certification |
| _____ Granted | _____ Granted |
| _____ Application Submitted | _____ Application Submitted |
| _____ Additional requirements needed | _____ Additional requirements needed |
| (Describe) _____ | (Describe) _____ |
| _____ | _____ |

ASHA Certification

_____ CCC granted (Date _____) _____ Application submitted
_____ CFY completed
_____ National Examination Taken (Date _____)
_____ Received Passing Score on National Examination in (check one or both)
Speech-Language Pathology _____ and/or Audiology _____

Rate the characteristics of your academic preparation listed below using the following scale:
4-Major strength, 3- adequate, 2- Improvement needed, 1- Major weakness, NA – unable to evaluate

| | |
|------------------------|------------------------------|
| _____ Academic Program | _____ Clinical Supervision |
| _____ Course Content | _____ Clinical Practicum |
| _____ Teaching Faculty | _____ Research Opportunities |
| _____ Facilities | |

Overall evaluation of academic preparation for present position

_____ Excellent to Outstanding
_____ Very Good
_____ Adequate
_____ Marginal
_____ Poor