

Thank you for taking the time to complete this pre-program survey for the Dispensing Opticians Training Program. Your responses will help us better understand your educational goals and background, allowing us to improve the learning experience and provide relevant support. All responses are confidential.

Start

Optician Pre Program Survey

Name*

First Name

Last Name

Email*

Please provide the mailing address where you would like to receive your certificate upon completing the program.*

Address Line 1

Address Line 2

City

State

ZIP Code

What is your age?*

What is your gender identity?*

- Female
- Male
- Non Binary
- Prefer not to say
- Other

What is your ethnicity? (Select all that apply)*

What is your ethnicity? (Select all that apply)*

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native American or Alaska Native
- Pacific Islander
- Other

Are you currently working/employed?*

What is your highest level of education?*

Do you have any prior experience in the optical field?*

What motivated you to enroll in this program? (select all that apply)*

- Interest in the optical industry
- Desire for a new career path
- To gain specific skills, certification, or licensure
- To gain skills for immediate employment
- Encouragement from employer
- Other

What features of this program made you decide to enroll? (select all that apply)*

- Affordability
- Program reputation
- ABO license training
- Course content

What features of this program made you decide to enroll? (select all that apply)*

- Affordability
- Program reputation
- ABO license training
- Course content
- Hands on training
- Other

What are your career goals after completing this program?*

- Work in an optical retail store (ex. Lens Crafters, Target Optical, Warby Parker, Costco, etc)
- Start my own optical business
- Work in a hospital or clinic setting
- Other

Many graduates of this program go on to take the American Board of Opticianry (ABO) Licensing Exam. Do you plan to take this exam?*

How do you prefer to learn? (Select all that apply)*

- Hands-on training
- Group projects
- Lectures
- Hybrid learning (example- online lectures paired with in-person labs)
- Other

Do you anticipate any challenges in completing this program?*

- Financial difficulties
- Lack of access to resources or support
- Limited access to child care
- Caregiver responsibilities
- Uncertainty about career path

Do you anticipate any challenges in completing this program?*

- Financial difficulties
- Lack of access to resources or support
- Limited access to child care
- Caregiver responsibilities
- Uncertainty about career path
- I don't anticipate any challenges
- Other

Do you plan to continue your education after completing this program?*

How did you hear about this program? (Select all that apply)*

- Social media (e.g., Facebook, Instagram)
- College website
- Flyers or brochures
- Word of mouth
- Employer referral
- Other

Are you interested in learning about additional programs or opportunities at Cañada College?*

Is there anything else you would like to share that could help us support your learning journey?