



FALL 2009 STUDENT SURVEY

Los Angeles Community Colleges

YOUR EXPERIENCES AND OPINIONS ARE IMPORTANT!

Please help your college to do a better job by telling us about your background and your experiences with the education that you are receiving. Your responses are strictly confidential. Results will be used only for institutional statistics and research.

Please read these instructions carefully. If you have questions, ask your instructor for help.

Write in your STUDENT IDENTIFICATION NUMBER, BIRTH DATE, CLASS SECTION NUMBER, and COLLEGE and darken the appropriate bubbles in Items I through IV. If you do not know your STUDENT IDENTIFICATION NUMBER, your instructor has a list of ID's for this class.

If you have completed this survey in another class, mark YES in item V and give the survey to your instructor.

INSTRUCTIONS

- Please use a blue or black pen OR number 2 pencil ONLY
- Make no stray marks
- Erase completely to change
- Fill response position completely

Correct Mark:

USE BLUE OR BLACK INK PEN OR USE NO. 2 PENCIL ONLY

I. STUDENT ID NUMBER											
8	8										
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

II. BIRTH DATE											
M	M	D	D	Y	Y	Y	Y	Y	Y	Y	Y
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

III. SECTION NO.			
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

IV. COLLEGE	
City	<input type="radio"/>
East LA	<input type="radio"/>
Harbor	<input type="radio"/>
Mission	<input type="radio"/>
Pierce	<input type="radio"/>
Southwest	<input type="radio"/>
Trade-Tech	<input type="radio"/>
Valley	<input type="radio"/>
West LA	<input type="radio"/>

V.
If you completed this survey in another class, bubble YES and STOP
Yes <input type="radio"/>

Now, please answer the questions below in terms of your experience at this college. Thank you very much.

A. Goals and Plans

1. What is the highest degree or certificate that you ever intend to obtain? (Mark one only)

High school diploma or GED

Certificate in a vocational program

Associate Degree

Bachelor's Degree

Master's Degree

Professional Degree (MD, Law, etc.)

Academic Doctorate (Ph.D., Ed.D.)

Not seeking a degree/certificate or already have one

Undecided

2. What is your objective at this college? (Mark one only)

High school diploma or GED

Certificate in a vocational program

Associate degree and preparation for transfer to a 4-year college

Associate degree only

Transfer preparation only

Not seeking a degree/certificate or already have one

Undecided

3. How do you feel about attending college? (Mark one response for each item)

Strongly Agree Agree Disagree Strongly Disagree

a. Being a college student has a great deal of personal meaning to me

b. Being enrolled in college has made me happy

c. In my family, going to college is highly valued

d. My family would be disappointed if I did not go to college

e. If I could find another way to achieve my goals I would not go to college

f. If I had a better alternative, I probably would not have enrolled in college

4. How interested are you in each of these occupational areas? (Mark one response for each item)

No Interest Little Interest Some Interest High Interest

a. Agriculture, food and natural resources

b. Architecture and construction

c. Arts, audio/visual technology and communications

d. Business and finance

e. Education and training

f. Government and public administration

g. Health sciences

h. Hospitality and tourism

i. Information technology

j. Law, public safety, corrections, security

k. Manufacturing

l. Marketing, sales and service

m. Science, technology, engineering and mathematics

n. Transportation, distribution and logistics

5. Have any of the following been a problem for you in reaching your academic goals? (Mark one response for each item)

Major Problem Moderate Problem Minor Problem Not a Problem

a. Quality of high school preparation in reading, writing or math

b. Study skills - don't know how to study on my own

c. English not my primary language

d. Too much is expected by instructors

e. Financial factors

f. Job obligations

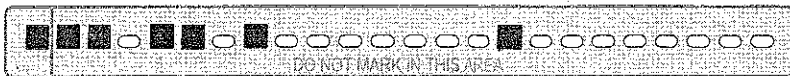
g. Family obligations

h. Uncertainty about my personal or career goals

i. I'm just not motivated

j. Other personal problems

k. The classes I want are not offered frequently enough or at convenient times



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B. Student Background

6. Choose the ONE response that most nearly describes the length of time you and your family have lived in the United States. (Mark one only)

- I have lived in the US less than 5 years.....
- I have lived in the US between 5 and 10 years.....
- I was not born in this country but I have lived here more than 10 years.....
- I was born in this country but both of my parents were not.....
- At least one of my parents was born here, but one or more of my grandparents were not.....
- All of my grandparents were born in this country.....

7. What is the highest level of education that any of your family have achieved? (Mark one item for each column)

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| | Father | Mother | Bother or Sister |
| Elementary school or less (grades 1-6)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Middle school (grades 7-8)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Some high school/secondary school but did not graduate.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Completed high school/secondary school..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Some college but no degree..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Two-year college degree..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Four-year college degree..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Advanced degree (graduate or professional)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. What is your marital status (Mark one only)

- Currently single.....
- Married or domestic partnership.....

9. Do you have dependent children? (Mark all that apply)

- a. No.....
- b. Yes, 5 years old or younger.....
- c. Yes, 6-18 years old.....
- d. Yes, over 18 years old.....

10. If you have a disability, please indicate your disability (Mark all that apply)

- a. No disability.....
- b. Mobility impaired.....
- c. Visually impaired (not correctable with glasses or contacts).....
- d. Hearing impaired.....
- e. Speech/Language impaired.....
- f. Attention deficit disorder.....
- g. Acquired brain injury.....
- h. Learning disability.....
- i. Psychological disability.....
- j. Other disability.....

11. If you have a disability, have you informed the college Disabled Students Office? (Mark one only)

- Yes.....
- No.....
- No disability.....

C. Financial Resources

12. Did your parent(s) claim you as an income tax dependent in the most recent year? (Mark one only)

- Yes.....
- No.....
- I don't know.....

13. What is your total family annual income, not including loans, grants or scholarships? (If you answered yes in question 12, your total earnings are what you and your parents made together.) (Mark only one amount)

- | | | |
|---|---|---|
| <input type="radio"/> \$0-\$14,000 | <input type="radio"/> \$29,001-\$34,000 | <input type="radio"/> \$49,001-\$59,000 |
| <input type="radio"/> \$14,001-\$19,000 | <input type="radio"/> \$34,001-\$39,000 | <input type="radio"/> \$59,001 or more |
| <input type="radio"/> \$19,001-\$24,000 | <input type="radio"/> \$39,001-\$44,000 | |
| <input type="radio"/> \$24,001-\$29,000 | <input type="radio"/> \$44,001-\$49,000 | |

14. How many people are in the household (including yourself) reported in question 13? (Mark one number only)

- | | | |
|-------------------------|-------------------------|---------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 4 | <input type="radio"/> 7 |
| <input type="radio"/> 2 | <input type="radio"/> 5 | <input type="radio"/> 8 |
| <input type="radio"/> 3 | <input type="radio"/> 6 | <input type="radio"/> 9 or more |

15. How many hours per week do you currently work? (Mark one only)

- 40 hours or more.....
- 20-39 hours.....
- 10-19 hours.....
- Less than 10 hours.....
- I don't work.....

16. Have your hours been changed over the past year?

- No change.....
- Increased.....
- Decreased.....
- Was employed, now unemployed.....

17. Are you receiving money from any public assistance program (For example, TANF/Cal WORKS, SSI/SSDI, General Assistance, or Section 8)?

- Yes
- No

18. Have you previously been (or are you currently) in foster care?

- Yes
- No

19. Are you eligible for financial aid? (Mark one)

- a. Yes, currently receiving aid.....
- b. Should be eligible but did not apply.....
- c. Eligible but not receiving aid for other reasons.....
- d. Not eligible, not taking enough units.....
- e. Not eligible, family income too high.....
- f. Not eligible, other reason.....
- g. Don't know if eligible.....

20. If you applied, how did you learn about financial aid?

(Mark one - if you did not apply skip to question 21.)

- a. Received information in class and then applied.....
- b. Received information from high school counselor and then applied.....
- c. Received information from college school counselor.....
- d. Consulted college financial aid office first.....
- e. Other on-campus information.....
- f. College web site.....
- g. Government financial aid web site.....
- h. Other web site.....
- i. Other source of information.....

21. If you did not apply for financial aid, why not?

(Mark one - if applied, skip to question 22.)

- a. I did not think I would be eligible.....
- b. The application forms were too complicated.....
- c. I did not have the information about my family's income.....
- d. I did not want to reveal my family's income.....
- e. The money was not large enough to be worth the effort.....
- f. I don't like to receive public assistance.....
- g. Other reason for not applying.....

22. Are costs for text books a problem for you? (Mark all that apply)

- a. Yes, I take fewer courses as a result.....
- b. Yes, I don't buy all of the required books.....
- c. Yes, I sometimes don't buy all of the books at the beginning of the term.....
- d. No.....

D. Counseling Information and Services

23. Have you ever met with a counselor?

- Yes (Skip to question 25) No (Go to question 24)

24. I have not met with a counselor because... (Mark all that apply and then skip to question 31)

- a. I'm taking only a few individual courses and do not plan to complete any program.....
- b. I know what I need to take for my program.....
- c. I get program advice from my instructors.....
- d. It has never been convenient to meet with a counselor.....

25. When did you last meet with a counselor? (Mark one)

- a. This semester.....
- b. Last semester.....
- c. Previous to last semester.....

26. If you have met with a counselor, what was the primary purpose of your most recent meeting? (Mark one)

- a. Approve study list only.....
- b. Prepare multi-semester course plan.....
- c. Counseling for a personal problem.....
- d. Get information about transfer requirements.....
- e. Other reason.....

27. Have you received counseling from any of the following? (Mark all that apply)

- a. EOP&S (Extended Opportunity Program and Services) counselor.....
- b. International Students' director or counselor.....
- c. Disabled Students Programs and Services counselor.....
- d. Other special program.....
- e. An instructor.....

28. Do you have a formal educational plan designed for you by a counselor and when was it done?

- a. Yes, and it was created or updated in Summer or Fall 2009.
- b. Yes, and it was created or updated in Spring 2009.....
- c. Yes, and it was created or updated in Summer or Fall 2008..
- d. Yes, and it was created or updated in Spring 2008.....
- e. Yes, but it was created or updated prior to Spring 2008.....
- f. I do not have such a plan.....

29. Have you been able to follow the recommended list of courses?

- a. Yes.....
- b. No, some of the courses I need have not been offered when I can attend.....
- c. No, I have to complete some prerequisites first.....
- d. No, I've changed my mind about my program or goals.....

30. Was your last meeting with a counselor a "drop-in" or a scheduled appointment?

- Drop-in Scheduled

- a. Getting to see a counselor for this meeting was easy.....
- b. There was enough time during this meeting for my question or concern.....
- c. I was satisfied with the outcome of the visit.....

31. A good way to obtain counseling information (e.g., regarding courses to take or career or transfer information) would be... (Mark one response for each item)

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A one-on-one meeting with a counselor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A group session or workshop..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A web site..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A video chat with a counselor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A phone conversation with a counselor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. An e-mail exchange with a counselor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. An online, interactive workshop with a counselor and other students..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

32. In my opinion it would be most helpful for a student to meet with a counselor... (Mark one response for each item)

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. When first enrolling college..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. When having academic problems with classes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. When planning to transfer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. When thinking about a career choice..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. College Experiences

33. At this college, how often do you do each of the following. (Mark one response for each item)

- | | Sometimes Often | Seldom | Never |
|--|--------------------------|--------------------------|--------------------------|
| a. Ask questions or participate in class discussions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Give a presentation or performance in class..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Go to class unprepared..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Skip class..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Work with other students in groups during class..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Work with others outside of class to prepare class assignments..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Discuss ideas from your classes with others outside of class (students, family members, co-workers, etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have serious conversations with students who differ from you in terms of their religious beliefs, political opinions, or ethnic background..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. How often do you use a computer for each of the following activities? (Mark one response for each item)

- | | Sometimes Often | Seldom | Never |
|--|--------------------------|--------------------------|--------------------------|
| a. Use a computer AT HOME to do school work..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use a computer AT WORK to do school work..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use a computer ON CAMPUS to do school work..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Use the Internet to get information for an assignment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Use email, instant messaging or other electronic method to work on an assignment with other students..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use email, instant messaging or other electronic method to communicate with an instructor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Use the College website..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Use the Library website..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Use the Internet to apply, register, check grades, add or drop classes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35. How would you describe your interactions with instructors? (Mark one response for each item)

- | | Sometimes Often | Seldom | Never |
|---|--------------------------|--------------------------|--------------------------|
| a. I talk about educational or career plans with an instructor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I discuss ideas from my readings or classes with instructors outside of class..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I visit instructors during their office hours..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

36. During your attendance at this college have you done any of the following? (Mark Yes or No for each item)

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Participated in a community-based or service project as a part of a class..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tutored or taught other students (paid or voluntary)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attended a college sporting event, theater production or musical performance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attended a college club meeting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Worked with instructors or other college staff on activities outside of class..... | <input type="checkbox"/> | <input type="checkbox"/> |

37. During the last regular week of school, how many hours did you spend in each of the following activities? (Mark one response for each item)

- | | None | 1-5 | 6-10 | 11-20 | 21-30 | 30 plus |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Class preparation (studying, reading, writing, rehearsing, doing homework)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Participation in college-sponsored activities (clubs, campus publications, student government, intercollegiate or intramural sports, etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Family responsibilities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Commuting (to school and/or work)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Socializing, watching TV, other recreation... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

38. How much have your experiences at this college both in and out of class helped/improved your ability to do the following? (Mark one response for each item)

- | | Very Much | Quite a bit | Some | Very little |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Acquire a broad general education..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Acquire job or work-related knowledge and skills..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Write clearly and effectively..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Speak clearly and effectively..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Think critically and analytically..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Solve numerical problems..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Use computers and other information technology..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Work effectively with others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Learn effectively on your own..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Understand yourself..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Understand people of other racial, cultural or ethnic backgrounds..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Develop a personal code of values and ethics..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Contribute to the welfare of your community..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Develop clearer career goals..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Get a job or advance your career..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Set educational goals and monitor your progress..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

39. Outside of class/lab time, how many hours a week do you spend on campus? (Include studying, work, library, cultural and/or leisure activities.) (Mark one answer only)

- | | |
|------------------------------|--------------------------|
| a. None..... | <input type="checkbox"/> |
| b. Three hours or less..... | <input type="checkbox"/> |
| c. Three to six hours..... | <input type="checkbox"/> |
| d. Six to nine hours..... | <input type="checkbox"/> |
| e. Nine to twelve hours..... | <input type="checkbox"/> |
| f. Twelve hours or more..... | <input type="checkbox"/> |

40. To what extent do you agree with the following statements about educational practices at this college? (Mark one response for each item)

- | | Strongly Agree | Agree | Disagree | Strongly Disagree | Does not apply |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Textbooks and reading materials are useful for the courses..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Grading practices in the courses are fair..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tests cover the course material presented..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The policies and penalties for cheating are provided and are followed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. College publications clearly and adequately reflect the college's policies and procedures (catalog, schedule of classes, web site)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I receive a course syllabus that describes the course expectations, grading procedures and learning outcomes the course should provide..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Course syllabi are followed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I would encourage others to attend this college..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. Campus Facilities and Services

(Mark one response for each item)

- | | Strongly Agree | Agree | Disagree | Strongly Disagree | Does not apply |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 41. I feel safe and secure on this campus..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Campus buildings are clean and well maintained..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Food service on this campus is sufficient..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. The restrooms on this campus are clean and well maintained..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. The grounds and public areas on this campus are clean and well maintained..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. The campus is free of safety hazards..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. The campus has adequate outside lighting after dark..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Sufficient parking is available on campus..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. The parking lots are safe, well lighted, and well maintained..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. The college has made a good effort to reduce the impact of construction on students..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

51. Please describe the one or two things you like best about this college.

52. Please describe the one or two things at this college that you would most like to see changed.

Thank you for participating in this survey.

