

ACCESS Center Annual Report

2014-2015

Coordinated by ACCESS Center Janice Medrano, Educational Advisor

2015

ACCESS SURVEY

SAMPLE STUDENT SATISFACTION SURVEY Graduate Satisfaction Survey

Program of Study: _____

Please check one of the following: _____GED ____Certificate _____Associate Degree

Please indicate your level of agreement with the following statements.

| | Poor | Fair | Goo | Exce |
|--|------|------|-----|------|
| Quality of courses taken toward your program | | | | |
| Quality of instruction in your program | | | | |
| Did Faculty play a supportive role in your learning experience | | | | |
| Quality of our Admissions Department | | | | |
| Quality of our Student Success Center | | | | |
| Quality of Registration Department | | | | |
| Quality of our Financial Aid Department | | | | |
| Quality of our Fiscal Office | | | | |
| Overall, I would say my experience at LCC has been a positive | | | | |
| one | | | | |

ellent

Do you feel there are any changes that LCC can make to improve the student experience? Yes \bigcirc NO \bigcirc

If you could change on thing about your experience at LCC, what would it be and why?

Would you recommend LCC to friends and family? Yes O NO O

Graduate Satisfaction Survey

Type of degree received:

_____GED ____28_Certificate ____35___Associate Degree

| Please indicate your level of agreement with the following statements. | | | | ent |
|--|------|------|------|-----------|
| | Poor | Fair | Good | Excellent |
| Quality of courses taken toward your program | 0 | 2 | 25 | 36 |
| Quality of instruction in your program | 3 | 3 | 37 | 20 |
| Did Faculty play a supportive role in your learning experience | 0 | 1 | 22 | 40 |
| Quality of our Admissions Department | 0 | 3 | 18 | 42 |
| Quality of our Student Success Center | 0 | 2 | 20 | 40 |
| Quality of Registration Department | 0 | 2 | 20 | 40 |
| Quality of our Financial Aid Department | 1 | 0 | 21 | 39 |
| Quality of our Fiscal Office | 0 | 0 | 21 | 41 |
| Overall, I would say my experience at LCC has been a positive | 0 | 2 | 19 | 41 |
| one | | | | |

Do you feel there are any changes that LCC can make to improve the student experience?

Yes__11____ NO__50____

If you could change on thing about your experience at LCC, what would it be and why?

- Enhance materials and resources being used
- More clinical to learn
- Updated material on books and computers
- Enjoyed time at LCC
- More classes online

- Wouldn't change anything
- Done nursing instead
- Better computer system
- •

Would you recommend LCC to friends and family?

Yes <u>53</u> NO <u>5</u>