

(School Name)
STUDENT SURVEY
(part II)

PROGRAM AND SCHOOL

Name of Program: _____ Date: _____

Please answer each question. Place a check mark in the column that best describes your opinion.

	Completely Satisfied	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
THE OVERALL QUALITY OF:					
1. The instruction you have received					
2. The program you have been taking					
3. The instructional equipment you've used					
4. The school facility					
5. The services provided by other staff					
THE INTEGRITY OF THE SCHOOL:					
6. Recruitment practices you experienced					
7. Recruitment agent which dealt with you.					
8. Business practices you have experienced					
9. Administrators you have dealt with					
10. Response to your concerns or complaints					

Would you recommend this school to a friend? Yes No

Would you recommend this program to a friend? Yes No

Comments:

Rule # 3332-1-14 Written Survey

Note: Form must be anonymous