



ABHES VISITATION STUDENT SATISFACTION SURVEY

(Comments will be kept anonymous. Do not sign or write your name on this form.)

Institution: _____

Today's date: _____

Day, Evening, or Weekend (circle one)

Program Enrolled in: _____

1. Did the admission representative accurately represent the education and services of the institution?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2. Were you advised of any credentialing or licensing requirements available or necessary for employment in the field prior to admission?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3. Did you receive a current institutional catalog, or access to an electronic catalog, upon enrollment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4. Do your instructors present the subject matter in a clear manner?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5. Do your classes start and end on time?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6. Are instructors and/or tutoring available outside of class?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7. Are your lab classes supervised by instructors?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8. Are you aware of your current grades?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9. Do your instructors review exam results and other graded assignments with you?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10. Were you given a syllabus (electronic or hard copy of the course outline) on the first day of class?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11. Is equipment in good working-order and are program supplies sufficient to support your classroom and laboratory activities?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12. Are student support services, such as orientation, personal referral information, and employment assistance available?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13. Are instructional materials, including library resources, readily available to support your program of study?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
14. What would you expect to be paid per hour for an entry-level position in your chosen field upon graduation?	_____/hour
15. Overall, are you satisfied with training and educational services? If no, explain in comments below.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
16. Would you recommend the institution to others? If no, explain in comments below.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

DISTANCE EDUCATION

Note: Do not complete if you are not enrolled in a blended or distance education course.

17. Was an orientation provided to show you how to access and navigate a course prior to taking your first distance education class?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18. Are there clear expectations for interaction, participation, and course completion?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19. Are your grades posted in a timely manner?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20. Do you receive regular and detailed feedback on your academic performance?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
21. Do you know who to contact, other than your instructor, if assistance is needed with your distance education program?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22. If you send a question to your instructor, how quickly do you typically receive a response	Less than 24 hours <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 1 week or more <input type="checkbox"/>
23. Student state of Residence?	

Comments:

Thank you for completing this survey. Your input is appreciated and will provide valuable information. For information about the Accrediting Bureau of Health Education Schools (ABHES), please visit the ABHES website at www.abhes.org.