STUDENT PROGRAM RESOURCE SURVEY

Sponsoring Institution/Consortium Name:

CoARC Entry Base Program ID#:       CoARC Satellite Option Program ID# (if applicable):



***The purpose of this survey instrument is to evaluate our program resources. The compiled data will aid the program in its ongoing process of program improvement.***

**How long have you been a student in the program?**       Years       Months

**INSTRUCTIONS: Rate each item separately. Check the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know enough about a particular area, please check N/A.**

**5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable**

**NOTE: Please provide detailed comments for any item rated below 3.**

*(Relevant Standard is in parentheses)*

**1. PERSONNEL RESOURCES**

**A. FACULTY TEACH EFFECTIVELY IN THE**:

1. classroom *(2.13)* 5  4  3  2  1  N/A

2. laboratory *(2.13)* 5  4  3  2  1  N/A

3. clinical area *(2.13)* 5  4  3  2  1  N/A

**B. FACULTY NUMBERS ARE SUFFICIENT IN THE:**

1. classroom *(2.13)* 5  4  3  2  1  N/A

2. laboratory *(2.13)* 5  4  3  2  1  N/A

3. clinical area *(2.13)* 5  4  3  2  1  N/A

**C. PROGRAM KEY PERSONNEL:**

1. Program Director is accessible *(2.06)* 5  4  3  2  1  N/A

2. Director of Clinical Education is accessible *(2.10)* 5  4  3  2  1  N/A

Comments:

**2. FACILITIES**

**A.** **CLASSROOMS HAVE ADEQUATE:**

1. lighting *(2.01)* 5  4  3  2  1  N/A

2. ventilation *(2.01)* 5  4  3  2  1  N/A

3. seating *(2.01)* 5  4  3  2  1  N/A

4. audiovisual equipment/materials/  
technology to support effective instruction *(2.01)* 5  4  3  2  1  N/A

**B.** **LABORATORIES HAVE ADEQUATE:**

1. lighting *(2.01)* 5  4  3  2  1  N/A

2. ventilation *(2.01)* 5  4  3  2  1  N/A

3. seating *(2.01)* 5  4  3  2  1  N/A

Comments:

**3. LABORATORY RESOURCES**

A.The amount of equipmentis sufficient for me to perform all required laboratory exercises *(2.01)* 5  4  3  2  1  N/A

B. The variety of equipmentis sufficientfor me to perform all required laboratory exercises *(2.01)* 5  4  3  2  1  N/A

1. The duration/quality of laboratory experiences   
   are sufficient for me to acquire mandated competencies *(4.08)* 5  4  3  2  1  N/A

D. The supplyof disposables is sufficientfor me to perform the required laboratory exercises *(2.01)* 5  4  3  2  1  N/A

E. Equipment is sufficiently up-to-datefor all  the required laboratory exercises *(2.01)* 5  4  3  2  1  N/A

F. Laboratory resources are available/accessible  to me when needed *(2.01)* 5  4  3  2  1  N/A

Comments:

**4. ACADEMIC SUPPORT RESOURCES**

A. Learning resources (ex., textbooks, journals,

reference materials, and computers)

are sufficient to support the curriculum *(2.01)* 5  4  3  2  1  N/A

B. Learning resources are available/accessible

to me when needed *(2.01)* 5  4  3  2  1  N/A

C. Academic support services (i.e., advising, counseling,

tutoring, and placement) are available/accessible

to me when needed *(5.11)*  5  4  3  2  1  N/A

D. Academic support services (ex., advising, counseling,

tutoring, and placement) are sufficient to

support the curriculum *(5.11)* 5  4  3  2  1  N/A

E. The frequency of evaluations and opportunities

for remediation are satisfactory *(3.06)* 5  4  3  2  1  N/A

F. Evaluations performed by faculty are equitable and

performed in a satisfactory fashion *(3.06)* 5  4  3  2  1  N/A

Comments:

**5. CLINICAL RESOURCES**

1. Each clinical experience is of sufficient quality and

duration for me to meet my clinical objectives *(4.08)* 5  4  3  2  1  N/A

B. Clinical sites offer sufficient supervision

for me to meet my clinical objectives *(4.08)* 5  4  3  2  1  N/A

C. Clinical sites offer a sufficient variety of patient

experiences for me to meet my clinical objectives *(4.08)* 5  4  3  2  1  N/A

D. Clinical sites offer a sufficient variety of patient

populations for me to meet my clinical objectives *(4.08)*  5  4  3  2  1  N/A

**5. CLINICAL RESOURCES (Continued)**

E. Time at clinical sites is sufficient for me to

meet my clinical objectives *(4.08)* 5  4  3  2  1  N/A

F. Clinical instructor to student ratio is adequate

at all my clinical sites *(2.13)* 5  4  3  2  1  N/A   
 G. Clinical instructors provide adequate feedback and

mentoring during my clinical rotations *(3.12)* 5  4  3  2  1  N/A

H. My overall clinical experiences were equivalent to

those of the other students in my class *(4.09)* 5  4  3  2  1  N/A

Comments:

**6. For Students at the Program’s Satellite Campus(es) Only**

1. The types of resources and services provided to me   
   at the satellite campus appear to be equivalent

to those on the main campus *(1.05)* 5  4  3  2  1  N/A

1. The satellite coordinator (faculty member) was   
   accessible to me *(2.14)* 5  4  3  2  1  N/A

Comments:

**ADDITIONAL COMMENTS**

Please provide any additional comments or recommendations for improvement:

**How long have you been a student in the program?**       Years       Months

**Date:**      /     /     

**Thank You!**