

**Sample Form for Student Survey – Part I**

NAME OF PERSON ADMINISTERING SURVEY: \_\_\_\_\_

DATE: \_\_\_\_\_ CLASS PERIOD: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_

NAME OF YOUR INSTRUCTOR?

NAME OF YOUR COURSE?

Number of terms, quarters, or semesters you have attended?

**SURVEY DIRECTIONS:**

Part I is to be completed in each class in which you are surveyed. It applies only to that class.

On a scale of 1 to 5, 5 meaning you are “completely satisfied” and 1 meaning you are “completely dissatisfied”, check the number that indicates your degree of satisfaction with each of the following items. (Check NA if the item is not applicable or if you lack personal knowledge of it.) PLEASE RECORD YOUR TOTAL RESPONSES IN THE SPACE PROVIDED BELOW ITEM NO. 20.

SURVEY ITEM 1 2 3 4 5 NA

**THE ABILITY OF THE INSTRUCTOR:**

- |     |  |   |   |   |   |   |    |
|-----|--|---|---|---|---|---|----|
| 1.  | To make this course interesting        | 1 | 2 | 3 | 4 | 5 | NA |
| 2.  | To make its content understandable     | 1 | 2 | 3 | 4 | 5 | NA |
| 3.  | To organize his/her instruction        | 1 | 2 | 3 | 4 | 5 | NA |
| 4.  | To motivate you and other students     | 1 | 2 | 3 | 4 | 5 | NA |
| 5.  | To stimulate class discussions         | 1 | 2 | 3 | 4 | 5 | NA |
| 6.  | To use examples or demonstrations      | 1 | 2 | 3 | 4 | 5 | NA |
| 7.  | To use varied teaching approaches      | 1 | 2 | 3 | 4 | 5 | NA |
| 8.  | To encourage you to think for yourself | 1 | 2 | 3 | 4 | 5 | NA |
| 9.  | To preview what is to be taught        | 1 | 2 | 3 | 4 | 5 | NA |
| 10. | To summarize what has been taught      | 1 | 2 | 3 | 4 | 5 | NA |

**PERSONAL QUALITIES OF THE TEACHER:**

- |     |                                |   |   |   |   |   |    |
|-----|--------------------------------|---|---|---|---|---|----|
| 11. | Sensitivity to students' needs | 1 | 2 | 3 | 4 | 5 | NA |
| 12. | Sense of humor                 | 1 | 2 | 3 | 4 | 5 | NA |
| 13. | Fairness                       | 1 | 2 | 3 | 4 | 5 | NA |
| 14. | Voice, speech, appearance      | 1 | 2 | 3 | 4 | 5 | NA |
| 15. | Enthusiasm                     | 1 | 2 | 3 | 4 | 5 | NA |

PHYSICAL ASPECTS OF THE CLASSROOM

16.	Quality of instructional equipment	1	2	3	4	5	NA
17.	Sufficiency of equipment provided	1	2	3	4	5	NA
18.	Attractiveness, cleanliness of room	1	2	3	4	5	NA
19.	Ventilation and climate control	1	2	3	4	5	NA
20.	Sufficiency of space per student	1	2	3	4	5	NA

TOTALS FOR EACH COLUMN: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ NA \_\_\_\_\_

YOUR COMMENTS (Please print) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(1) WOULD YOU RECOMMEND THIS COURSE TO A FRIEND? YES \_\_\_\_\_ NO \_\_\_\_\_

(2) WOULD YOU RECOMMEND A FRIEND TO TAKE A COURSE TAUGHT BY THIS INSTRUCTOR? YES \_\_\_\_\_ NO \_\_\_\_\_

## Sample form for Student Survey – Part II

### SURVEY DIRECTIONS:

Part II is to completed only once in each term, quarter or semester in which you are surveyed. It applies to your entire educational experience at this school.

On a scale of 1 to 5, 5 meaning you are “completely satisfied” and 1 meaning you are “completely dissatisfied”, check the number that indicates your degree of satisfaction with each of the following items. (Check NA if the item is not applicable or if you lack personal knowledge of it.) PLEASE RECORD YOUR TOTAL RESPONSES IN THE SPACE PROVIDED BELOW ITEM NO. 10.

SURVEY ITEM	1	2	3	4	5	NA
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### THE OVERALL QUALITY OF:

1.	The instruction you have received	1	2	3	4	5	NA
2.	The program you have been taking	1	2	3	4	5	NA
3.	The instructional equipment you've used	1	2	3	4	5	NA
4.	The school facility	1	2	3	4	5	NA
5.	The services provided by other staff	1	2	3	4	5	NA

### THE INTEGRITY OF THE SCHOOL'S:

6.	Recruitment practices you experienced	1	2	3	4	5	NA
7.	Recruitment agent who dealt with you	1	2	3	4	5	NA
8.	Business practices you have experienced	1	2	3	4	5	NA
9.	Administrators you have dealt with	1	2	3	4	5	NA
10.	Response to your concerns or complaints	1	2	3	4	5	NA

TOTALS FOR EACH COLUMN: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ NA \_\_\_\_\_

YOUR COMMENTS (Please print) \_\_\_\_\_

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(A) WOULD YOU RECOMMEND YOUR PROGRAM TO A FRIEND? YES \_\_\_\_\_ NO \_\_\_\_\_

(B) WOULD YOU RECOMMEND THIS SCHOOL TO A FRIEND? YES \_\_\_\_\_ NO \_\_\_\_\_