

MCH LEAP PROGRAM GRADUATE FOLLOW-UP QUESTIONS

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your LEAP Program Director.

What year did you graduate from the MCH LEAP Program? _____

- 1. Are you currently enrolled or have you completed a graduate school program that is preparing you to work with the MCH population?**

- Yes
 No

- 1b. If yes, which graduate programs have you enrolled in or completed?**

- Medicine (e.g. Pediatric, Ob/Gyn, Primary Care)
 Public health
 Nutrition
 Social work
 Nursing
 Pediatric dentistry
 Psychology
 Pediatric occupational/physical therapy
 Speech language pathology
 Other MCH-related health profession (specify): _____

- 1c. If yes, did the MCH LEAP Training Program help in your admission to and/or being successful in your graduate program?**

- Yes
 No

- 2. Have you worked with Maternal and Child Health (MCH) populations since graduating from the MCH LEAP Training Program? (i.e., women, infants and children, adolescents, young adults, and their families, including fathers, and children and youth with special health care needs)?**

- Yes
 No

- 3. Have you worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training program?**

- Yes
 No