



## Student Intern Exit Survey

We hope you enjoyed your learning experience with the Southern Nevada Health District. So that we may continually improve our internship experience, please complete and submit this exit survey upon completion of your internship.

STUDENT INFORMATION	
Name	School
Area of Study/Major	Date of Internship
School Level: <i>(Check One)</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Undergraduate  <input type="checkbox"/> Postbaccalaureate  <input type="checkbox"/> Graduate  <input type="checkbox"/> Professional  <i>(e.g. Medical or Dental Student)</i>  <input type="checkbox"/> Residency           </div> <div style="width: 45%;"> <input type="checkbox"/> Fellowship  <input type="checkbox"/> Other (explain)           </div> </div>	

PRECEPTOR(S) INFORMATION	
Preceptor(s)	Division(s)/Department(s)

Please tell us about your experience at SNHD overall				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I was able to develop skills related to my area of educational study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the breadth and depth of public health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the learning objectives of my internship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received feedback on progress toward meeting my learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please describe how this internship complimented your educational learning objectives?

Based on your internship experience:			
	Yes	Somewhat	No
Does SNHD offer a good learning environment for interns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan on incorporating public health principles and practices into your career?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend an internship at SNHD to your classmates/colleagues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What did you enjoy most about your SNHD internship experience?			
How can the SNHD internship experience improve?			
Please describe your internship experience at the Southern Nevada Health District including a description of typical daily activities performed and projects in which you participated.			

Thank you for completing the survey. Your responses are valued and appreciated.

In the event the submission link is not working, please send completed survey as an attachment to:

Laura Valentino  
 Academic Affairs Coordinator  
[valentino@snhdmail.org](mailto:valentino@snhdmail.org)