

I-BEST Home Care Aide Student Exit Information

Student: _____ ID# _____

1. Date of Completion of Home Care Aide program: _____
2. Gained employment in Healthcare field: yes no
If yes: where _____
If no: have you applied or do you plan to apply _____
3. Continuing Education: yes no
What course of study: _____

Course Evaluation

Please take this opportunity to tell us about your experience with the Home Care Aide Course you just completed.

4. This course met my expectations.
5. I feel confident in my skills to be a Home Care Aide worker.
6. I think the textbooks were: Excellent Satisfactory Need to be replaced
7. I think the class should be longer than 4 weeks. yes no
8. I think the class should be shorter than 4 weeks. yes no
9. I think the Professional Content Instructor was knowledgeable in all areas we studied. yes no
10. I think the Basic Skills Support Instructor was helpful to my learning the course information. yes no
11. I wish we would have had more time to spend on: _____
12. I wish we would have spent less time on: _____
13. I would recommend this course to others. yes no

Please use the space below for additional comments... thanks!