

**Stephen F. Austin State University**  
**DeWitt School of Nursing**  
**Evaluation of Curriculum by New Graduates 6 months after Graduation**  
**Form 98B**

1. Graduation from BSN Program?
  - a. Month/Year: \_\_\_\_\_
  
2. Type of BSN Graduate: (select only yes)
  - a. Traditional BSN Graduate: Yes: \_\_\_\_\_ No: \_\_\_\_\_
  
3. When did you pass NCLEX after graduation:
  - a. Within 3 months
  - b. 4-6 months
  - c. After 6 months
  
4. Post-graduation education  
What level of education are you planning on seeking? (select all that apply):
  - a. Master's
  - b. PhD
  - c. DNP
  
5. Post-graduation education  
Have you enrolled in post-graduate education?
  - a. Yes
  - b. No
  
6. Specialty Training and/or Certifications
  - a. What additional training have you participated in? \_\_\_\_\_
  - b. What certification are you working on? \_\_\_\_\_
  - c. What certifications have you been awarded? \_\_\_\_\_
  
7. Employment: How long have you been employed in nursing?
  - a. Within 3 months
  - b. 4-6 months
  - c. After 6 months
  
8. Current Employment at ( please circle one:
  - a. Lufkin, TX: Memorial Health of East Tx
  - b. Lufkin, TX: Woodland Heights
  - c. Nacogdoches, TX: Nacogdoches Medical Center
  - d. Nacogdoches, TX: Nacogdoches Memorial
  - e. Temple, TX: Scott and White
  - f. Tyler, TX: ETMC
  - g. Tyler, TX: Trinity Mother Francis
  - h. Other: (indicate City, State, and Name of Employer below):  
  
\_\_\_\_\_

9. Immediate Supervisor: (we would like to send a survey to your supervisor. By giving this information, you are giving us permission to send them a survey.

Please list the information as follows:

1. Your name
2. Supervisor's name
3. Supervisor's email address

Thanks!!

10. Professional Organization's and Association's:

- a. ANA
- b. TNA
- c. Sigma Theta Tau International
- d. Other: \_\_\_\_\_

11. Community Involvement:

Do you belong to a community based and/or community service organization?

- a. Yes: (provide name of organization: \_\_\_\_\_)
- b. No

12. Recommendation of DeWitt School of Nursing: Would you recommend the SFASU DeWitt School of Nursing to someone interested in nursing?

- a. Yes
- b. No

13. **INSTRUCTIONS: Consider the statements below and, in the space provided after each one, indicate the extent of your agreement, neutrality, or disagreement, by placing a number corresponding to your response from the scale provided:**

Question	Disagree	Neutral	Agree
1. The SON prepared me to apply knowledge of the physical, social and behavioral sciences in the provision of nursing care based on theory, research and evidence-based practice.			
2. The SON prepared me to deliver nursing care within established legal and ethical parameters in collaboration with clients and members of the interdisciplinary health care team.			
3. The SON prepared me to provide holistic nursing care to clients while respecting individual and cultural diversity.			
4. The SON prepared me to demonstrate effective leadership that fosters independent thinking, use of informatics, and collaborative communication in the management of nursing care.			
5. The SON prepared me to assume responsibility and accountability for quality improvement and delivery of safe and effective nursing care.			
6. The SON prepared me to serve as an advocate for clients and for the profession of nursing.			
7. The SON prepared me to demonstrate continuing competence, growth and development in the profession.			

14. Comments are welcomed: