

# 2018 HOSA ILC Competitor Evaluation - Round 1

Are you Postsecondary/Collegiate, Middle School or Secondary?  
 Are you in a PLTW Biomedical Science Chapter?

PS/C       SS       MS  
 Yes       No

Event

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

Evaluation Items	Extremely			Very Little
1. To what extent do you believe that participation in this event was valuable in your career development?	5	4	3	2 1
2. Please rate the level of professionalism exhibited by the event staff in conducting this event.	5	4	3	2 1
3. To what extent was your HOSA Chapter Advisor helpful in preparing for this event?	5	4	3	2 1
4. To what extent were the guidelines in the HOSA Handbook of value in participating in this event?	5	4	3	2 1

5. Please indicate your age?  
 10-13     14-15     16-17     18-19     20-21     22 and over

6. How many year(s) have you been a HOSA member (counting this year)?  
 1     2     3     4     5 and over

7. How many year(s) have you attended the International Leadership Conference?  
 1     2     3     4     5 and over

8. Did your competitive event experience meet your expectations?  
 Very Much     Mostly     Somewhat     Not at all

**9. Career Goals:** Fill in the bubble next to the **one** career that most closely represents your career goal.

<input type="checkbox"/> Physician (all specialities)	<input type="checkbox"/> Radiologic Technologist
<input type="checkbox"/> Nursing (LPN, RN, Advanced specialities)	<input type="checkbox"/> Surgical Tech
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Speech Pathologist/Audiologist
<input type="checkbox"/> Pharmacist or Pharm Tech	<input type="checkbox"/> Optometrist/Optician
<input type="checkbox"/> Dentist (all specialities)	<input type="checkbox"/> Health Care Administration
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Medical Lab Assistant/Technician
<input type="checkbox"/> Veterinary Careers	<input type="checkbox"/> Health Information Technologist
<input type="checkbox"/> Forensic Science/Medicine	<input type="checkbox"/> Public Health Service/Epidemiology
<input type="checkbox"/> Athletic Training	<input type="checkbox"/> Podiatrist
<input type="checkbox"/> Psychology/Psychiatry	<input type="checkbox"/> Dietician
<input type="checkbox"/> Dental Hygienist/Assistant	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Massage Therapy
<input type="checkbox"/> Medical Laboratory Science/Biotechnology	<input type="checkbox"/> Other Health Care
<input type="checkbox"/> Biomedical Engineer	<input type="checkbox"/> Other Non-Healthcare
<input type="checkbox"/> Medical Assistant	

**Please use the back of this evaluation for additional comments.**