

This survey provides you with an opportunity to give feedback about your program and college. It is not an evaluation of a specific course, subject or teacher.

Part A. Teaching and Learning Quality

Thinking about your overall **program** experience so far, please indicate the extent to which the following statements apply to all of your courses, most of your courses, some of your courses (about half), few of your courses, none of your courses. Choose Not Applicable when a statement does not apply to you.

In my program	All of my courses	Most of my courses	Some of my courses (e.g. about half)	Few of my courses	None of my courses	Not Applicable
1. The course requirements are clearly outlined.	0	0	0	0	0	0
2. Courses are organized/well planned.	0	0	0	0	0	0
3. Prior courses have prepared me well for my current courses.	0	0	0	0	0	0
4. Course materials (e.g., course outlines, readings, videos, resources, etc.) support my learning.	0	0	0	0	0	0
5. Content covered is reinforced through learning activities and materials.	0	0	0	0	0	0
 A range of learning activities (e.g. group activities, discussions, case studies, simulations, demonstrations, online resources) are used. 	0	0	0	0	0	0
7. Learning activities are effective in keeping me engaged.	0	0	0	0	0	0
8. Requests for help are effectively addressed.	0	0	0	0	0	0
9. Different types of graded evaluations are used (e.g., assignments, tests, discussion boards).	0	0	0	0	0	0
 Grading is consistently completed according to the grading schemes provided for tests/assignments. 	0	0	0	0	0	0
11. Feedback received on assignments, tests, etc. supports my learning.	0	0	0	0	0	0
12. Feedback/grades are returned in time to help me improve my work.	0	0	0	0	0	0
13. Workload expectations are reasonable.	0	0	0	0	0	0

14. Please rate the following statement: OVERALL, the quality of my teaching and learning experiences is high.

- O Strongly Agree
- O Agree
- Neither Agree nor Disagree

O Disagree

O Strongly Disagree



Part B. Program Related Knowledge and Skills

Thinking about your experiences in your **program** so far, please indicate your level of agreement with the following statements about the skills and knowledge you are learning in your program.

My program has improved my ability to	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
15. Communicate effectively (e.g., verbal, written).	0	0	0	0	0
16. Interpret numerical information (e.g., data).	0	0	0	0	0
17. Apply program related theories and concepts.	0	0	0	0	0
18. Use software, tools and/or technology.	0	0	0	0	0
19. Plan and organize.	0	0	0	0	0
20. Evaluate issues and solve problems.	0	0	0	0	0
21. Seek out new and diverse ideas and perspectives.	0	0	0	0	0
22. Collaborate effectively with others.	0	0	0	0	0
23. Act independently or take initiative.	0	0	0	0	0
24. Adapt to change or challenging situations.	0	0	0	0	0
25. Experiment with new approaches to an idea, process or product.	0	0	0	0	0
26. Adopt sustainable principles and practices.	0	0	0	0	0
27. Practice professional behaviours (e.g., responsible, dependable, and ethical).	0	0	0	0	0

28. Please rate the following statement: OVERALL, my program is giving me the knowledge and skills that will be useful in my future career.

O Strongly Agree

O Agree

• Neither Agree nor Disagree

Disagree

O Disagree

O Strongly Disagree



Part C: Work Integrated Learning

Work integrated learning experiences include placements (co-op, field, clinical, and practicum), internships, community and industry research projects, and service learning projects.

29. Have you participated in a work integrated learning experience in your current program?

O Yes O No O Not sure

If YES: Reflecting on your experiences in your program, please indicate your level of agreement with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
30. I received support to find my work-integrated learning experiences.	0	0	0	0	0
31. I received support to prepare for my work-integrated learning experiences.	0	0	0	0	0
32. I clearly understood what was expected of me during my work-integrated learning experiences.	0	0	0	0	0
33. The content taught in my program was relevant to my work-integrated learning experiences.	0	0	0	0	0
34. I had an opportunity to apply some of my academic learning during my work- integrated learning experiences.	0	0	0	0	0
35. I received feedback on my performance and progress during my work- integrated learning experiences.	0	0	0	0	0
36. I was required to reflect on how my work- integrated learning experiences related to my program content.	0	0	0	0	0
37. On completion of my work- integrated learning experiences, I feel better prepared for post-graduation employment.	0	0	0	0	0

38. Please rate the following statement: OVERALL, the quality of my work integrated learning experience is high

O Strongly Agree

O Agree

O Neither Agree nor Disagree

O Disagree

O Strongly Disagree



Part D: Student Demographics

To help us group responses, please provide us with the following information about yourself.

- 39. What is the highest level of education that you have achieved?
 - O High School
 - O Some previous college or university
 - ${\bf O}$ Certificate
 - $O \ \ {\rm Apprenticeship}$
 - O Diploma/Advanced Diploma
 - $O \ \ \text{Degree}$
 - O Graduate Certificate
 - O Graduate or Professional Degree
 - ${\bf O}~$ None of the Above
- 40. What was your main goal for enrolling in this program?
 - $\mathbf O$ To prepare for employment/career
 - O To prepare for further college or university study
 - $\mathbf O$ To pursue and interest or for personal development
 - O Other (please specify): _____
- 41. Have either of your parents/guardians ever attended a college or university?
 - \mathbf{O} Yes
 - O No
- 42. Do you consider yourself to have a physical, intellectual, mental health or learning disability?
 - O Yes
 - O No
 - O Prefer not to answer



- 43a. Do you self-identify as a person Indigenous to Canada? For the purposes of this survey, Indigenous Peoples in Canada include persons who are First Nation, Inuit, or Métis.
 - ${\rm O}$ Yes
 - O No
 - $\ensuremath{\mathbf{O}}$ Prefer not to answer
 - O I use an alternate term to describe my Indigenous ancestry and/or identity. Please describe: ______
- 43b. If you indicated 'yes' to the previous question, you have identified as an Indigenous Person in Canada. Please select all option(s) below that you identify with:

Please Note: Status refers to First Nations people who are recognized by the federal government as "Indians" under the federal Indian Act. Non-Status refers to individuals who consider themselves to be First Nations' people, but who are not recognized by the federal government as "Indians" under the Indian Act. Families may have lost status for many reasons, and it is not a requirement for individuals to have status to selfidentify as First Nations.

- O First Nations: Status
- O First Nations: Non-Status
- O Métis
- $O \ \text{Inuit}$
- O Prefer not to answer
- O Not applicable
- O I use an alternate term to describe my Indigenous ancestry and/or identity. Please describe: ______