

PROGRAM EVALUATION 2013-2014



Student Name:

Student ID:

Please rate our program using the scale provided below.

If you answer "Fair" or "Poor" to any of the questions below, please write your suggestions for improvement in the lines provided. We want to improve our services. We would love to have your feedback.

	Excellent	Good	Fair	Poor	N/A
1) Rate your general impression of our program. (Your satisfaction with the services provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Rate the ability of the Student Support Services (SSS) staff and the ability of Northwest in making students aware of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Rate the ability of the SSS staff in explaining the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Rate the SSS staff's concern, support, and understanding offered to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Rate the ability of the SSS staff in encouraging involvement in Student Support Services activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Rate the quality of the <u>Counselor</u> contact you experienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Rate the quality of the <u>Office Manager</u> contact you experienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Rate the quality of the <u>Transfer Specialist</u> contact you experienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Rate the quality of the <u>Peer Mentor</u> contact you experienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) As a participant in SSS, rate how well NWCC promotes/ encourages your success as a student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Rate the possibility of your involvement in the program next school year (2014-2015).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Rate how likely you are to recommend Student Support Services to other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>