

*High School Student and
Counselor/Educator
Program Guidebook for the*

**MAYO CLINIC CAREER
OBSERVATION PROGRAM**

A Career Awareness Program provided by
Mayo School of Health Sciences
and
Mayo Clinic Human Resources

A personal experience for
career awareness development

Updated: November 2007

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Welcome

Welcome to the Mayo Clinic Career Observation Program (MC-COP) sponsored by Mayo School of Health Sciences and Mayo Clinic. We are excited to provide this observation program to support the students' career decision-making process. By participating in this program, students will receive pertinent information for their career decision-making, as well as insight on Mayo Clinic careers, the Mayo Clinic atmosphere and Mayo Clinic as a potential employer of choice. The Mayo Clinic Career Observation Program is meant to help students **confirm** their career aspirations, not to explore new areas. Before entering an MC-COP agreement, students need to participate in previous career awareness programming as a prerequisite.

This program guidebook has been designed to support the students experience and to support the counselor/educator who is working with the student during this experience. It is crucial to read through and comprehend this guidebook as well as follow the stated procedures. We look forward to working with the student and counselor/educator through this experience. If there are questions or concerns, please do not hesitate to contact your Mayo Clinic contact.

Why a Mayo Clinic Career Observation Program?

- **Confirm career interests and specific career tasks**
- **Make informed decisions on education & training after high school**
- **Be exposed to Mayo School of Health Sciences**
- **Develop a connection between the classroom and the work site**
- **Expand career awareness understanding of Mayo Clinic**
- **Be exposed to the Mayo Clinic atmosphere**
- **Develop contacts with people in the profession of interest**

Program Overview:

Mayo Clinic Career Observation Program is an individualized, career awareness program that supports the career development of young people while helping them to make informed, educated decisions about their career options. The national, regional and local trends in career awareness programming are for schools and businesses to partner in the delivery of career awareness programs, including on-site observation experiences. Through this relationship, the observation program hopes to build a connection between what is taught in the classroom and how that knowledge will be used in a future career. The observation program also hopes to provide a “real-world” look at a specific career field, providing knowledge for young people to confirm career interests, or help guide them down a different pathway. The observation program also begins to build a relationship between the student and the institution, ultimately creating an atmosphere where Mayo Clinic is seen as a potential employer of choice.

NOTE: The career of physician and surgeon is not a career observation option within these program parameters and during the observation experience, at no time will a student be exposed to the physician – patient relationship. Students are not allowed in the surgical areas or suites.

The specific goals of this program are:

- ✓ **Specific career skill knowledge**
- ✓ **Specific career understanding**
- ✓ **Exposure to general work atmosphere**
- ✓ **Exposure to the Mayo Clinic atmosphere**
- ✓ **Opportunity for student questions**
- ✓ **Opportunity to promote a career field**
- ✓ **Providing a connection between school and work**
- ✓ **Providing adult expertise in career planning**
- ✓ **Providing a career awareness tool to our local guidance counselor, career counselors and educators**
- ✓ **Understanding of the Mayo Clinic Patient Confidentiality and HIPAA Policies**
- ✓ **This program does not include the observation of physician/surgeon and patient interaction/treatment/consulting; students are not allowed in the surgical areas or suites**

PRE-OBSERVATION EXPERIENCE

Counselor/Designated Educator: **Qualifying the Student...Who is this program for?**

The Mayo School of Health Sciences and Mayo Clinic are offering this program as a win-win opportunity for area schools, area students and for Mayo Clinic. Due to high sensitivity regarding patient confidentiality and work atmosphere, this program will be offered within an approved set of parameters.

The Mayo Clinic Career Observation Program (MC-COP) will not be offered as a “Ground Hog Job Shadow” program. This program is designed to help students confirm career decisions, not to explore them. We would expect that students interested in participating in this opportunity would have participated in previous career awareness programs. This program is designed to meet the needs of a limited number of students from a wide range of school districts in Southeastern Minnesota. We want to provide this opportunity to the largest number of school districts possible and only to students who have a true desire to participate in this experience to help them confirm their career planning process.

Student Qualifications:

- In good standing with the school both academically and within their discipline code.
- Student needs to have a minimum “C” average.
- Student needs to show a record of previous career awareness programming.
- Student needs to conduct a career assessment with the counselor or designated educator
- Counselor or designated educator needs to go through the Mayo Clinic Career Observation Program student booklet with the potential candidate.
- All paperwork needs to be completed before the experience begins.
- Student needs to be approved by the Mayo Clinic Department in which the observation program will take place.

Patient Confidentiality:

The biggest risk in providing this program is patient confidentiality. To control this risk, we require that each student attends a Student Orientation session prior to the actual observation experience. In a partnership effort, we ask each counselor and/or educator to reinforce the need to hold patient confidentiality policies.

Any breach will be handled by Human Resources and/or Mayo School of Health Sciences in partnership with the school. The following school penalties will be enforced:

- First incident – 1 year probation from the program
- Second incident – permanent school ban from program until reviewed

Observation Task Schedule:

1. Student meets with the counselor/designated educator to discuss their career interests, observation qualifications and pre-requisites.
2. Mayo Clinic Career Observation Program (MC-COP) student applicants need to participate in previous career awareness programs before participation (counselor/designated educator confirms this):
 - ❖ **Career speaker programs**
 - ❖ **Counselor/educator discussions**
 - ❖ **School-sponsored events**
 - ❖ **Career awareness fairs**
 - ❖ **In-school career awareness classes**
 - ❖ **Career interest surveys**
 - ❖ **Other programs as deemed suitable by the counselor/educator**
3. Student meets with counselor/designated educator to discuss setting up a MC-COP.
4. Counselor/designated educator completes the "Observation Pre-Requisite Checklist" with the student applicant.
5. Student reads through the MC-COP program guidebook provided by the counselor/designated educator.
6. Student discusses the MC-COP with parents/guardians.
7. Student contacts Mayo Clinic for placement with support of counselor/designated educator.
8. Wait for confirmation from Mayo Clinic for a MC-COP placement.
9. Student completes the required paperwork/consent forms and returns to the counselor/designated educator for processing.
10. Student goes through the MC-COP program guidebook again, preparing for the observation by comprehending the following:
 - ❖ **What to expect/student conduct**
 - ❖ **Suggested Questions**
 - ❖ **What Did You Observe form**
 - ❖ **Review**
 - ❖ **What to do next**
11. Before beginning observation program, student will receive an email orientation from Mayo School of Health Sciences or Human Resources. Counselor/designated educator confirms that the student went through email orientation.
12. Upon arrival at Mayo Clinic, student will go through an on-site Patient Confidentiality Training with Mayo School of Health Sciences or Human Resources. The student will sign a Patient Confidentiality Form.
13. Student reports to the Mayo Clinic department to begin the MC-COP.
14. Student completes the observation experience.
15. Student reports the experience to the counselor or designated educator.
16. Student sends thank you letter(s) to the Mayo Clinic department contact.
17. Student completes program evaluation/summary and returns to the counselor/designated educator.
18. Counselor/designated educator meets with student to look at "Where do I go from here?" to further plan student's career awareness/development trek.
19. Counselor/designated educator completes evaluation/summary and returns it to Mayo Clinic along with student's evaluation.

Observation Pre-Requisite Checklist

Before engaging in an Observation Experience, prospective students need to meet with their counselor or designated educator to ensure that pre-requisites have been met for participation in this program.

1. Has the student conferred with the guidance/career counselor or designated educator regarding the following topics:
 - Career interests
 - Education requirements regarding career interests
 - Current academic subject strengths and weaknesses
 - Personal characteristics/traits, strengths and weaknesses
 - Mapping the future

2. Has the student participated in preliminary career interest programs:
 - Career Speaker Programs
 - Career Awareness Class Offerings
 - School Sponsored Events
 - Career Awareness Fairs
 - Career Interest Surveys
 - Learning for Life – Exploring Program
 - Other Career Awareness Programs: _____
 - Other: _____

3. Is the student in good academic standing?

4. Does the student have a good attendance record?

5. Is the student in good discipline standing?

6. Has the student read through the Observation Program Guidebook?

7. Has the student discussed the Observation Program with a counselor or designated educator as well as parents/guardians?

8. Does the student have approval from parents/guardians to participate in the program?

Qualifications:

- **Students must answer “yes” to Questions 1, 3-8.**
- **Students must have participated in a minimum of 3 career awareness program offerings before they can engage in an Observation Experience (Question #2).**

Observation Program Agreement

Requested target dates: _____

Career Interest: _____

Area/Location: _____

Please Print

Please Print

Participant: _____ School Name: _____

Address: _____ Address: _____

Phone Number: _____ Educator: _____

E-mail Address: _____ Phone Number: _____

I. Statements

An observation experience is a learning tool where the student observes a Mayo Clinic professional in his/her clinical/work environment. It involves no hands-on patient contact with the tasks being observed. An observational experience takes place over a 3-5 hour concentrated period (up to a day) of time in a Mayo Clinic department. The department liaison will review the participant's objectives for appropriateness and assist the participant in completing these objectives in so far as the department setting allows.

Participants who are not otherwise employees of Mayo Clinic do not become employees of Mayo Clinic by reason of this agreement and are not entitled to any benefits or compensation from Mayo Clinic which may be due employees. It is the responsibility of the participant to be familiar with the provisions as outlined in this program guidebook and in the observation program agreement.

II. Participant Responsibilities

- A. Participant will respect the rights and confidentiality of patients and families at all times.
- B. Participant will sign a confidentiality agreement with Mayo Clinic and complete HIPAA training.
- C. Participant will adhere to established dress code, including wearing a name badge while on the premise.
- D. Participant will schedule the hours spent in the department with the department liaison.
- E. We recommend that the participant carry insurance for illness and accident.
- F. Observers are prohibited from all hands-on experiences related to direct patient care. No touching, management, counseling, or therapeutic interaction with patients or families will be allowed.
- G. Participants will prepare a thank you note to department liaison.

III. Learning Objectives

- A. Participant will develop an awareness of the technology and procedures used in the career field.
- B. Participant will identify skills and knowledge of the profession.
- C. Participant will learn about individual and team contributions to the care of the patient.
- D. Participant will identify the connection between classroom learning and practical application in the work environment.
- E. Participant will observe and experience the Mayo Clinic Model of Care and atmosphere.

IV. Signatures

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Department Liaison: _____ Date: _____

Counselor or Educator: _____ Date: _____

Human Resource Liaison: _____ Date: _____

PARENT/GUARDIAN CONSENT FORM

Travel/Release from Liability/Photo Release/Medical Authorization

Student: _____

School: _____

Counselor or Educator: _____

Observation Site/Department: _____

- ❖ My child has my permission to participate in the Mayo Clinic Career Observation Program.
- ❖ I am aware that participation in this program requires travel to Mayo Clinic and I release Mayo Clinic from any liability associated with that travel.
- ❖ This is a school/Mayo Clinic-sponsored program in which my child understands the need for professional and respectful conduct and attire during all times of this program.
- ❖ I have reviewed the Mayo Clinic Career Observation Booklet with my child.
- ❖ I give permission for my son/daughter to be photographed or videotaped during this program to be used later for promotional or educational purposes.
- ❖ Should it be necessary for my child to have medical treatment while participating in the Mayo Clinic Career Observation Program, I hereby give Mayo Clinic staff members permission to use their best judgment in obtaining medical services for my child. I give permission to any attending physician to render whatever medical treatment he/she deems necessary and appropriate.
- ❖ In case of such a situation, parent/guardian will be the contact at this (these) phone number(s): _____

I agree to the above statements and consent form.

Signature of parent or guardian

Date

Please print name

Email Confirmation from Mayo School of Health Sciences or Human Resources

A couple of days before the Mayo Clinic Career Observation Program experience, students will receive an email confirmation note. This email note will serve as a reminder of the scheduled experience as well as any final details needed for the student's arrival, final preparation, orientation and experience in the program. The following information will be provided in this note:

- Meeting location
- Person to meet
- Time for arrival
- Parking information
- Email Orientation (see Student Orientation section) information including a reminder of dress code and code of conduct/how to act (First impressions are important so please take the time to prepare for this experience)
- What to expect

Please fill in the following Information for your use:

Date of MC-COP: _____ Time: _____
Department: _____ Location: _____
Name of Observation Coordinator: _____
Phone Number: _____
Dress Standard: _____

What to Expect?

During this observation, you can expect the following experiences:

- ❖ Personal experiences with employees of Mayo Clinic
- ❖ Observation of technology and procedures in the career field
- ❖ Observation of skills and knowledge necessary to successfully perform the profession
- ❖ Observation of the individual and team contributions to the care of patients
- ❖ Observation of the Mayo Clinic atmosphere and Model of Care
- ❖ Identification of the connections between high school classroom learning and practical application in the worksite
- ❖ Training on HIPAA and Patient Confidentiality
- ❖ Access to employees for questions, comments and discussion

How to Act?

As a participant in the Mayo Clinic Career Observation Program, we ask you to conduct yourself within the following guidelines:

- ❖ Dress in a professional manner (Mayo Clinic dress code for the area of observation).
- ❖ Show up neatly groomed.
- ❖ Show respect and courteous manners to the Mayo Clinic employees and anyone else you may meet during the experience.
- ❖ Be ready and eager to learn and engage in this interactive program.
- ❖ Take advantage of this experience with full participation and collaboration.
- ❖ Be accountable to your observation coordinator and follow instructions as given.
- ❖ Complete the student orientation before the observation begins.

STUDENT ORIENTATION

(Conducted by Mayo Clinic through email and on-site visit)

Student Orientation/email note:

The following topics will be covered in the Student's Email Orientation. This orientation will take place before the student comes to Mayo Clinic for the actual observation experience and will be confirmed by assigned designee from the Mayo School of Health Sciences or Recruitment Strategies-HR. Orientations for observations tied to the Mayo School of Health Sciences (MSHS) will be conducted by MSHS Enrollment and Student Services staff.

Topics:

I. Purpose of the Observation Program

- A. Confirm career interest
- B. "Informed decisions" on education/training programs
- C. Exposure to the MSHS/Mayo Clinic atmosphere
- D. Connecting the classroom and the world of work

II. Observation agenda and expectations for the day

- A. Orientation/Paperwork
- B. Skills and tasks observation
- C. Conversation with employees and program directors
- D. Potential hands-on activities not involving direct patient care
- E. Questions

III. Student's role in the program

- A. Learner & Observer
- B. Investigator & Networker
- C. Communicator & Interviewer

IV. Department's and Coordinator's role in the program

- A. Educator & Communicator
- B. Quality Control, Parameter Control & Policy Control

VIII. Dress Code

- A. Standards:
 - 1. Name Tags
 - 2. Fit of clothing
 - 3. Grooming/Cosmetic/Fragrances
 - 4. Jewelry/Accessories
 - 5. No visible tattoos that are offensive to Mayo patients, employees, and visitors
 - 6. No's: **jeans, capri pants, caps, shorts, spandex pants, stiletto heels, cargo pants, bibs T-shirts, sweatshirts, leather pants, tank tops, camisoles, spaghetti straps, bare legs without hosiery, exposed midriffs, and exposed undergarments.**
- B. Observation Coordinator provides guidance

IX. Conduct

- A. Listening
- B. Follow directions
- C. Respect employees, patients and other people
- D. No smoking policy
- E. Full participation

Student Orientation/on-site:

The following Orientation will take place once the student arrives at Mayo Clinic and prior to the actual observation experience itself. This Orientation will be conducted by assigned designee from the Mayo School of Health Sciences or Recruitment Strategies-HR. Orientations for observations tied to the Mayo School of Health Sciences (MSHS) will be conducted by MSHS Enrollment and Student Services staff.

- I. **Confirmation of Proper Paperwork**
 - a. Observation Agreement
 - b. Parent/Guardian Consent Form
 - c. Suggested Questions
 - d. What Did You Observe?

- II. **Questions Regarding the Email Orientation**

- III. **HIPAA/Patient Confidentiality/Confidentiality Forms**
 - A. Go through HIPAA (*Health Insurance Portability and Accountability Act*) CD ROM:
 1. An introduction to HIPAA
 2. Patient rights
 3. Routine use of patient information
 4. Disclosure of patient information
 5. Business associates
 6. Basic security requirements
 7. Research
 - B. Patient confidential records
 - C. Mayo policies and applicable laws
 - D. Safeguarding Mayo's confidential information
 - E. Confidential information includes:
 1. Patient name, address, dates related to the patient, telephone/fax numbers, email address, social security number, medical record number, account number and pictures of the patient
 2. Communication between physician and caregivers with the patient
 3. Medical billing records
 4. Patient care procedures and treatments
 - F. No discussion of confidential information outside Mayo (this includes school counselors, educators, parents, friends, relatives and other associates outside of the Clinic)
 - G. Sign Mayo confidentiality form

OBSERVATION EXPERIENCE

Counselor/Designated Educator:
Checklist for the Observation Experience Stage:

The following forms are found in this guidebook and should be covered with the student before the Observation Experience begins:

_____ Suggested Observation Questions

_____ What Did You Observe?

_____ Make sure the student brings the Observation Agreement Form, the Parent Consent Form and pages 18 & 19 from this booklet to the Observation Experience.

FYI: Observation Agenda – Sample

In developing your observation experience, the observation coordinator will keep the following two priorities in mind:

- The objectives of the program, previously stated
- Safeguarding patient confidentiality

The department will determine the amount of time spent; however, a 3-5 hour time block is recommended and should be limited to one day.

Sample Agenda:

I. Meet & greet the student at a pre-determined location

II. “Getting to know you...”

- Share your background and personal history
- Share some interesting aspects of yourself and personal interests
- Ask questions of the student regarding school, hobbies, etc.

III. Student Orientation for the Department Area

- Restate the Student’s role
- Restate the Department/Coordinator’s role
- Restate Patient Confidentiality/HIPAA
- Specific Safety Concerns
- Notes & Questions

IV. Tour/Observation of Department/Career Interest

- Job skills, tasks and procedures
- Tools/equipment used
- General career related conversation/opinions
- Sharing of expertise
- Job trends/needs
- Education requirements
- Career ladders or linkages that may exist (mobility within)
- Hands on activities whenever possible
- Student questions

V. Reflection Period

- If possible, it is recommended that the Mayo Clinic Coordinator sit down with the student in an informal setting to:
 - ✓ Review the day
 - ✓ Go over the student’s forms, logbooks, etc.
 - ✓ Answer final questions

VI. Departure

- See the student out
- Thank the student for their interest in Mayo Clinic careers

Observation Support Material:

Please bring pages 18 & 19 along with the Observation Agreement Form and Parent/Guardian Consent Form with you for use during your Observation Experience:

Suggested Observation Questions:

1. Can you give me a brief job description of your position?
2. What are the required qualifications (education, training, experience, etc.) for this position?
3. What types of technological equipment are used to perform your job?
4. What is the outlook for this career field?
5. Do you have to travel for your job? If so, how much?
6. What is a normal workday? How many hours per week do you work?
7. What interested you to this position?
8. How did you get to this position and what were the steps you took?
9. If I were interested in this position, where would you suggest that I attend school?
10. What is most rewarding about your job? What is least rewarding?
11. Do you work independently, or in a team? How much flexibility do you have?
12. What are your career plans from here?
13. What is it about Mayo Clinic that attracted you?
14. How many people work at Mayo Clinic?
15. What is a typical entry-level position in your department?
16. What do you wish you had known about this field when you were my age?
17. What high school classes were most helpful in your job assignment?
18. What classes should I be taking in high school?
19. What college/vocational classes were most helpful in your job assignment?
20. Are there any classes in high school or college/vocational you wish you would have taken or taken more seriously?
21. What is the dress code for your position?
22. What type of person is Mayo Clinic looking for? What characteristics are important?
23. What are the main challenges to entering this career field?
24. What does the typical benefit package consist of at Mayo Clinic?
25. Is Mayo Clinic's compensation package competitive with other healthcare institutions in the region?
26. Personal Question: _____

27. Personal Question: _____

28. Personal Question: _____

What did you Observe?

Job Title: _____

○ **Education Requirements for this job:** _____

○ **Personal Characteristics observed:** _____

○ **Technology & equipment used:** _____

○ **Various Skills Observed:** _____

○ **Contacts made in this career field (name, phone number, email, etc.):** _____

Job Title: _____

○ **Education Requirements for this job:** _____

○ **Personal Characteristics observed:** _____

○ **Technology & equipment used:** _____

○ **Various Skills Observed:** _____

○ **Contacts made in this career field (name, phone number, email, etc.):** _____

POST-OBSERVATION EXPERIENCE

Counselor or Designated Educator:

Checklist for the Post-Observation Experience Stage:

The following forms will be found in this guidebook and should be covered with the student upon completion of the Observation Experience:

_____ **Review of Observation Experience**

_____ **Where Do I Go From Here?**

_____ **Thank you follow-up**

Review of Observation:

This review should be completed by the student and counselor/designated educator right afterward the experience; this will help you further assess your experience, as well as develop next steps in your career awareness planning.

Questions to answer:

QUESTION: What was some of the basic career information you learned today?

QUESTION: What was some of the basic career information you learned today?

QUESTION: What skills, education, training is required for this position?

QUESTION: What aspects of this job do you think you would like? What would you not like? Do you think there are other career fields at Mayo Clinic that would better suit you based on your experience?

QUESTION: What personal changes will you make due to this experience? What goals or plans will you be instilling in your daily life?

Where Do I Go From Here?

You have participated in the Mayo Clinic Career Observation Program, you have participated in other career awareness opportunities, you are beginning to focus in on potential career choices, so now what do you do? The name of the game is “action.”

The time has come to begin planning your steps to attain your career goals. You have a lot of decisions to make in the next months, along with a lot of assessments. The following exercise will help you work through those processes.

- ❖ Did anything surprise you during the observation program?
- ❖ Did it confirm your career desires, or did it steer you down another road?
- ❖ Regarding your “prospective career choice,” what skills/qualities will you need to develop to be successful in this field?
- ❖ What high school courses, classes or experiences will help you hone in on those skills and qualities?
- ❖ What education/training will be required after high school?
- ❖ What colleges or vocational schools provide these opportunities? Which ones are you interested in?
- ❖ How can you continue your relationship with Mayo Clinic? Is there an entry-level position that will help you get your foot in the door?
- ❖ Have you discussed your career plans with your parents/guardians? With your guidance/career counselor or designated educator?

Thank You Follow-up:

The Mayo School of Health Science and Mayo Clinic hope your Mayo Clinic Career Observation Program was a worthwhile, informative experience. We also hope you learned a little bit more about Mayo Clinic, and felt the special atmosphere that exists here.

To help wrap-up your experience, we would ask that you take a moment to express your gratitude to the Observation Program coordinator and department who worked with your experience. You are also welcomed to send a note to other individuals you may have met during your observation, especially if they made a positive impact on your experience.

Include some of the following thoughts in your note:

- ❖ Feedback on your observation experience, what was interesting, what special points did you pick up, and what new facts did you learn?
- ❖ What plans are you making based on your experience from the observation program?
- ❖ What did you learn about Mayo Clinic?
- ❖ Last but not least, please express your appreciation for the experience and the time it took to implement this experience.

EVALUATIONS & SUMMARIES

Student Evaluation & Summary

Please complete this evaluation and summary survey upon completion of the observation program. We ask that this form be returned to your guidance/career counselor or designated educator.

Name: _____ Date: _____

School: _____ Grade: _____

Observation Location: _____

Observation Coordinator: _____

What was your overall opinion of the Mayo Clinic Career Observation Program?

How did the observation program meet your expectations? _____

Describe the facility, type of experiences, activities and skills you observed.

How did the observation program help you to better understand the career field you desire to pursue? _____

Describe something you hope to be able to do as well as those you observed.

What were some of the highlights of your experience? _____

What were some of the surprises of your experience? What were the least enjoyable experiences? _____

How did the observation program change your perception of school and the role education plays in preparing you for your career? _____

Did you find your coordinator helpful? Why or why not? _____

Was the amount of time spent on this experience too short, too much or just right? Why or why not? _____

What are your suggestions in improving this experience? _____

Would you recommend this observation program to a fellow student? Why or why not? _____

Counselor/Educator Program Evaluation:

As a final request in completing your involvement in an observation experience, we ask that you take the time to complete this evaluation and return to Mayo Clinic, Human Resources – Recruitment Strategies, 200 First Street SW, Rochester, MN 55905.

Name: _____ Date: _____

Observation Area: _____

Student: _____ School: _____

<u>Questions:</u>	<u>Yes</u>	<u>No</u>
Did you have the resources necessary to make this observation experience a successful one?	_____	_____
Did you find this Program Guidebook to be a helpful tool in preparing for this experience?	_____	_____
Did you feel well informed and part of the process?	_____	_____
Did the student receive a true benefit from their involvement?	_____	_____
Was paperwork handled efficiently?	_____	_____
Did you and the student fully participate in the pre-observation and post-observation activities?	_____	_____

What are your overall thoughts and opinions of the Mayo Clinic Career Observation Program? _____

What suggestions do you have that would improve this program? _____

How could Mayo support you better with this program offering and general career awareness needs? _____

What role will you have with the student after the observation program in supporting their career planning process? Will the observation experience support this role? _____

General Comments: _____

Thank you for the role you played in the offering of the Mayo Clinic Career Observation Program to the student within your local school. We also appreciate your time spent on this evaluation form, along with the comments you are sending our way. If there are other comments or questions, please feel free to call or email your Mayo Clinic Career Observation Program contact to discuss them further.