

## Program Review Student Survey

The purpose of this survey is to invite you to provide feedback on the [insert program name] program, referred to as Program in the survey. Your feedback will inform improvements to educational programming.

This survey will take you roughly 10 - 12 minutes to complete. Your participation is voluntary and all of your responses will be kept confidential. The findings will be reported in aggregate only and not attributed to any one participant.

**Note:** We are conducting a program review, not an assessment of individual faculty members. While your honest feedback is important to the review, please refrain from commenting, either positively or negatively, on individual faculty/staff members. Thank you.

Please note that these data are confidential and will not be part of your student record. These data will be reported in aggregate to ensure individuals are not identified. Personal information that you provide to the university and this Program is at all times protected in accordance with the [Freedom of Information and Protection of Privacy Act](#).

If you have any questions regarding this survey, please contact the Office of Quality Assurance.

### Student Experience

#### 1. What is your level within this Program?

- 1<sup>st</sup> year
- 2<sup>nd</sup> year
- 3<sup>rd</sup> year
- 4<sup>th</sup> year
- Other, please specify: \_\_\_\_\_

#### 2. What are your plans after graduation? (Check all that apply)

- Graduate studies
- Professional studies (e.g., law, education, social work, nursing)
- Employment in this field of study
- Employment in another field of study
- I have not decided
- Other, please specify: \_\_\_\_\_

#### 3. What is your gender identity?

- Man
- Non-Binary
- Trans
- Two Spirit
- Woman
- Prefer not to disclose
- I am \_\_\_\_\_ (please specify)

#### 4. Which of the following best describes your sexual orientation?

- Asexual
- Bisexual

- Gay
- Heterosexual
- Lesbian
- Queer
- Prefer not to disclose
- I am \_\_\_\_\_ (please specify)

**5. Do you have a disability or impairment that impacted your educational experience?**

- No
- Yes
- Prefer not to disclose

**(If yes) To build awareness and support improvements to educational programming, please note your type of condition(s):**

- Blind or low vision
- Chronic condition
- Deaf or hard of hearing
- Intellectual
- Learning
- Mental/emotional health
- Mobility/dexterity
- Speech/language
- Prefer not to disclose
- I am \_\_\_\_\_ (please specify)

**6. What is your present citizenship status?**

- Canadian citizen
- Canadian permanent resident
- Citizen of another country with a student visa
- Citizen of another country with a spousal or family visa
- Prefer not to disclose
- I am \_\_\_\_\_ (please specify)

**7. Which of the following best reflects your ethnic/racial identities (choose all that apply):**

- Caucasian/White
- Black
- Indigenous
- Person of Colour
- Prefer not to disclose
- I am \_\_\_\_\_ (please specify)

**8. Do you feel that your identity is represented within the program?**

- No
- Not sure
- Yes

**a) If you are willing to share, please comment on your experience.**

**9. Does the program provide a supportive environment for different forms of diversity (e.g., racial/ethnic, gender, disability, etc.)?**

- No
- Not sure
- Yes

**a) If you are willing to share, please comment on your experience.**

**10. Is the expression of diverse ideas encouraged and respected?**

- No
- Not sure
- Yes

**a) If you are willing to share, please comment on your experience.**

**11. Do you have the opportunity to demonstrate knowledge and understanding in multiple ways?**

- No
- Not sure
- Yes

**a) If you are willing to share, please comment on your experience.**

**12. Have you experienced social, emotional, and/or physical barriers in the program that impact your success? For example, discrimination, racism, or lack of accommodations for disabilities.**

- No
- Not sure
- Yes

**a) If you are willing to share, please comment on your experience.**

**Admissions and Advising**

**13. Please identify the extent to which you agree with the following statements:**

	Strongly Disagree	Disagree	Neutral	Neutral	Neutral	Not applicable
The program admission requirements were adequate to ensure that I had the background to succeed in this program.						
I am satisfied with the quality of academic advising regarding course selection and program requirements.						
Program information (e.g., Academic Calendar, brochures, TRU website, etc.) clearly describes the program content, learning outcomes, and graduation requirements.						

**Development of Knowledge, Skills, and Abilities**

**14. Please comment on the extent to which you agree that this program has supported your development of knowledge, skills, and abilities related to the following program learning outcomes:**

	Strongly Disagree	Disagree	Neutral	Neutral	Neutral	Not applicable
<b>Insert program learning outcome</b>						

Insert program learning outcome						
Insert program learning outcome						
Insert program learning outcome						
Insert program learning outcome						
Insert program learning outcome						
Insert program learning outcome						
Insert program learning outcome						

**Program structure, program delivery, and curriculum**

**15. Please comment on the extent to which you agree with the following statements:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not applicable
The sequence of courses in the program is logical.						
The foundation courses in my program effectively prepare me for more difficult courses.						
I have opportunities to evaluate courses in the program.						
I have seen my feedback inform improvements to the courses and/or program.						
Faculty Members are available for consultation outside of class time.						
Faculty Members provide me with useful feedback on my academic performance.						
Evaluations of my work are fair, constructive, and timely.						
Textbooks and learning materials are appropriate for the program.						
The knowledge, skills, and confidence I am acquiring are adequately preparing me to continue my studies and/or enter the job market.						
Faculty Members consistently provide clear explanations of difficult concepts.						
The program supports my personal, professional, and intellectual growth.						
I have access to the technology resources that I need to be successful in the program.						
I have access to the Library resources that I need to be successful in the program.						
I have access to the mental health and wellness supports that I need to be successful in the program.						
Overall, I am satisfied with this program.						

**Additional Comments**

**16. In your opinion, what are the greatest strengths of the program?**

**17. In your opinion, what opportunities exist for improvement of the program?**

**18. Are there any courses and/or topics related to this program that you would like to see offered that are not (as far as you know) currently available for registration? If yes, please specify:**