



BRIDGES CAREER ACADEMY Student Survey

APPLICANT INFORMATION		
Name	School	
Academy	Age	Gender

After graduation, I plan to:

- Seek employment as _____ at (*business or industry*) _____.
- Attend college at _____, program _____.
- Join military branch _____, specializing in _____.

For each item identified below, circle the number to the right that best fits your judgment of enrollment in this Academy.

Description/Identification of Survey Item	Strongly Agree	Agree	Disagree
1. Enrollment in a Bridges Academy helped me select a career	1	2	3
2. The Bridges Academy courses taught basic technical skills that I can use in the future.	1	2	3
3. The Bridges Academy courses helped me understand the employability skills, such as teamwork and time management, what future employers will expect from me.	1	2	3
4. The Workplace Connection (career camps, post-secondary workshops, speakers and/or tours) provided real-life experiences that helped me understand the working environment for this career.	1	2	3
5. Completing the Bridges Academy helped me recognize possibilities for future planning in employment and/or education.	1	2	3
6. Earning the Bridges Certificate and receiving an honor cord was important to me.	1	2	3

Additional information I was not asked but would like to share about the Bridges Program is:

Send completed application to: Bridges Career Academies & Workplace Connection
224 West Washington Street, Brainerd, MN 56401