

## **STUDENT SURVEY**

Thank you in advance for taking your valuable time to complete our Student Survey. Correct address, phone and/or email if incorrect. Be assured that your information will be held in confidence and the information you provide will be used to improve our program. **Please complete this survey and return via e-mail or mail.**

**Student #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Mailing**

**Address:** \_\_\_\_\_

**School Year Attended:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Day Program** \_\_\_ **Evening Program** \_\_\_

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### **Please complete the following information**

#### **1. CURRENTLY EMPLOYED (Include Military Service):**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Approximate salary per hour: \$ \_\_\_\_\_

Is your job related to your iTECH program? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### **2. IF NOT EMPLOYED, PLEASE CHECK THE FOLLOWING REASON(S) FOR YOUR UNEMPLOYMENT:**

\_\_\_ Unavailable for employment

\_\_\_ Seeking employment

\_\_\_ Need help to find employment

\_\_\_ Offered employment in my Program field but refused

#### **3. IF YOU ARE CONTINUING YOUR EDUCATION, PLEASE GIVE SCHOOL NAME:**

SCHOOL NAME: \_\_\_\_\_

#### **4. IF YOUR PROGRAM REQUIRES A LICENSE OR CERTIFICATION IN ORDER TO BE EMPLOYED, PLEASE COMPLETE:**

**I have taken the licensure/certification exam** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

\_\_\_\_\_ Date license/certification received

\_\_\_\_\_ waiting for an exam date

\_\_\_\_\_ Did not pass and waiting for new exam date

\_\_\_\_\_ Did not pass and will not attempt again

**5. PLEASE RATE THE FOLLOWING ITEMS ACCORDING TO THIS SCALE:**

	5= Strongly Agree	4= Agree	3= Somewhat Agree	2= Disagree	1= Strongly Disagree	na
1. The classroom portion of the program adequately prepared me for my present position	5	4	3	2	1	na
2. The lab/clinical/shop portion of the program adequately prepared me for my present position	5	4	3	2	1	na
3. The program prepared me for the licensure/certification exam	5	4	3	2	1	na
4. Program instructor(s) were available for assistance	5	4	3	2	1	na
5. Program instructor(s) were sensitive to students needs and treated students equally with respect	5	4	3	2	1	na
6. Program instructor(s) were supportive of the students and provided constructive evaluations	5	4	3	2	1	na
7. Program instructor(s) were competent, knowledgeable and well-prepared for instruction.	5	4	3	2	1	na
8. Questions and independent thinking were encouraged	5	4	3	2	1	na
9. Program policies and procedures were clearly defined and enforced	5	4	3	2	1	na

**6. What were the strengths of the program?**

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**7. What were the weaknesses of the program?**

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**8. Comments about your educational experience at iTECH**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you need assistance with your job search, please contact me.**

**Nancy Dones, Workforce Education Advisor/Placement**  
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