

# DIRECT HEALTH CARE STUDENT SURVEY

Name \_\_\_\_\_ Home School \_\_\_\_\_

Please answer the following questions (you may use this sheet or a computer-generated copy of your answers and attach this to your application):

1. What plans do you have following graduation? What health care careers are you interested in? \_\_\_\_\_

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2. Do you have any health care experience? Please explain: \_\_\_\_\_

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3. If you are accepted in the Direct Health Care program, what do you expect to gain?

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4. Has anyone influenced your interest in the health care field? If so, who is that person and in what way? \_\_\_\_\_

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5. What are your thoughts and feelings about the elderly? \_\_\_\_\_

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6. What questions do you have about the program? \_\_\_\_\_  
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THIS SURVEY MUST INCLUDE COPIES OF THE FOLLOWING ITEMS:  
TRANSCRIPT, ATTENDANCE RECORD AND **THREE** TEACHER REFERENCES.  
APPLICATIONS WILL **NOT** BE CONSIDERED WITHOUT THIS INFORMATION!  
*DUE 2/19/10 to FCAVC Administrative Office*