

EXAMPLE STUDENT SURVEY

Introduction

1. As part of our process of continuous improvement, the [Program Name] program at the University of Guelph, is gathering feedback on the quality of your learning experiences in the [Program Name] program.

We value your honest and detailed responses.

This questionnaire should take approximately 10 minutes to complete. **Any identifying information that you provide will be separated from your responses to maintain your anonymity to [Program Name] program faculty and staff.**

Note: Depending on the administration of the survey, anonymity may not be possible. In this case an alternate statement describing how identifying information will be removed before the data is shared may be more appropriate. Be aware of your audience and the ways in which power differentials may affect responses.

Please select your response by clicking on the appropriate choice.
Open boxes are available for some questions for you to enter your own descriptive answer.

Demographics

2. At what level of the program are the majority of your courses this academic year (2021-2022)?
 - 3rd Year
 - 4th Year
 - Other _____
-

3. Are you a full-time or part-time student?

Full-time (2.0 credits or more per semester)

Part-time (1.5 credits or less per semester)

4. Why did you decide to enroll in the [Program Name] at the University of Guelph?

Achievement of Program Learning Outcomes

5. Based on your experiences in the courses required for completion of your degree program, **to what extent has the [Program Name] program helped you develop the ability to do the following:**

	Not at all	Very little	Somewhat	Moderately	Greatly	Not applicable, or unsure
Program Learning Outcome 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Program Experiences and Evaluation

6. How satisfied or dissatisfied are you with your **overall experience** in the [Program Name] program?

- Very Dissatisfied
 - Dissatisfied
 - Somewhat Dissatisfied
 - Neutral
 - Somewhat Satisfied
 - Satisfied
 - Very Satisfied
-

7. How satisfied or dissatisfied are you with the **overall** quality of **teaching** in the [Program Name] program?

- Very Dissatisfied
 - Dissatisfied
 - Somewhat Dissatisfied
 - Neutral
 - Somewhat Satisfied
 - Satisfied
 - Very Satisfied
-

8. To what extent have library resources and services supported your progress through the [Program Name]?

- Not at all
- To a very little extent
- To a slight extent
- To a moderate extent
- To a great extent
- Not applicable

9. Please indicate the degree to which you agree or disagree with the statement:

"Overall, I feel that the [Program Name] program is **meeting my expectations.**"

- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Neither Agree nor Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
-

10. Please describe what you think is the main **strength** of the [Program Name] Program

11. Please describe what you think is the main **weakness** of the [Program Name] Program

12. What do you hope to do with your degree after graduation? (more than one option may be selected)

- Work in government or the public sector
- Work for a not-for-profit or non-governmental organization
- Work in private sector or business
- Start my own business / be self-employed
- Pursue additional educational opportunities
- Unsure at this time
- Other (please specify) _____

Display this question only if 'Pursue additional educational opportunities' is selected

13. Please indicate the type of program you intend to pursue (more than one option can be selected)

- Professional Degree program (e.g., law, medicine, engineering, teaching)
 - Master's degree
 - Doctoral degree
 - Diploma
 - Post-degree certificate
 - Other (please specify) _____
-

14. Please indicate the degree to which you agree or disagree with the statement:

"What I am learning in the [Program Name] program is preparing me for my professional or academic career post-graduation."

- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Neither Agree nor Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
-

Display this question only if 'What I am learning in the [Program Name]' Any Disagree is selected

15. Please provide some comments to explain your response to the statement: "What I am learning in the [Program Name] program is preparing me for my professional or academic career post-graduation."

16. What learning experiences or aspects of the [Program Name] program have been **most** beneficial to your learning? Think about the program as a whole, as well as specific courses or experiences inside or outside of the classroom.

17. What learning experiences or aspects of the [Program Name] program have been **least** beneficial to your learning? Think about the program as a whole, including courses and experiences inside or outside of the classroom. Please do not discuss individual course instructors.

18. What area or topic within the [Program Name] program do you feel is not adequately covered by the program or should be added to the program?

19. If the [Program Name] program were to make one change to improve the program, what one change would you recommend?

20. Please provide any further comments about the [Program Name] program that you feel may benefit this improvement process:

Thank You

21. Thank you for taking the time to complete this survey. We value your contribution to the improvement of the [Program Name] Program.

If you have any further questions regarding this survey, please contact:

[Program Chair]
Department Chair and Professor
Department of [Program Name]
[Email]@uoguelph.ca